

Mandated Report

Pursuant to Ohio Administrative Code, mandated reporters shall refer any infant who is prenatally or postnatally exposed to substances (legal or illegal), demonstrates withdrawal, and/or is diagnosed with Fetal Alcohol Spectrum Disorders to the local child welfare agency.

Parent(s), Legal Guardian, Custodian or Caretaker Name(s)
(Include the guardian or custodian of the child if different from the child's parent.)

Parent(s), Legal Guardian, Custodian or Caretaker Address(es)

Parent, Legal Guardian, Custodian or Caretaker Contact Information *(home phone #/Cell phone #)*

Infant Name	Infant DOB	Infant Weight/Height /APGAR Scores	NAS Score & Intervention <i>(prescribed medications, NICU care information, etc.)</i>

Infant Diagnosis *(i.e. toxicology results, withdrawal symptoms, medication administered, and any other pertinent medical information regarding infant health)*

Hospital or medical center providing care to the infant *(Name, address, phone & contact person)*

Plan of Safe Care Notification

Pursuant to federal law, all infants prenatally exposed to substances, or demonstrating withdrawal or symptoms of Fetal Alcohol Spectrum Disorders are required to have a plan of safe care in place at the time of discharge from the hospital. This includes infants whose prenatal exposure is associated with a mother's Medication Assisted Treatment for substance use disorders.

***Please note this portion of the document contains the recommendations of ODJFS based upon federal law. Check with your organization before releasing any confidential information.**

Parent: Prescribed Medications	Parent: Non-Prescribed Medications
Parent: Substance Use Disorder diagnosis & toxicology results (Is positive toxicology result due consistent with prescribed treatment?)	Parent: Mental Health Diagnosis:

Parent: Current Substance Abuse Treatment (Provider & contact information; treatment plan, including any medications, compliance)			
Parent: Past Substance Abuse Treatment (name & address of facility, name & contact information for counselor and/or therapist)			
Name, address & phone number of pediatrician/doctor's office who will be providing medical care to the infant after discharge from hospital. Is there an appointment scheduled for infant to be seen after discharge? If yes, provide date & time.			
Describe parent/caregiver interaction with the infant (i.e. what does the interaction "look like" – comforting, holding infant, responsive to needs, etc.)			
Detail services & supports which will be in place at time of discharge for mother/caregiver and infant (e.g., Help Me Grow, substance abuse treatment providers, medical doctors, home visiting nurse, WIC, food assistance, housing).			
Name & contact information of entity monitoring mother's/caregiver's compliance with substance use treatment following discharge. Is there an appointment scheduled at time of discharge? If yes, please provide date.			
Name & contact of entity monitoring the infant's medical & developmental needs. Is there an appointment scheduled at time of discharge? If yes, please provide date.			
Was mother provided information on the requirement of a plan of safe care? Did mother participate in the development of a plan of safe care for her family? Was mother informed a notification was made to the local child welfare agency?			
Health Insurance Information (Carrier name, address, phone, fax, contact person)			
Mandated Reporter Information:			
Name	Professional Capacity	Address	Phone