



INFANT CARE PLAN

_____ <i>Infant's Name</i>	_____ <i>Date of Birth (mm/dd/yyyy)</i>	_____ <i>Case Name</i>	_____ <i>Case ID</i>
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Substance Abuse Treatment	
Make a referral to Arizona Families F.I.R.S.T. or other substance abuse assessment or treatment for parents if they are not currently in treatment. If parent is currently in treatment or has been successfully discharged from treatment, describe their current substance use status and any relapse prevention activities.	Task Completion Date

Medical Care for Infant	
Obtain the hospital discharge plan for the infant and discuss it with the medical team. Describe recommendations from health care professionals regarding post-discharge medical care.	Task Completion Date

Ascertain what medical insurance will be covering the infant. Contact the Comprehensive Medical and Dental Plan at CMDPMemberServices@azdcs.gov with questions. What medical insurance (AHCCCS or other) covers the infant's medical needs? If none, what is the plan to secure coverage?	Task Completion Date
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Review the plan to ensure the infant is taken to medical appointments. Describe plan including transportation, for routine health care health care and any special needs.	Task Completion Date
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Mental Health	
PARENTS: Explore the existence of mental health issues such as anxiety, depression, trauma, etc. Inquire about other issues such as inter-partner and family violence. Describe the plan to access services, if needed.	Task Completion Date

INFANT: Assess the parent/infant relationship (attachment/ bonding), how infant is adapting to his/her environment, and if they are displaying behaviors which might indicate their needs are not being met. Describe the plan to access services, if needed.	Task Completion Date
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Safe Sleep

Parents/caregivers have been informed about Safe Sleep. Provide the family with the [Safe Sleep for Baby](#) flier (CSO-1302A); arrange for family to view the Family Testimonial of Safe Sleep video. Describe the family's understanding of, and commitment to, providing a safe environment.

Task Completion Date

Observe the sleep environment. Describe the current sleep environment and confirm that it is safe.

Task Completion Date

Parenting & Infant Development

Assess parent/caregiver knowledge about infant development; observe interactions with infant. What actions, if any, are needed to increase knowledge of parenting and infant development?

Task Completion Date

Assess family's knowledge of nutrition, observations of feeding, and plan to address the infant's nutritional needs. How will the family ensure the infant's nutritional needs are met?

Task Completion Date

Living Arrangements

Observe the infant's environment to determine it is smoke-free. Describe any changes the family will make to ensure the infant has a smoke-free living environment.

Task Completion Date

Visit the home to assess the safety of the infant's physical living environment. If there are concerns, describe the plan to ensure the living environment is safe for the infant.

Task Completion Date

Inquire about the family's ownership and use of a car seat for the infant. Describe the plan to help the family secure a car seat, if needed.

Task Completion Date



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Child Care

Assist the family to acquire safe, quality child care when needed for the infant.

Review the [Who Do You Trust with Your Child?](#) brochure (CSO-1143A).

Has parent/caregiver been referred for DES child care? Describe any other safe, quality childcare options (licensed or unlicensed) available.

Task Completion Date

Social Connections

Access the social connections (relatives, friends, neighbors, etc.) that exist to support the family.

Describe efforts to ensure the family has access to a social support network.

Task Completion Date

Identify community organizations or agencies that can help the family meet the developmental needs of the infant, such as AZEIP, home visiting services, etc.

Identify the services to which the family has been referred.

Task Completion Date

*For information on resources described in this plan and other helpful information,
please visit <https://dcs.az.gov/services/office-prevention>.
Please email questions to: OfficeofPrevention@azdcs.gov.*



INFANT CARE PLAN

Participants ~ Parents, caregivers, household members, other responsible adults providing care and supervision of child

Name (Last, Middle, First)	Relationship to Infant	Signature	Phone
Address			

Name (Last, Middle, First)	Relationship to Infant	Signature	Phone
Address			

Name (Last, Middle, First)	Relationship to Infant	Signature	Phone
Address			

Name (Last, Middle, First)	Relationship to Infant	Signature	Phone
Address			

Name (Last, Middle, First)	Relationship to Infant	Signature	Phone
Address			

Individual Developing this Plan

Name (Last, Middle, First)	Title	Phone	Email
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