

State of Maryland – Child Protective Services
REPORT OF SUBSTANCE-EXPOSED NEWBORN

NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS		ZIP
NAME OF PERSON MAKING REPORT		POSITION/TITLE	SIGNATURE <i>(Required after printing)</i>	
NAME OF HOSPITAL/BIRTHING CENTER		ADDRESS	ZIP	TELEPHONE

NAME OF NEWBORN	DATE OF BIRTH <small>(The NEWBORN must be less than 30 days old)</small>	WEIGHT <small>(Grams)</small>	GESTATIONAL AGE
Click here to enter a date.			

ADDRESS WHERE NEWBORN CAN BE SEEN	CITY	STATE	ZIP	GENDER	RACE
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PARENTS	DOB	ADDRESS	TELEPHONE
MOTHER:			
FATHER OF NEWBORN:			
ALTERNATE CAREGIVER:			

PRENATAL CARE None <small>(select one)</small>	C-SECTION No	NICU No	ESTIMATED LENGTH OF STAY	PLANNED DISCHARGE DATE
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MOTHER'S DRUG OF USE	NEWBORN'S DRUG OF EXPOSURE
<i>Referral Information (All sections must be completed by reporter to the extent known)</i>	
NEWBORN'S MEDICAL CONDITION AND CURRENT AND/OR ONGOING HEALTH CONCERNS:	
SYMPTOMS OF WITHDRAWAL FROM OR EFFECTS OF PRENATAL ALCOHOL OR CONTROLLED DRUG EXPOSURE ON THE NEWBORN:	
IMPACT OF ALCOHOL OR CONTROLLED DRUG USE ON MOTHER'S ABILITY TO PROVIDE PROPER CARE AND ATTENTION TO NEWBORN:	
NATURE AND EXTENT OF MOTHER'S CURRENT DRUG USE AND HISTORY OF PREVIOUS TREATMENT:	
EXTENT TO WHICH MOTHER IS RESPONSIVE TO NEWBORN'S NEEDS AND IS INVOLVED WITH PROVIDING CARE:	
NATURE AND EXTENT OF PARENTS' SOCIAL SUPPORT SYSTEM:	
EXTENT OR HISTORY OF ANY VIOLENCE, MENTAL ILLNESS, OR COGNITIVE LIMITATIONS:	
NATURE AND EXTENT OF RISK OF HARM TO THE NEWBORN:	
PARENTS' LEVEL OF COOPERATION:	
PREPARATIONS FOR NEWBORN:	

ANY OTHER AVAILABLE INFORMATION THAT WOULD ASSIST STAFF IN ASSESSING SAFETY AND RISK AND DEVELOPING PLAN OF CARE:
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INFORMATION ON PREVIOUS INVOLVEMENT WITH THE DEPARTMENT OF SOCIAL SERVICES

NAME OF LDSS STAFF PERSON TO WHOM REPORT MADE:	DATE / HOUR
	Click here to enter a date./

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