

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Newborn and Infant

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Policy

Newborns and infants are solely reliant on their caregivers for safety, caretaking, supervision and protection. This vulnerability may increase their risk of being brought to the attention of the child welfare system for allegations of abuse and/or neglect.

The Department of Children and Families (DCF) shall assess the safety and risk of all newborns and infants who are involved with child welfare or who are the subject of an accepted Child Protective Service (CPS) report and apply a designation of high-risk to such child (not the case).

Infant/ Newborn Defined

An infant refers to a child from birth up to the age of one year.
A newborn refers to a child less than 30 days old.

Safe Havens Act

The Safe Havens Act for Newborns allows a parent or their agent to voluntarily surrender their newborn aged 30 days or younger at a hospital's Emergency Department without facing criminal prosecution. Once the newborn is surrendered, DCF shall assume responsibility for the newborn's care and control and shall establish plans for the child's safety and permanency.

Cross reference: DCF Policy, 21-12, Safe Havens for Newborns
<https://portal.ct.gov/-/media/dcf/policy/chapters/21-12.pdf>
Legal Reference: C.G.S. section 17a -57-60

High Risk Newborns

Indicators that a newborn may be at high risk due to factors affecting the newborn include, but are not limited to the following:

- a newborn with a life-threatening condition
- serious medical/health conditions requiring specialized care
- premature or low birth weight
- prenatal substance use exposure
- prolonged neonatal intensive care unit stay

If the high risk newborn designation is not determined at the time the referral is received by the Careline, indicators must be reviewed in supervision to determine if designation should occur.

Indicators in a parent's condition or behavior or combination of risk factors which may place the newborn at high risk include, but are not limited to the following:

- substance use which impacts parental capacity to provide consistent and safe care
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High Risk Newborns (continued)

- intellectual limitations which may impair the parent's ability to nurture or physically care for the newborn
- transiency/housing instability
- presence of intimate partner violence
- untreated mental health issues/psychiatric illness
- underaged parents

If a newborn is determined to be at high risk, the DCF social worker shall visit with the newborn and family in the home within 24 hours of discharge from the hospital.

For a newborn at high risk due to parental risk factors or the newborn's specialized needs, in-home visits shall occur at least once a week for at least 30 days. In addition to the DCF in-home visit, visits may be completed by an in-home community provider. In-home services may be provided by any of the following, as appropriate:

- in-home service interventions
- public health nurses
- Visiting Nurse Association
- other community resources/services

At the end of the 30 day period, visitation frequency shall be assessed and determined in supervision and any changes to the plan shall be documented by the supervisor in the electronic file.

Newborn Hospital Discharge

For a family with a newborn at high risk, a case consultation with the DCF program supervisor shall occur when the newborn is ready for discharge to determine if the newborn would be at imminent danger or at high risk if the newborn were to go home with the parent(s).

A legal and/or Regional Resource Group (RRG) consultation, may be used to assist with assessment and planning as necessary. The program supervisor along with the social work supervisor and DCF social worker will discuss the plan for the case which shall include the following:

- specialized care newborn requires upon discharge
- ensure caregiver is properly trained to provide specialized care prior to discharge
- risk factors impacting newborn safety
- safety assessment, UNCOPE Screening, in consideration of the
- ABCD Child Safety Paradigm and SDM Safety Assessment

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Newborn Hospital Discharge, (continued)

- safety planning, including a plan for monitoring
- completion and review of Family Care Plan
- an Alternate Caregiver Arrangement if appropriate
- the need for a Considered Removal- Child and Family Team Meeting (CR-CFTM)
- service needs and availability, including coordination of service delivery
- frequency of visitation

A managerial narrative will be entered by the program supervisor or the program manager in the electronic case record which clearly outlines the participants in the discussion and the plans for the case.

Cross Reference: DCF Policy, 21-21 Alternative Caregiver Arrangement
Cross Reference: DCF Policy, 25-3-1 Considered Removal

Assessing Safety of Newborns

Newborns are totally dependent and reliant on the care they receive from others. Safety assessments shall include but are not limited to the medical care received via prenatal and infant care, environmental safety, family interaction and other household members.

Consideration shall be applied to the parent's race, ethnicity, and cultural perspectives, as well as biases (implicit, explicit, structural), that may influence the parent's decision-making regarding the newborn's care and safety.

Cross reference: "Early Childhood Practice Guide for Children Aged Zero to Five."

Cross reference: Intimate Partner Violence (IPV) Practice Guide

Cross reference: Substance Use Practice Guide

Cross reference: Level 1 Substance Use Practice Guide.

Safe Sleep Environment

Most fatalities for infants under six months occur because of unsafe sleep practices. Social workers are reminded to utilize the Safe Sleep Policy for guidance and instruction.

All staff shall engage in safe sleep discussions for all adults and older siblings who may be responsible for providing childcare for the infant. These discussions should be reinforced during subsequent visits with the family. Safe sleep practices should be assessed during visits and documented following the visits.

Cross Reference: DCF Policy, 21-9 Safe Sleep Environment

Cross Reference: Early Childhood Practice Guide for Children Aged Zero to Five

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CAPTA

The Child Abuse Prevention and Treatment Act (CAPTA) requires states to develop policies and procedures for the notification to Child Protection Services of the birth of an infant affected by prenatal substance exposure or alcohol exposure.

Birthing hospitals are required to notify DCF through an online portal when an infant with prenatal substance exposure presents with suspicions of abuse or neglect. The portal guides the reporter through a variety of questions to determine whether the CAPTA notification is sufficient or requires a report to DCF.

The legislation also requires the establishment of a written family care plan between the provider and the mother/birthing person of the newborn. The family care plan provides a roadmap of what supports are and should be in place to support parents, the newborn and any extended family.

Cross reference: C.G.S. section 17a-102a

Screening Requirements

CAPTA legislation requires that all infants be screened for developmental, social, and emotional delays. If any developmental concerns are expressed or observed, the social worker, in consultation with the pediatrician or other health care provider, will refer the infant to the Birth to Three Program for an evaluation. If there are no concerns noted or identified, the social worker will refer the child to Help Me Grow.

All referrals initiated should be noted on the Family Care Plan.

Legal Reference: C.G.S. section 17a-106e

Cross Reference: Early Childhood Practice Guide for Children Aged Zero to Five

Case Transfer Process

High risk cases require a case transfer conference within five calendar days of the case transferring to ongoing services. A multidisciplinary approach should be utilized whenever possible, with consideration given to include participation, or information provided by Legal, RRG, and the program supervisor.

Cross Reference: Policy 22-2 "Intake"
