

# SPECIALIZED CHILD WELFARE SUBJECT MATTER

## High Risk Newborns

21-11 Page 1 of 3

---

### Policy

The Department of Children and Families shall accept for Intake reports to its Careline from a hospital or other medical provider regarding a newborn child considered to be at high risk due to his or her own special needs or because of the parents' condition or behavior.

These reports may be assigned for investigations or Family Assessment Response as appropriate and consistent with the Structured Decision Making risk assessment tool.

**Cross reference:** DCF Policy 22-2-1 "Family Assessment Response" and DCF Practice Guide, "The Family Assessment Response (FAR) Practice Guide."

---

### Indicators of Special Needs Newborns

Indicators that a newborn has special needs include, but are not limited to, the following:

- positive urine or meconium toxicology for substances;
  - positive test for HIV infection; or
  - serious medical problems.
- 

### Indicators in a Parent's Condition or Behavior

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

- substance use;
  - intellectual limitations which may impair the parent's ability to nurture or physically care for the child;
  - psychiatric illness; and
  - young age.
- 

### Requirements of the Investigation

A high risk newborn investigation shall include an assessment of the following:

- the extent of the mother's pre-natal care;
- the parents' willingness to participate in appropriate services;
- the support services within the family or community that are available to the parents;
- the safety and adequacy of the home;
- potential postpartum depression and other mental health concerns; and
- the parents' ability to provide appropriate care in the home.

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

---

### HRNB Hospital Discharge

A case consultation with the DCF Program Supervisor shall occur when the infant is ready for discharge to determine if the infant would be at imminent risk of physical harm if the child were to go home with the parent(s). Legal and/or Regional Resource Group (RRG) consultation, as necessary, shall be used to assist with assessment and planning. 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:

- safety assessment,
- safety planning,

(Continued next page)

# SPECIALIZED CHILD WELFARE SUBJECT MATTER

## High Risk Newborns

21-11 Page 2 of 3

---

### HRNB Hospital Discharge (Continued)

- the need for a Considered Removal- Family Team Meeting (CR-FTM) when considering removal, which may include a Family Arrangement (DCF Policy 21-21), and
- services needed and availability.

The Program Supervisor will ensure a narrative is entered in the computer system which documents the participants in the discussion and plans for the case.

---

### Intensive In-Home Visitation Requirements

If a child is determined to be a high risk newborn, the DCF Social Worker shall visit with the child and family in the home within three days of discharge from the hospital. In-home visits shall occur at least twice a week for at least four weeks.

One of the weekly visits may be made by an in-home service provider such as a parent educator, public health nurse, Visiting Nurse Association or other regionally-contracted service. If this is the case, the Social Worker shall confirm directly with the provider that the visit occurred and document the content of the provider visit in the computer system.

At the end of the four-week period, visitation frequency shall be assessed and any changes to the plan shall be documented in the computer system.

---

### Safe Sleep Environments

The majority of fatalities for infants under 6 months occur as a result of unsafe sleep practices. SW are reminded to follow the Safe Sleep Policy.

**Cross Reference:** Policy 21-9 "Safe Sleep Environment"

---

### Case Transfer Process

High Risk cases require a Case Transfer Conference within five days of the case moving to Ongoing Services. A multidisciplinary approach should be utilized whenever possible, consideration should be given to include participation, or information provided by Legal, Regional Resource Group, and the Program Supervisor.

**Cross Reference:** Policy 22-2 "Intake"

---

### ACR Process

Program Supervisors are reminded that an ACRi contains valuable information that may aid with current and future assessment and planning. It is recommended that Program Supervisors review ACRis, if applicable, for cases that involve high risk newborns and infants.

**Cross Reference:** Policy 5-2 "Administrative Case Review"

---

## SPECIALIZED CHILD WELFARE SUBJECT MATTER

### High Risk Newborns

21-11 Page 3 of 3

---

#### **Requirements in Ongoing Services**

During supervision between the Ongoing Program Supervisor and Ongoing Social Work Supervisor, prior to the first case plan approval, the Ongoing Program Supervisor and Ongoing Social Work Supervisor should discuss the HRNB case. This discussion shall include the following:

- visitation,
- initial and Ongoing formal and informal assessments,
- compliance with services and progress,
- compliance with any safety plan and/or family arrangement,
- potential legal intervention,
- RRG consultation, and
- permanency goals.

The Program Supervisor will ensure a narrative is entered in the computer system, which documents the participants in the discussion and plans for the case.

---