



Policy Title:	Newborn Assessments for Families with Open Cases Policy				
Policy Number:	Admin Policy 013	Version:	2	Effective Date:	11/10/20

Approved By: YFS Operations Team

Date: 07/06/2016

Overview

Description: The Department of Social Services-Youth & Family Services Division (DSS-YFS) Newborn Assessments for Families with Open Cases policy seeks to provide instruction around the process by which YFS staff will ensure safety, permanence, and well-being for newborn infants entering families with active child welfare involvement.

Purpose/Rationale: Mecklenburg County DSS-YFS is committed to strengthening families and communities to keep children safe. In alignment with the YFS Practice Model value for ensuring that all child welfare services are high quality, timely, efficient, and effective, the purpose of this policy is to ensure consistency in practice for families who experience the birth of a child during the course of an open case.

Applicability: Frontline, supervisory, and managerial staff from all child welfare service areas; Director & Deputy Directors.

Definition(s):

ISSI-CW-The database computer system used by YFS to manage and document information pertaining to cases.

Failure to Comply: Failure to comply with this policy could result in newborns experiencing unmet safety, permanence, or well-being needs.

Policy


Staff representing all service areas within YFS must ensure that families experience the birth of a child during the course of an open case are formally assessed for safety, well-being and permanence in accordance with the procedures outlined below.

Procedure(s) that apply:

Investigations

New Referrals on Open Cases (NROC):

When a baby is born during the course of an active Family or Investigative Assessment, a referral must be made to Intake immediately upon the worker's receipt of notification of the

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birth of the baby. The assigned Child Welfare Specialist (CWS) must provide complete and current case information to the Intake CWS at the time of the referral.

Because the family has an open investigation, the addition of the newborn to the family would place the child in an environment that is currently being assessed. The addition of the child to the family's home may be injurious to the juvenile's welfare and would meet criteria under Intake screening decisions for inclusion in current Investigation.

The New Referral on the Open Case will count as a case for the assigned social worker and the case must be initiated within the State mandated time frame. Cases will be screened in based on risk. However, the assigned social worker will make contact with the hospital and initiate a face-to-face contact with the infant within 24 hours of the report. The agency must conduct a prompt and thorough assessment to ensure the child's safety and well-being.

In-Home Services


New Referrals on Open Cases (NROC):

When a baby is born while there are active In-Home Services with the family (from the Investigation's Case Decision date to the day the file is closed in ISSI- CW), a referral is to be made to Intake immediately upon learning of the birth of the baby. The assigned CWS must provide complete and current case information to the Intake CWS at the time of the referral.

Because the family has an open in-home services case, meaning that the agency has assessed the children presently residing in the home to be at imminent risk of removal from the home and placement in foster care "absent effective preventive services", the addition of the newborn places this child at imminent risk if he/she is returned to the same home.

The New Referral on the Open Case will count as a case for the assigned CWS and the case must be initiated within the State mandated time frame. All reports of a newborn to an open case will be assigned with an immediate response timeframe. The Investigative CWS must staff the case with the In-Home CWS within 24 hours of initiation. Best practice is for the Investigative CWS and the In-Home CWS to make at least one joint visit during the active assessment. It is requested that this element of best practice be applied to all cases falling within the scope of this policy, whenever possible. In situations where the joint visit is not achievable, efforts to coordinate the visit must be documented within the case record.

The agency must conduct a prompt and thorough assessment to ensure the child's safety and well-being. The North Carolina Case Decision Summary must also be completed within the state mandated timeframe of 45 days. The CWS providing In-Home services must update or

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develop a new In-Home Family Services Agreement to include the birth of the new child.

Prevention during In-Home Services:

When the mother is in her 1st or 2nd trimester of pregnancy and makes the agency aware of her pregnancy, the social worker must provide the mother with education regarding the importance of prenatal care and safe sleeping arrangements for infants.


When the mother is in her 3rd trimester of pregnancy, the active CWS must assess if the family has safe sleeping arrangements and appropriate supplies for the baby, including providing a Safe Sleeping brochure. The social worker must assist the family as needed in linking to community resources such as the DSS Community Resource Office, WIC, Medicaid, Crisis Assistance Furniture Ministry, churches, etc. in order to access necessary supplies. The CWS must clearly document all efforts and information in the Family Interventions Case Narratives section in ISSI. The CWS must continuously encourage the mother to seek prenatal care throughout her pregnancy.

The In-Home CWS must discuss with the mother need for the agency to report the birth to the Intake unit to assess the child’s safety and well-being. The In-Home CWS must schedule a Child and Family Team (CFT) meeting 30 days prior to the due date to discuss paternity, delivery details (date and location), and the mother’s plan for the care of the other children during delivery. The CFT meeting must also include discussion regarding the father and the paternal family members. Prior to the birth, the In-Home CWS must alert the social worker at the hospital identified by the mother’s birth plan. The In-Home CWS must advise the parent that a referral will be made to Intake and a different CWS will be assigned to assess safety, well-being and permanency during an investigation.

Permanency Planning

New Referrals on Open Cases (NROC):

When a baby is born while there are active Permanency Planning services with the family (from the date the petition was filed to the day the file is closed in ISSI- CW), a referral is to be made to-Intake immediately upon worker learning of the birth of the baby. All relevant information must be shared with the Intake CWS at the time of the referral. The cases must be assigned as an Investigative Assessment with a timeframe of an immediate response for initiation.

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The investigator must complete case initiation and thoroughly explore all options (including paternity) to complete Reasonable Efforts to prevent the new baby from coming into DSS custody. The Investigative CWS must staff the case with the Permanency Planning CWS within 24 hours of initiation. Best practice is for the Investigative CWS and the Permanency Planning CWS to make at least one joint visit during the active assessment. It is requested that this element of best practice be applied to all cases falling within the scope of this policy, whenever possible. In situations where the joint visit is not achievable, efforts to coordinate the visit must be documented within the case record. Consultation with the Guardian Ad Litem (GAL) or GAL supervisor is a mandatory collateral.

The Investigative CWS and supervisor must staff with a Senior Social Services Manager prior to staffing with the agency attorney. The Investigation and Permanency Planning CWS and supervisors must staff the case together with the assigned agency attorney prior to the baby's release from the hospital to assess the newborn's safety and well-being, as well as to determine if the mother and/or father is suitable for maintaining custody of the newborn. The attorney will decide at the time of the joint legal staffing who the petitioner(s) will be.

It is imperative at the time of the joint staffing that risk and safety issues along with the parent's compliance with their Out-of-Home Family Services Agreement be assessed and confirmed. There does not need to be a new incident of abuse or neglect that the newborn was exposed to when there is a documented history of abuse and neglect to older siblings. The entire Child Protective Services (CPS) history of the family must be assessed and considered when a determination is made regarding filing a petition on the newborn. If the decision is made not to file a petition on a newborn on an open Permanency Planning case, this case must be staffed by both the Investigations and Permanency Planning CWS and their supervisors with a Deputy Director prior to the baby's release from the hospital.

If the decision is made to bring the newborn into custody, the Investigations and Permanency Planning CWS must follow the YFS Case Transfer Policy in dividing up the work associated with the petition and placement of the baby. The Investigations Supervisor and CWS must clearly document within the case decision those safety and well-being issues which led to the recommendation for placement into foster care. The agency expects the Investigations CWS and the Permanency Planning CWS to work cohesively to ensure the petition process and placement go as smoothly as possible. The CWS providing Permanency Planning services must update or develop a new Out-of-Home Family Services Agreement to include the birth of the new child.

Prevention during Permanency Planning Services:

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When the mother is in her 1st or 2nd trimester of pregnancy and makes the agency aware of her pregnancy, the assigned CWS must provide her with education regarding the importance of prenatal care and safe sleeping arrangements for infants.

When the mother is in her 3rd trimester of pregnancy, the assigned CWS must provide education regarding safe sleeping arrangements for the baby including providing a Safe Sleeping brochure and clearly documenting all information in the Permanency Planning Case Narratives section in ISSI. The CWS must assist the family as needed in linking to community resources such as the DSS Community Resource Office, Women Infant Child, Medicaid, Crisis Assistance Furniture Ministry, churches, etc. in order to access necessary supplies. The CWS must continuously encourage the mother to seek prenatal care throughout her pregnancy. The assigned Permanency Planning CWS will also begin discussion regarding mom’s engagement in her Out-of-Home Family Services Agreement. The CWS will explore placement options and paternity with the mother and help prepare the mother prepare to share her wishes during the Child and Family Team process discussed below.

The Permanency Planning CWS must discuss with the mother the need for the agency to report the birth to the Intake unit in order to assess the child’s safety and well-being. The Permanency Planning CWS must schedule a Child and Family Team meeting 30 days prior to the due date to discuss paternity, delivery details (date and location); and the mother’s plan for the care of this child. The team must explore placement options in the event the baby has to come into custody. They must also explore the father and the paternal family members, especially if the father is not the father of the children already in custody. Prior to the birth, the Permanency Planning CWS must alert Resource Development and the social worker at the hospital identified by the mother’s birth plan. The Permanency Planning CWS must advise the parent that a referral will be made and a different CWS will be assigned to assess safety, well-being and permanency during an investigation.

Form(s) that apply: None

Reference(s):

- NC Department of Health & Human Services CPS Intake Policy, Protocol, and Guidance (May 2020)
- NC Department of Health & Human Services CPS Family and Investigative Assessments Policy, Protocol, and Guidance (May 2020)
- NC Department of Health & Human Services In-Home Services Policy, Protocol, and Guidance (August 2020)



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- NC Department of Health & Human Services Permanency Planning Services Policy, Protocol, and Guidance (May 2020)
- YFS Case Transfer Policy
- Newborn Assessments for Families with Open Cases (August 2015)

Contact(s):

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Policy History:

- Developed 8/12/15.
- Revised 11/10/20.