

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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POLICY GUIDE 2001.15

Substance Affected Infants

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TO: Rules and Procedures Book Holders, Child Welfare and Child Protective Staff

FROM: Jess McDonald *Jess McDonald ms*

EFFECTIVE: Immediately

I. Purpose

The purpose of this Policy Guide is to establish guidelines governing the investigation of reports of neglect involving substance affected infants and the provision of services to such infants and their families.

II. Primary Users

The primary users of this Policy Guide are child abuse and neglect investigative staff and child welfare follow-up staff.

III. Definitions

“Controlled substances” means those substances defined in subsection (f) of the Illinois Controlled Substances Act [720 ILCS 570/102] and includes such drugs as heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, and methaqualone. Marijuana, hashish, and other derivatives of the plant *cannabis sativa* are not controlled substances.



“Substance affected infants” means infants who are born with controlled substances in their system or who have been diagnosed with fetal alcohol syndrome.

IV. Background

Current Department policy does not require the mandatory provision of services to substance affected infants and their families when a report is indicated, fetal alcohol syndrome or the presence of controlled substances in the blood, urine, or meconium of the infant is the only allegation present, and temporary protective custody of the substance affected infants has not been taken. However, statistics indicate that nearly one-third of substance affected infants will be neglected within the first year of their lives. Therefore, a more aggressive approach will be taken by the Department in the investigation, assessment, and provision of services to families with an indicated report involving infants who are born with fetal alcohol syndrome or controlled substances in their systems.

V. Procedures for Child Protective Investigators

Effective immediately, when investigators indicate reports involving substance affected infants, they shall:

- a) conduct a thorough risk assessment (CFS 1440, Family Assessment Factor Work Sheet), which shall include an on-site assessment of the environment in which the infant will be living and an assessment of the caretaker and other adults or children residing with the caretaker, and other persons who will be frequent visitors to the environment; and
- b) take temporary protective custody and open a child welfare case if risk factors are present that place the child in imminent danger to the child’s life or health; or
- c) open a child welfare case even if temporary protective custody is not taken and refer the case to child welfare staff for a comprehensive assessment as described in Administrative Procedures # 5, Child Welfare Case Record Organization and Uniform Recording Requirements, dated January 1, 1994.

VI. Procedures for Child Welfare (Follow-Up) Staff

Child welfare staff, upon receiving referrals involving substance affected infants shall:

- a) refer the parents to a treatment agency licensed by the Department of Alcohol and Substance Abuse for an assessment to determine whether they have an alcohol or other drug abuse problem and need treatment; and
- b) complete a client service plan (CFS 497 series) which describes the monitoring and service activities for the family, the treatment plan for the parent and other substance involved persons in the home, and the medical plan for the infant, even when the child has not been placed; and
- c) provide services as dictated by the assessment and service plan.

Family Refuses Services, No Imminent Risk of Harm - If the family is unwilling to accept the services described in the plan, but will allow the Department to monitor the family and the worker has determined that the child is *not* at imminent risk of harm because of the refusal to accept the services offered, the case shall be monitored for at least six months. Monitoring means a minimum of twice monthly face to face contacts with the infant and family, and verification that appropriate medical care is being provided to the child. The supervisor may determine, based on the circumstances present, that only monthly contact is required but the reasons for this decision must be documented on the CFS 492. Intact family cases that are being monitored may be closed after six months if it has been verified through random urinalysis testing conducted by a drug treatment professional that the parent and other members of the household are not using controlled substances and are not longer abusing alcohol.

Family Refuses Services, Child in Imminent Risk of Harm – If the family’s refusal to accept services creates imminent risk to the child’s health or safety, for example continued drug or alcohol usage by the parent or others in the household which places the child at imminent risk of harm, violent behavior, denial of access to the child for monitoring to ensure the child’s safety, failure to use an apnea monitor necessary for the child’s health and protection, etc., then the worker shall immediately report the incident to the State Central Register (SCR), requesting that investigative staff take temporary protective custody of the child.

VII. Questions

Questions regarding this Policy Guide can be referred to the Office of Child and Family Policy.

VIII. Filing Instructions

This Policy Guide replaces Policy Guide 94.2. Child protective staff shall file this Policy Guide immediately following allegation #15/65, Substance Misuse, which is located in Appendix B of Procedures 300, Reports of Child Abuse and Neglect. Child welfare staff shall file this Policy Guide immediately after Subpart B of Procedures 302, Services Delivered by the Department. Remove and dispose of Policy Guide 94.2.