

November 13, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-122

The purpose of this All County Letter is to provide county Child Welfare Services agencies guidance regarding documenting the number of infants referred to child welfare who are affected by substance abuse, whether a plan of safe care was developed, and whether a referral for services was made for the infant, parent, or other caregiver, both at intake and investigation. These documentation efforts for infants who are identified as being affected by substance abuse or by unanticipated withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, are a requirement under the federal Child Abuse Prevention and Treatment Act (CAPTA).



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

November 13, 2020

ALL COUNTY LETTER NO. 20-122

TO: ALL COUNTY WELFARE DIRECTORS
ALL EMERGENCY RESPONSE STAFF
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: **NEW CHANGES IN THE CHILD WELFARE SERVICES/CASE
MANAGEMENT SYSTEM (CWS/CMS) TO DOCUMENT THE
DEVELOPMENT OF PLANS OF SAFE CARE FOR INFANTS
AFFECTED BY PRENATAL DRUG EXPOSURE
OR A FETAL ALCOHOL SPECTRUM DISORDER**

REFERENCE: [CHILD ABUSE PREVENTION AND TREATMENT ACT \(CAPTA\) 42
U.S.C. 5106a \(b\)\(2\)\(B\)\(iii\); PUBLIC LAW 114-198; THE
COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016
\(CARA\), PENAL CODE SECTION 11165.13; HEALTH AND SAFETY
CODE SECTION 123605; ACL NO. 17-92; ACL NO. 17-107; CHILD
WELFARE SERVICES MANUAL OF POLICIES AND PROCEDURES
SECTION 31-100; STRUCTURED DECISION MAKING® 3.0 POLICY
AND PROCEDURES MANUAL](#)

The purpose of this All County Letter (ACL) is to provide county Child Welfare Services (CWS) agencies guidance regarding documenting the number of infants referred to child welfare who are affected by substance abuse, whether a plan of safe care was developed, and whether a referral to services was made for the infant, parent, or other caregiver, both at intake and investigation. These documentation efforts for infants who are identified as being affected by substance abuse or by withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, are a requirement under the federal [Child Abuse Prevention and Treatment Act \(CAPTA\)](#). The Child Welfare Services/Case Management System (CWS/CMS) was updated to fulfill these requirements.

BACKGROUND

On July 22, 2016, the [CARA](#) was enacted in federal law, including amendments to the CAPTA. The CARA established a comprehensive strategy to improve Substance Use Disorder (SUD) prevention and promote treatment and recovery through federal grants.

As part of the amended CAPTA provisions, outlined in [ACL No. 17-92](#), states must report specific data to the federal Administration for Children and Families (ACF) through the National Child Abuse and Neglect Data System (NCANDS), including:

- (1) The number of infants born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure (including both illegal and legal drugs), or a Fetal Alcohol Spectrum Disorder, specifically those who are reported to the CWS agency by healthcare providers (including screened-in referrals and referrals that have not been promoted to cases but still have a plan of safe care within the time of the referral);
- (2) The number of such infants for whom a plan of safe care was developed, and
- (3) The number of infants and affected family members or caregivers for whom any referrals were made for necessary services.

In order to be consistent with CAPTA and existing state law set forth in [Penal Code 11165.13](#), California defined an “infant born and identified as affected by substance abuse” in [ACL No. 17-92](#) as: **An infant where substance exposure is indicated at birth, AND subsequent assessment identifies indicators of risk that may affect the infant’s health and safety.** Please note that both components must be present to meet this definition. The changes to CWS/CMS will fulfill the federal requirement to accurately capture the number of cases in which a plan of safe care was developed and delivered for an infant born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal exposure, as defined above.

RECEIPT OF REPORTS FOR AN INFANT AFFECTED BY SUBSTANCE USE AT THE HOTLINE

The hotline worker plays an important role in collecting as much information as possible to assess the need for CWS intervention as well as to document an infant affected by substance abuse in the CWS/CMS. When a call is received at the Hotline regarding a substance affected infant, the social worker should ask whether a plan of safe care (POSC) has been developed by a healthcare or other service provider and if so, collect information about the services to which the family was referred. The screener should ask questions that will help gather pertinent information, including, but not limited to:

1. Did the infant test positive for a substance?
2. Did the mother screen positive for a SUD?
3. Has a plan of safe care been developed?
4. Is the infant or parent already receiving services, or has the infant or mother been referred to services?

5. What is the nature of those services (e.g., substance use treatment services, Medication Assisted Treatment (MAT)¹, parenting services, home visiting services, etc.).
6. Are there any additional concerns about the well-being of the infant, including concerns about the well-being of the mother/caregiver that may indirectly affect the infant (e.g., domestic violence, human trafficking, etc.)?

Asking relevant questions at intake will assist both the Hotline screener and the investigating social worker to capture the necessary information and to assess the family's needs. When assessing referrals involving a substance exposed infant, county social workers should be mindful that for mothers receiving MAT services, such as buprenorphine or methadone, as part of a stable recovery journey, the infant may be expected to have withdrawal symptoms. In the absence of other safety concerns and/or risks this "anticipated withdrawal" alone would not indicate the need for a CWS investigation. This guidance remains consistent with the [Structured Decision Making \(SDM®\)](#) Hotline Tool policies and procedures when the screener is considering specific criteria when determining if the referral involving alleged prenatal substance use warrants an in-person CWS investigation. The screener will gather information regarding if there was a positive toxicology screen for the newborn infant or the mother, or if there is other credible information indicating that there was prenatal substance use. In order for a referral to be screened in for an in-person response, there must also be concerns that the mother will continue to use substances that will render her unable to safely and adequately fulfill the basic needs of the infant upon discharge from the hospital.

While CAPTA requires states to have policies for health care providers to notify CWS agencies of all infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, as defined by the state, it is important for CWS agencies to coordinate and collaborate with their local healthcare communities regarding concerns that a report to child welfare services will result in an open case. It is important for the healthcare community to understand that the CWS agency's responsibility is to assess for safety and risk and determine whether child welfare involvement is necessary to protect the child. A notification to child welfare of the substance affected infant meets the requirement for reporting, but this does not automatically result in a substantiated allegation of child maltreatment or an open child welfare case.

As referenced in [ACYF-CB-PI-17-02](#), "The CAPTA provision as originally enacted and amended requires the referral of certain substance-exposed infants to Child Protective Services and makes clear that the requirement to refer infants affected by substance abuse does not establish a federal definition of child abuse and neglect. Rather, the focus of the provision is on identifying infants at risk due to prenatal substance exposure and on

¹ [Medication Assisted Treatment](#)

developing a plan to keep the infant safe and address the needs of the child and caretakers.”

DOCUMENTATION AT INTAKE AND INVESTIGATION

The changes to CWS/CMS will now include a *Contributing Factors* tab in the Referral Info Section, that will allow for CARA required information to be collected at both intake and investigation (See Attachments A and B). This tab will allow Hotline screeners to document if the infant is affected by ‘Fetal Alcohol Spectrum Disorder,’ ‘Substance Abuse,’ ‘Withdrawal Symptoms,’ or ‘Other.’ This same information will be collected by the Emergency Response (ER) investigating social worker in the ‘Investigation’ section of the *Contributing Factors* page.

To ensure data accuracy, CWS agencies must complete the *Contributing Factors* screen for ALL referrals involving an infant between the ages of 0-12 months. This would also include infants without substance exposure; these infants would be marked “none” as they do not meet CARA reporting requirements. If the referral involves an infant where substance abuse is not a factor, or there are no concerns of abuse or neglect to the child, therefore the referral is being evaluated out, the screener will mark ‘None’ and the field will be considered complete for both the ‘Intake’ and ‘Investigation’ portion.

Plan of Safe Care (POSC)

A hospital or medical professional making a report to the child welfare agency may inform the county of the steps they took to complete a provider initiated POSC and if any services were provided. When it is determined that child welfare intervention is necessary in response to a report, the county social worker shall develop a safety plan, as appropriate, that incorporates the POSC for the family, including existing services. When the investigating social worker decides to promote to a case, a case plan must be created in order to ensure all needs of the family and child are met. A POSC initiated by the provider is not a reason in and of itself for child welfare intervention and the county should assess whether or not an investigation or other interventions are necessary.

The [ACL No. 17-92](#) and [ACL No. 17-107](#), describe the responsibilities of CWS agencies to assess for safety threats and risks to a child while responding to an in-person investigation. If any safety threats are present, and the child remains in the home with a safety plan in place, the plan must be developed with the family and all members of the safety plan, including any Tribal representatives when the child is an Indian child, must agree to the action steps created in the safety plan. The provisions of services in the plan must be feasible for the family to complete and must be able to be monitored over time by the social worker. Please refer to [ACL No. 17-92](#) and [ACL No. 17-107](#) for more information and guidance on the development and monitoring of safety plans, which shall incorporate the POSC for a substance-affected infant.

Consistent with the guidance mentioned above, a safety plan or case plan that incorporates a POSC for a substance-affected infant must address the immediate needs in relation to the effects of substance use on the infant and the treatment needs of the mother, father, or parent in addition to any needed services for both. It is recommended to identify the following as general service categories for a POSC incorporated within the child's safety or case plan:

- Primary, obstetrics and gynecology care for women;
- SUD and behavioral health prevention, recovery, and treatment services;
- Parenting and Family Support services (e.g., home visiting, classes, Road to Resilience services, cultural mentors, family navigators, etc.);
- Children's health services;
- Child development and early intervention supports and services (e.g., Help Me Grow², developmental screening, high risk infant follow-up, etc.).

There are many other support services that could be included depending on the family's needs, such as childcare, housing, food security, etc. For additional supports for families, please refer to the [Parent Resources](#) page on the California Department of Social Services website.

Referrals for Services

The CARA requires that both the infant and the parent/caregiver receive support and referrals for services to address any health and treatment needs, which will be captured in the *Contributing Factors* screen. If a POSC was developed as recorded in the 'Intake' section, the social worker must complete the 'Referral Made on Behalf of' by selecting from the following:

- Infant
- Caregiver
- Parent

Select all applicable fields to adequately document the family's services. The same information must be captured and entered in the 'Investigation' section of this screen if during the investigation, it indicates that a POSC was created.

PARTNERSHIPS TO SUPPORT MOTHER AND BABY

Partnerships between CWS, hospital, and other medical professionals support pregnant and parenting mothers who are experiencing substance use and facilitate the preservation of the mother/caregiver – baby dyad³. Collaboration of multiple systems and the creation of

² [Help Me Grow Program](#)

³ [Mother-Baby Dyad Care](#)

cross-system linkages to help coordinate services for these families from prevention to intervention to treatment helps to ensure is the goal for ensuring safety of the child.

All CWS staff should be trained in trauma-informed care practices to encourage a strengths-based service delivery approach that is engaging and supportive to the mother. Utilizing a trauma informed approach helps break down barriers and helps build rapport and trust between the CWS agency and the mother and family. Effective engagement helps build trust and supports these women so they are not as fearful of CWS and less reluctant to come forward prenatally and share information with their medical providers. Illustrating an understanding of the individual situations of each mother helps guide and encourage the mother to seek prenatal care earlier in the pregnancy and seek out treatment and participate in necessary services that will have a more positive impact on the health and well-being of both the mother and baby.

The Neonatal Abstinence Syndrome (NAS) toolkit⁴ is a useful resource which provides a plethora of best practices including many helpful sources of information that can help CWS agencies as well as medical professionals develop interventions and connect clients to supportive services. Putting these principles into practice mitigates the fears pregnant women have about disclosing their SUD and facilitates early identification and referral into effective treatment. The use of trauma-informed care practices and motivational interviewing support women/caregivers through stages of readiness into treatment, which in turn improves pregnancy outcomes. The development of a comprehensive POSC should incorporate warm handoffs for the dyad into necessary post-discharge services including support services to build protective factors for successful parenting and healthy growth and development. Additional guidance on how CWS can work in partnership with the medical community as well as strategies on effectively engaging and providing services to women experiencing a SUD is forthcoming.

For any questions or assistance regarding information in this letter, please contact the Child Welfare Policy and Program Development Bureau at (916) 651-6160 or by sending an email to childprotection@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

⁴ [Mother and Baby Substance Exposure NAS Toolkit](#)

INTAKE**Entering information into CWS/CMS for Infants (0-12 months):**

When the alleged victim is an infant 0-12 months in age, the screener will be prompted to complete the following information:

In the Referral Notebook, Contributing Factors Page:

1. The Client Name, Referral ID, and County fields will auto-populate and are Read-Only. This information cannot be changed.

| | | | | | |
|-----------------------------|----|----------|------------------------|----------------------|---------------------|
| Summary | ID | Reporter | Assignment | Contributing Factors | Spec Proj |
| Contributing Factors | | | | | |
| Client Name | | | Client Number | | |
| 1 Infant, A | | | 0632-2423-4482-4000014 | | |
| Client Name | | | Referral ID | | County |
| Infant, A (0) | | | 0773-4352-0037-6000014 | | State of California |

In the “Substance Affected Infant” section:

The Client Age at Referral Start Date will auto-populate to the infant’s age in months. The screener will begin completing the “Intake” fields.

For “Affected By”:

1. Click the “+” to select the condition in which the infant is affected.

| | | | | | |
|---|----|-------------------|---|----------------------|---------------------|
| Summary | ID | Reporter | Assignment | Contributing Factors | Spec Proj |
| Contributing Factors | | | | | |
| Client Name | | | Client Number | | |
| 1 Infant, A | | | 0632-2423-4482-4000014 | | |
| Client Name | | | Referral ID | | County |
| Infant, A (0) | | | 0773-4352-0037-6000014 | | State of California |
| Substance Affected Infant | | | | | |
| Client Age at Referral Start Date 6 months | | | | | |
| Intake | | | Investigation | | |
| Affected By | | Other Description | Affected By | | Other Description |
| <div> <div>+</div> <div>Conditions</div> </div> <div> <div>1</div> <div>Fetal Alcohol Spectrum Disorder</div> </div> <div> <div>2</div> <div>Substance Abuse</div> </div> | | | <div> <div>+</div> <div>Conditions</div> </div> | | |

- The screener must choose a Condition Type. There may be more than one selected.

The dialog box is titled "Select Affected by Conditions" and has a close button (X) in the top right corner. It contains a list box labeled "Condition Types" with the following options: "None", "Fetal Alcohol Spectrum Disorder", "Substance Abuse", "Withdrawal Symptoms", and "Other". To the right of the list box are three buttons: "OK", "Cancel", and "Help".

Please note: If the infant has not been affected by any of the conditions displayed and "None" is selected, the screen will allow the screener to save to the database and close at this point.

Additionally, if "Other" is selected, the screener must indicate the condition in the "Other Description" field.

The screenshot shows a form with several sections. At the top, there are tabs: "Summary", "ID", "Reporter", "Assignment", "Contributing Factors", and "Spec Proj". The "Contributing Factors" section has a table with the following data:

| Client Name | |
|-------------|-----------|
| 1 | Infant, A |

Below this table, there are two input fields: "Client Name" with the value "Infant, A (0)" and "Referral ID" with the value "0773-4352-0037-6000014".

The "Substance Affected Infant" section has a label "Client Age at Referral Start Date" followed by a text box containing "6" and the word "months".

Below this, there is an "Intake" section with a table labeled "Affected By" and a text box labeled "Other Description". The "Affected By" table has the following data:

| Conditions | |
|------------|---------------------------------|
| 1 | Fetal Alcohol Spectrum Disorder |
| 2 | Substance Abuse |

Entering Plan of Safe Care Information:

If the “Affected By” Condition is other than None, the “Plan of Safe Care Developed?” section is mandatory.

1. Select “Yes” or “No” as to whether a Plan of Safe Care was developed.
2. Select who the Plan of Safe Care was developed by, either “Hospital” or “Medical Professional”.
3. Input the date in which the Plan of Safe Care was developed.
4. Entering “No” in this field will disable the rest of the Plan of Safe Care section.

| Summary | ID | Reporter | Assignment | Contributing Factors | Spec Proj |
|---|----|------------------------|---|----------------------|-------------------|
| Contributing Factors | | | | | |
| Client Name | | | Client Number | | |
| 1 Infant, A | | | 0632-2423-4482-4000014 | | |
| Client Name | | Referral ID | County | | |
| Infant, A (0) | | 0773-4352-0037-6000014 | State of California | | |
| Substance Affected Infant | | | | | |
| Client Age at Referral Start Date 6 months | | | | | |
| Intake | | | Investigation | | |
| Affected By | | | Affected By | | |
| <div> <div>+</div> <div>Conditions</div> <div> 1 Fetal Alcohol Spectrum Disorder 2 Substance Abuse </div> </div> | | | <div> <div>+</div> <div>Conditions</div> <div></div> </div> | | |
| Other Description | | | Other Description | | |
| | | | | | |
| Plan of Safe Care Developed? | | | Plan of Safe Care Developed? | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| Plan Developed By | | Plan Developed On | Plan Developed By | | Plan Developed On |
| Hospital | | 04/07/2020 | | | |

5. The Plan of Safe Care Signed Date is Optional. The date cannot be future dated, nor can it be before the Plan Developed On date.

| | |
|--|-------------------|
| Plan of Safe Care Developed? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Plan Developed By | Plan Developed On |
| Hospital | 04/07/2020 |
| Referral Made for Services? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Referral Made on Behalf of: | |
| <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Caregiver <input checked="" type="checkbox"/> Parent | |
| Plan of Safe Care Signed Date | |
| 04/09/2020 | |

Referral Made for Services:

The Screener must enter whether a referral was made for services and for whom.

1. Select "Yes" or "No."
2. Select who the referral was made on behalf of. More than one option may be selected.

| Summary | ID | Reporter | Assignment | Contributing Factors | Spec Proj |
|---|----|-------------------|--|----------------------|---------------------|
| Contributing Factors | | | | | |
| Client Name | | | Client Number | | |
| 1 Infant, A | | | 0632-2423-4482-4000014 | | |
| Client Name | | | Referral ID | | County |
| Infant, A (0) | | | 0773-4352-0037-6000014 | | State of California |
| Substance Affected Infant | | | | | |
| Client Age at Referral Start Date 6 months | | | | | |
| Intake | | | Investigation | | |
| Affected By | | Other Description | | | |
| <div> <div>+</div> <div>Conditions</div> </div> <div> <div>1</div> <div>Fetal Alcohol Spectrum Disorder</div> </div> <div> <div>2</div> <div>Substance Abuse</div> </div> | | | | | |
| Plan of Safe Care Developed? | | | Plan of Safe Care Developed? | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| Plan Developed By | | Plan Developed On | | | |
| Hospital | | 04/07/2020 | | | |
| Referral Made for Services? | | | Referral Made for Services? | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| Referral Made on Behalf of: | | | Referral Made on Behalf of: | | |
| <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Caregiver <input checked="" type="checkbox"/> Parent | | | <input type="checkbox"/> Infant <input type="checkbox"/> Caregiver <input type="checkbox"/> Parent | | |

Investigation:

If the referral requires an in-person investigation, the investigating social worker will be required to enter the same information as the Screener, based on the investigation details, in the “Investigation” section of the *Contributing Factors* tab.

For “Affected By”:

1. Click the “+” to select the condition in which the infant is affected.

The screenshot displays the 'Contributing Factors' tab of a software interface. At the top, there are tabs for 'Summary', 'ID', 'Reporter', 'Assignment', 'Contributing Factors', and 'Spec Proj'. The 'Contributing Factors' tab is active. Below the tabs, there is a table with columns 'Client Name' and 'Client Number'. The first row shows '1 Infant A' and '0632-2423-4482-4000014'. Below the table, there are input fields for 'Client Name' (Infant A (0)), 'Referral ID' (0773-4352-0037-6000014), and 'County' (State of California). Under the 'Substance Affected Infant' section, 'Client Age at Referral Start Date' is set to 6 months. There are two main sections: 'Intake' and 'Investigation'. Each section has an 'Affected By' field with a '+' button and a list of conditions. In the 'Intake' section, the '+' button is highlighted. In the 'Investigation' section, the list shows '1 Substance Abuse' and '2 Withdrawal Symptoms'.

2. The investigating social worker must choose a Condition Type. There may be more than one selected.
3. If “Other” is selected, the screener must indicate the condition in the “Other Description” field.

The screenshot shows a dialog box titled 'Select Affected by Conditions'. It has a close button (X) in the top right corner. On the left, there is a list box labeled 'Condition Types' containing the following items: 'None', 'Fetal Alcohol Spectrum Disorder', 'Substance Abuse', 'Withdrawal Symptoms', and 'Other'. The 'None' item is currently selected. On the right side of the dialog, there are three buttons: 'OK', 'Cancel', and 'Help'.

Please note: If the infant has not been affected by any of the conditions displayed and “None: is selected, the screen will allow the screener to save and close at this point.

Entering Plan of Safe Care Information:

If “Affected By” Condition is other than None, the “Plan of Safe Care Developed?” section is mandatory.

1. Select “Yes” or “No” as to whether a Plan of Safe Care was developed.
2. Select who the Plan of Safe Care was developed by: Hospital, Medical Professional, or Child Welfare Agency.
3. Input the date in which the Plan of Safe Care was developed.

| Client Name | | Client Number |
|-------------|-----------|------------------------|
| 1 | Infant, A | 0632-2423-4482-4000014 |

| | | |
|---------------|------------------------|---------------------|
| Client Name | Referral ID | County |
| Infant, A (0) | 0773-4352-0037-6000014 | State of California |

| Substance Affected Infant | |
|---|--|
| Client Age at Referral Start Date <input type="text" value="6"/> months | |

| Intake | |
|------------------------------------|-------------------|
| Affected By | Other Description |
| <div>+</div> <div>Conditions</div> | |

| Investigation | |
|--|-------------------|
| Affected By | Other Description |
| <div>+</div> <div>Conditions</div> <div>1 Substance Abuse</div> <div>2 Withdrawal Symptoms</div> | |

| Plan of Safe Care Developed? | |
|---|---|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Plan Developed By | Plan Developed On |
| <input type="text" value="Child Welfare Agency"/> | <input type="text" value="04/05/2020"/> |

4. The Plan of Safe Care Signed Date is Optional. The date cannot be future dated, nor can it be before the Plan Developed On date.

| Plan of Safe Care Developed? | |
|---|---|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Plan Developed By | Plan Developed On |
| <input type="text" value="Child Welfare Agency"/> | <input type="text" value="04/05/2020"/> |

| Referral Made for Services? | |
|--|--|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Referral Made on Behalf of: | |
| <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Caregiver <input type="checkbox"/> Parent | |

| Plan of Safe Care Signed Date | |
|---|--|
| <input type="text" value="04/08/2020"/> | |

Referral Made for Services:

The investigating social worker must enter whether a referral was made for services and for whom.

1. Select “Yes” or “No.”
2. Select who the referral was made on behalf of. More than one option may be selected.

| Summary | ID | Reporter | Assignment | Contributing Factors | Spec Proj |
|---|----|-------------------|--|----------------------|-------------------|
| Contributing Factors | | | | | |
| Client Name | | | Client Number | | |
| 1 Infant, A | | | 0632-2423-4482-4000014 | | |
| <div> <div>Client Name</div> <div>Referral ID</div> <div>County</div> </div> <div> <div>Infant, A (0)</div> <div>0773-4352-0037-6000014</div> <div>State of California</div> </div> | | | | | |
| Substance Affected Infant | | | | | |
| Client Age at Referral Start Date 6 months | | | | | |
| Intake | | | Investigation | | |
| Affected By | | Other Description | Affected By | | Other Description |
| <div> <div>+</div> <div>Conditions</div> </div> | | | <div> <div>+</div> <div>Conditions</div> </div> | | |
| | | | <div> <div>1</div> <div>Substance Abuse</div> </div> | | |
| | | | <div> <div>2</div> <div>Withdrawal Symptoms</div> </div> | | |
| Plan of Safe Care Developed? | | | Plan of Safe Care Developed? | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Plan Developed By | | Plan Developed On | Plan Developed By | | Plan Developed On |
| | | | Child Welfare Agency | | 04/05/2020 |
| Referral Made for Services? | | | Referral Made for Services? | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Referral Made on Behalf of: | | | Referral Made on Behalf of: | | |
| <input type="checkbox"/> Infant <input type="checkbox"/> Caregiver <input type="checkbox"/> Parent | | | <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Caregiver <input type="checkbox"/> Parent | | |
| Plan of Safe Care Signed Date | | | Plan of Safe Care Signed Date | | |
| | | | 04/08/2020 | | |