

**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

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Revision Date: April 16, 2026

Policy No.: D-0605

Substance-Affected Infants

Purpose To provide guidelines for assessing risk factors for substance-affected infants and providing services to substance-affected infants and their caregivers.

Approved This revised policy was approved by Loan English, Director of CFS.
Signature on file.

Most Recent Revision This revision of the Policy and Procedure (P&P) provides guidance regarding:

- California Department of Social Services (CDSS) All County Letter (ACL)s 17-92 and 20-122 regarding substance-affected infants and Plans of Safe Care
- Updated definitions section
- Considerations for Reports Involving Infants with In-Utero Exposure to Prescribed Medications and Medical Assisted Treatment (MAT)

Background Children and Family Services (CFS) is the responding agency when a health practitioner or hospital social worker submits a child abuse or neglect report regarding a substance-affected infant born in Orange County. Infants affected by substance use require specialized care to protect their health and safety.

CFS will complete an investigation per established guidelines for child abuse and neglect allegations.

When protective custody is necessary for an infant confirmed to be substance-affected, CFS will ensure that the infant receives regular medical care, health and developmental assessments, and any required specialized care. CFS will ensure that the out-of-home

caregiver receives the information, support services, and education necessary to provide for the child's physical, cognitive, and emotional well-being and functioning. CFS will conduct an ongoing assessment of the infant's parent to determine what services are appropriate to assist the parent in reunifying with the child and what level of visitation the parent should receive.

Infants prenatally exposed to certain substances are susceptible to withdrawal symptoms, developmental delays, and medical complications at birth and throughout their lives. The type of substance ingested by the mother during pregnancy, as well as the frequency of use and amount of the drug(s) or alcohol consumed, may result in medical and/or developmental complications upon the child's birth. Symptoms related to substance exposure while in utero may appear immediately, develop gradually, or never appear. Some infants suddenly demonstrate symptoms after a period during which no symptoms were exhibited.

The types of symptoms a substance-affected infant suffers may include:

- Vomiting
- Watery stools
- Poor sleep patterns
- Marked tremors
- Poor feeding
- High-pitched cry
- Seizures
- Lethargy

One, some, or all of these symptoms may be present at any time after birth. Hospitals often utilize scoring measures called Finnegan Scales to measure the severity of withdrawal symptoms.

Infants born with in utero exposure to maternal alcohol abuse may be diagnosed by the presence of a combination of physical and mental birth defects. These disorders may include:

- Low birth weight
- Facial abnormalities
- Poor coordination
- Hyperactivity
- Developmental delays

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), a Plan of Safe Care (POSC) is required for all infants:

- Born affected by substance use or withdrawal symptoms due to prenatal drug exposure

—OR—

- Showing signs of Fetal Alcohol Spectrum Disorder (FASD)

Ideally, the POSC is developed prior to the child's birth with health practitioners using community-based service. The California Department of Social Services (CDSS) has issued guidance regarding CFS requirements for POSC when involved with a family with a substance-affected infant.

ACL 17-92 requires that a POSC address the needs of both the infant and the family or caregivers to promote safety and well-being, and incorporation of elements of the POSC into any subsequent safety plan and case plan.

ACL 20-122 requires CFS to document:

- The number of reports received involving substance-affected infants
- Whether a POSC was developed for each report of suspected abuse or neglect involving a substance-affected infant

Consult the following CFS Policies and Procedures for further information regarding case management issues related to substance-affected infants:

- Abuse Investigations - Practice Guidelines Policy and Procedure (A-0412)
- Dependency Intake (A-0502)
- HIV/AIDS Case Management (D-0602)
- Health and Education Passport (I-0403)

Definitions

For the purposes of this P&P, the following apply:

Caregiver: A parent, other relative, resource parent, adoptive parent or guardian, as outlined by the federal requirements under CAPTA (42 U.S.C. § 5116h).

Case Plan: Per Welfare and Institutions Code (WIC) § 11400, a written document that sets forth appropriate services to be provided to the child, the child's family, and the resource parents, to meet the child's needs while in foster care, and to reunify the child with the child's family. Refer to CFS P&P Case Plan (D-0101) for further guidance.

Infant: A child from birth to 12 months of age.

Plan of Safe Care (POSC): Per ACL 17-92, a plan that addresses the needs of an infant, 0-12 months of age, who is identified as affected by substance use, including both illegal and legal drugs, is indicated at birth. A POSC differs from a Safety Plan in that the POSC goes beyond the immediate safety factors to address the ongoing health, development, and well-being of an infant, as well as the family's treatment and other service needs.

Note: In Orange County a POSC created prior to CFS involvement is frequently referred to as a **Family Wellness Plan (FWP)**.

Safety Plan: A plan designed to address identified safety threats within the Orange County Social Services Agency (SSA). *OC Safety Plan (F063-25-453)* is used to document reasonable efforts to maintain a child safely in the home. Refer to CFS P&P Structured Decision Making (D-0311) for further guidance.

POLICY

Identification of a Substance Affected Infant

Per ACL 17-92, a newborn is considered a substance affected infant when substance exposure (both illegal and legal) is indicated at birth. This may include a situation where the exposure is detected via toxicology screen, or other indicators, such as, one or more of the following:

- The mother's observed/reported substance
- The infant experiencing withdrawal symptoms
- Diagnoses of Fetal Alcohol Spectrum Disorder (FASD)

OC Plan of Safe Care (POSC)

If a POSC is in place for the family prior to CFS involvement, the ER SSW will review the plan with the parents, discussing the supports and services to which they are connected. Per CFS best practice, the ER SSW will incorporate appropriate existing services and supports into the OC POSC.

Per CFS Policy, the *OC POSC (F063-25-841)* will be used to document the CFS POSC.

The *OC POSC (F063-25-841)* will be uploaded to CWS/CMS.

Case Plans and Safety Plans for families with substance affected infants will:

- A. Clearly identify and document the effect(s) of the substance use, withdrawal symptoms, and/or FASD.
- B. Specify action steps necessary to assist maintaining children in their homes, or if appropriate, to promote reunification.
- C. Include referrals to, and delivery of, services that are appropriate for the infant and the affected family member or caregiver.

For additional guidance regarding the development of case plans and safety plans refer to:

- CFS P&P Case Plan (D-0101)
- CFS P&P Structured Decision Making (D-0311)

Child Abuse Hotline

Per Penal Code (PEN) § 111165.13, a positive toxicology screen at the time of delivery is not in and of itself a sufficient basis for making a child abuse report. Per Health and Safety Code (HSC) § 123605, a positive toxicology screen at the time of delivery will lead to an assessment of needs for the mother and infant by a health care professional (includes medical social workers). The assessment of needs may indicate a referral to CFS.

The Hotline SSW will review the risk factor(s) identified by the reporting party to determine whether there are risk factors other than a positive toxicology screen, which would necessitate a child abuse investigation. If indicated, an Immediate Response referral will be assigned to an Emergency Response (ER) SSW for investigation.

Hotline Screening

When a referral for a substance-affected infant is received, the Hotline SSW will use SDM tools per CFS P&P Structured Decision Making (D-0311). The Hotline SSW will assess the allegations and determine a disposition and, when appropriate, a response time.

If the information provided by the reporting party indicates a low-level of risk that does not warrant an in-person response by an ER SSW, the Hotline SSW will encourage the reporting party to direct the family to community resources.

Emergency Response (ER) Investigation

- A. Investigation
The ER investigation of a referral regarding a substance-affected infant will be completed per CFS P&P Abuse Investigations-Practice Guidelines (A-0412). SDM tools will be

used to guide decision making per CFS P&P Structured Decision Making (SDM) (D-0311).

Court Intervention and Case Management

The guidelines for placing a Hospital Hold outlined in the CFS P&P Abuse Investigations-Protective Interventions (A-0414) are to be followed when placing a Hospital Hold on a substance exposed infant.

It is best practice for the ER SSW to notify the SFS Intake SSW upon being assigned a referral regarding a substance exposed infant. Regardless of whether this is done, the ER SSW will notify the SFS Intake SSW upon placing a Hospital Hold on a substance exposed infant.

The guidelines for filing a Detention Hearing Report and petition outlined in the CFS P&P Dependency Intake (A-0502) are to be followed when filing an Intake regarding a substance exposed infant.

Prior to filing a Detention Hearing Report and petition on behalf of a substance-affected infant, the Dependency Intake SSSS will contact the SFS SSSS to assess whether the case will be assigned to SFS Investigations. SFS will accept a case for the infant and their siblings when the infant has a positive toxicology screening at birth, the mother has a positive toxicology screening upon the child's birth, and/or the child's mother has a history of drug use during pregnancy.

Consent for HIV Testing

Refer to the CFS P&P HIV/AIDS Case Management (D-0602) regarding HIV risk factors and testing criteria, consent for HIV testing and guidelines for case management of children who are infected with Human Immunodeficiency Virus (HIV) or test positive for its antibodies.

Consideration for Reports Involving Infants with In-Utero Exposure to Prescribed Medication

When a mother is taking prescribed medication (e.g., to treat a medical condition or substance use disorder) infant withdrawal symptoms may occur. In the absence of additional safety concerns or risk factors, "anticipated withdrawal" alone does not warrant child welfare investigation.

- What medications have been prescribed
- The expected effects of these medications on the newborn
- How the medications may impact the mother's functioning and her ability to care for the infant

Services and Case Management

The assigned SSW will arrange for serviced delivery pursuant to WIC §§ 16501 and 16506, and as outlined in CFS P&P Case Plans (D-0101), for the family and the substance affected infant.

The assigned SSW will provide services and obtain regular updates from the child's caregiver and services providers regarding the child's include medical and developmental status from the date of the ER investigation until child dependency proceedings are terminated.

All medical information will be maintained in the Health and Education Passport pursuant to the CFS P&P Health and Education Passport P&P (I-0403).

- A. Per WIC §§ 16501 and 16506, CFS will provide in-home protective services designed to prevent or remedy neglect, abuse or exploitation, to prevent separation of a substance affected infant from his/her family or to provide time-limited services to reunite the family.

Note: The assigned SSW will provide services and obtain regular updates from the child's caregiver and service providers regarding the child's medical and developmental status from the date of the ER investigation until child dependency proceedings are terminated.

**Information
for Substitute
Care
Providers**

The child's out-of-home caregiver is to be provided with full disclosure regarding the child having been affected by maternal substance abuse while in utero. This includes information regarding the history of the symptoms the child has exhibited throughout his life, information on special handling and feeding care, projections regarding services the child may require in the future, and information regarding the services the child is receiving.

Disclosure of a child's positive HIV status to an out-of-home caregiver will be provided upon receipt of parental consent and/or pursuant to Miscellaneous Order 701.5. [Refer to the CFS P&P HIV/AIDS Case Management (D-0602) regarding guidelines for case management of children who are infected with HIV or test positive for its antibodies.]

**Assessment
of Parent**

The assigned SSW will conduct an ongoing assessment of the parent's compliance with her Court-ordered substance abuse recovery program until Family Reunification services or child dependency proceedings are terminated.

The liberalization of visits, granting of trial visits and, ultimately, reunification may only be considered when there is clear evidence that the parent is complying with the substance abuse recovery program, including submitting for toxicology screenings on a

consistent basis and with consistently negative toxicology screenings.

Further, the parent must be assessed for demonstration of increased insight to the triggers, which cause her to engage in drug related behavior and understand the impact of how her abuse of drugs and/or alcohol impact her ability to parent her child. Further, the parent must have stabilized her life through demonstration of the following:

- A. Safe, stable housing.
- B. A financial means for supporting herself and her child.
- C. A support system.
- D. An ability to provide for the child's care, including any specialized medical and/or developmental services to address issues related to the child having been a substance-affected infant.

REFERENCES

Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [CWS/CMS Data Entry Standards \(DES\) Plan of Safe Care-Referral: Contributing Factors \(X0101\)](#)

Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Abuse Investigations—Practice Guidelines \(A-0412\)](#)
- CFS P&P [Abuse Investigations—Protective Interventions \(A-0414\)](#)
- CFS P&P [Case Plan \(D-0101\)](#)
- CFS P&P [Child Family Team \(D-0314\)](#)
- CFS P&P [Structured Decision Making \(D-0311\)](#)

- CFS P&P [Voluntary Family Services \(VFS\) and Informal Supervision \(M-0106\)](#)
- CFS P&P [Dependency Intake \(A-0502\)](#)
- CFS P&P [HIV/AIDS Case Management \(D-0602\)](#)
- CFS P&P [Health and Education Passport \(I-0403\)](#)

Other Sources Other printed references include the following:

None.

FORMS

Online Forms Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

	Form Name	Form Number
	OC Plan of Safe Care	F063-25-841

Hard Copy Forms Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

	Form Name	Form Number
	None.	

CWS/CMS Forms Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

	Form Name	Form Number
	None.	

Brochures Brochures to distribute in conjunction with this policy may include:

	Brochure Name	Brochure Number
	None.	

LEGAL MANDATES

[Health and Safety Code \(H&S\) Section \(§\) 123605](#) provides the legal mandate for use of the Maternal Substance Abuse Assessment Protocol (Form F0912-25-251); the form provided to all hospitals in the county for the purpose of "...an assessment of the needs of, and a referral for, a substance exposed infant to a county welfare department...."

[Penal Code \(PEN\) \(§\)11165.13](#) provides the legal mandate that additional risk factors other than "...a positive toxicology screen at the time of the delivery of an infant" must be present to file a report with the Child Abuse Hotline. Further, "...any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and the child pursuant to Section 123605 of the Health and Safety Code."

Miscellaneous Order 701.5 of the Juvenile Court of California, Orange County, provides the legal basis for the assigned Senior Social Worker (SSW) to sign a consent for an HIV test on behalf of a substance exposed infant for whom a Hospital Hold has been placed when the infant's parent refuses to consent, if specific criteria are met.

[California Department of Social Services \(CDSS\) All County Letter \(ACL\) 17-92](#) outlines statewide policies and procedures that child welfare services must follow to meet federal CAPTA and CARA requirements.

[CDSS ACL 17-107](#) provides instructions for safety planning and monitoring.

[CDSS ACL 20-122](#) provides instructions for documenting the number of infants referred to child welfare services affected by substance use, whether a POSC was developed and whether a referral for services was made for the infant, parent, or other caregiver.

[Child Abuse Prevention and Treatment Act \(CAPTA\) 42 U.S.C. § 5106a \(b\) \(2\) \(B\) \(iii\)](#) outlines the responsibilities of caregivers to develop plans of safe care for infants born affected by drug use, to address the treatment needs of the infant and affected family or caregivers and to develop and implement a monitoring system to confirm appropriate services are provided.

[Public Law 114-198](#) The Comprehensive Addiction and Recovery Act of 2016 (CARA) requires data submission regarding infants affected by substance abuse in the National Child Abuse and Neglect Data System (NCANDS).

[Manual of Policies and Procedures \(MPP\) Section 31-100](#) describes Child Welfare Services dependency intake processes including Emergency Response Protocol processes when it is necessary to determine whether an in-person investigation is required.

[MPP Section 31-002\(s\)\(2\)](#) describes the requirement of development of a safety plan to permit the child to remain in the home with specific, timely actions that mitigate the identified safety threats.

[Structured Decision Making \(SDM\) 3.5 Policy and Procedures Manual](#)

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

December 7, 2006