

## INVESTIGATIONS

### High Risk Newborns

34-12-2

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#### **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 35-1, "Family Assessment Response"](#) and [DCF Practice Guide, "The Family Assessment Response \(FAR\) Practice Guide."](#)

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#### **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.
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#### **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.
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#### **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:** "DCF Early Childhood Practice Guide."

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**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 LINK.

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

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