

**Cuyahoga County Division of Children and Family Services  
(CCDCFS)  
Policy Statement**

**Policy Chapter:** Referrals  
**Policy Number:** 2.01.10  
**Policy Name:** Children Born Exposed to Drugs

**Original Effective Date:** 07/28/2008  
**Revision Date(s):** 07/01/2015  
**Current Revision Date:** 07/01/2015  
**Approved By:** Thomas D. Pristow

**PURPOSE:** To ensure the safety of any child born exposed to drugs.

**SCOPE:** This policy applies to all Cuyahoga County Division of Children and Family Services (DCFS) staff. References to “drugs” include any and all “illegal drugs” and mood-altering substances, including alcohol and prescription drugs, which are being used by the parent. References to “illegal drugs” can be found in the list of “Schedules of Controlled Substances” pursuant to O.R.C. 3719.41. References to “detrimental impact” mean some measurable harmful or damaging outcome to the child.

**POLICY**

- A. When a child tests positive for illegal drugs or mood altering substances abused by the mother at the time of birth, the child is presumed an abused child according to Ohio law [O.R.C. 2151.031]. DCFS assesses both safety and risk and DCFS may file a complaint in Juvenile Court, develop a safety plan, or utilize other community interventions [O.A.C. 5101:2-36-03].
- B. The child may be found abused if they exhibit evidence of injury due to exposure to drugs, even when the child is not tested or does not test positive for drugs at the time of birth (e.g., hospital records which document withdrawal symptoms or diagnoses of fetal alcohol affect). DCFS assesses both safety and risk and DCFS may file a complaint in Juvenile Court, develop a safety plan [O.A.C 5101:2-36-03], or utilize community interventions.
- C. When a child is not tested or does not test positive for drugs and the mother either admits to using during her pregnancy or tests positive for illegal drugs or mood altering substances at the time of birth, DCFS assesses both safety and risk.

1. When there has not been prior Juvenile Court adjudication on a sibling, upon identifying a detrimental impact to the child, DCFS may file a complaint in Juvenile Court, develop a safety plan [O.A.C. 5101:2-36-03], or utilize community interventions.
  2. When there has been prior Juvenile Court adjudication on a sibling, DCFS may file a complaint in Juvenile Court or develop a safety plan. In order to complete a legal filing, DCFS must show that there is a past Juvenile Court adjudication and that there are factual similarities from the old case and current conditions in the home. For example, domestic violence from the original case that is unresolved, substance abuse from the original case where the parent has failed to obtain or maintain sobriety or a parent's significant and untreated diagnosed mental health condition.
- D. When a mother tests positive for drugs during her 2<sup>nd</sup> or 3<sup>rd</sup> trimester DCFS assesses both safety and risk prior to the child's birth, when possible, if siblings reside at the home; and if the siblings are in custody, then DCFS assesses both safety and risk within two weeks prior to the child's birth. Upon identifying a detrimental impact to the child, DCFS may file a complaint in Juvenile Court, develop a safety plan [O.A.C. 5101:2-36-03], or utilize community interventions.
- E. Worker of record (WOR) contacts a drug treatment provider to provide an assessment for any adult who has abused or is currently using drugs and is responsible for the care of the child.
- F. When a safety factor is identified and no safety interventions are in place, a Team Decision Meeting (to be referred to as "staffing") is scheduled. DCFS minimally schedules a family team meeting to discuss safety interventions on all cases where there is a positive toxicology screen or an admission of drug use by mother in her second or third trimester of pregnancy.

Analyzing detrimental impact requires a careful analysis of all circumstances; this analysis includes any relevant condition or factor impacting the child. These factors may be medical, behavioral and educational status of the child; basic needs analysis including parents' ability to provide food, clothing, and safe shelter; and an assessment of the parents' ability to provide proper parenting including: supervision, parental decision making to ensure adequate care of the child, understanding age appropriate behaviors, discipline, and managing parent-child conflict.

Examples of detrimental impact include specific reasons why the child lacks adequate parental care because of the parents' drug use. According to Ohio law adequate parental care means "provision of adequate food, clothing, and shelter to ensure the child's health and physical safety and any specialized services warranted by the child's physical and mental needs. O.R.C. 2151.011(B)(1)."

## PROCEDURES

- A. Upon receipt of a positive toxicology referral on mother and / or child which includes any and all illegal drugs, illegally used drugs, or mood-altering substances which are being abused by the mother or other adult responsible for the care of the child, the WOR or designee contacts a drug treatment provider to provide an assessment within 24 to 72 hours of being contacted.
- B. The WOR or designee completes the appropriate referral form for this assessment. The WOR or designee transports the parent to the assessment or provides transportation, such as bus passes, if the parent is unable to secure transportation on their own.
- C. The WOR or designee accompanies the parent to the assessment to fully share information with the assessor and to ensure that accurate, complete information is provided.
- D. After the assessment is completed and a recommendation for treatment is made, the WOR ensures the client knows the treatment provider's name, location, time and date of the intake appointment for treatment, and has transportation to the appointment.
- E. If the WOR determines, based on the assessment, that removal of the child need not be considered, the WOR develops a Safety Plan, which follows the guidelines described in the most recent memorandum or policy / procedure regarding Safety Plans.
  1. If the WOR develops a Safety Plan it includes:
    - a) The name of the sober person who will assure the child's safety and be the monitor of the mother's sobriety, and their relationship to the mother / child (i.e., the means by which the child's safety will be assured).
    - b) Documentation of a SACWIS record check along with a criminal background check on all persons included on the safety plan. If an out of home Safety Plan is developed, a Law Enforcement Automated Data System (LEADS) check will also be completed.
    - c) How the WOR will monitor the safety plan.

The Safety Plan is voluntary, agreed to and signed by all involved parties, including the person identified in section E. 1. (a).

- F. Staffings are held prior to the child's discharge from the hospital or as soon as possible after the agency learns a drug exposed child has already been discharged. In cases where this is not possible (e.g., referral received and child discharged over a weekend) the staffing is held by the end of the next

business day. At the staffing, the DCFS determines the best plan to ensure the safety of the child.

- G. The WOR informs the parents / guardian / custodian at the staffing, that if there is a failure to comply with the Safety Plan then DCFS will re-assess safety and risk and consider other options to keep the child safe. The facilitator documents this in the staffing report.

**SEE ALSO:**

- **Ohio Administrative Code:**  
5101:2-36-03
- **Ohio Revised Codes:**  
3719.41, 2151.011 (B) (1), 2151.031
- **Cuyahoga County Division of Children and Family Services Policies and Procedures Manual**  
Policy 5.02.01 – TDM / Staffings Policy  
Policy 5.04.02 – Closing Cases With Substance Abuse Issues  
Policy 5.04.03 – Family Reunification in Cases Involving Substance Abuse