

**Cuyahoga County  
Department of Health and Human Services  
Division of Children and Family Services  
Policy Statement**

**Policy Chapter:** Legal, Juvenile Court & Custody Issues  
**Policy Number:** 7.01.05  
**Policy Name:** Minor Parents and Their Children

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**Approved By:** Thomas D. Pristow

**PURPOSE:** This policy is to ensure SAFETY and PERMANENCY for children of minor parent(s).

**SCOPE:** This policy refers to all minor parents on open cases, whether or not they are in the custody of the Division of Children and Family Services (DCFS).

**DEFINITIONS:** For the purposes of this policy, “caregiver” is defined as any relative(s), agency or network foster parent(s) or contracted child care providers.

**POLICY**

- A.** DCFS acts in the best interests of both the minor parent and his/her child when providing services, especially when one or both are in the custody of the agency. This dual responsibility can pose challenges, as DCFS balances the potentially competing interests of the minor parent and his/her child.
- B.** On a case-by-case basis, DCFS staff assesses the minor parent’s strengths and needs and their effects on the safety of the minor’s child, and DCFS makes safety and risk-based decisions about custody and placement.
  - 1. If the minor parent(s) are in DCFS custody and if their child is determined to be at risk of child abuse and/or neglect (CA/N) while in the care of the minor parent(s), a report is made through the hotline department.
  - 2. If the minor parent(s) are in DCFS custody, and if their child is determined NOT to be at risk of (CA/N) while in their care and the minor parents(s) are assessed as being capable of providing a safe and nurturing environment for the child, then the child is placed with the minor parent.

- C. When a baby is born to a minor mother who is not in DCFS custody, then the WOR assesses the safety and risk level of the infant following the usual investigative standards.
- D. DCFS staff makes the safety and risk-based decisions about custody and placement of minor parent(s) and their children in accordance with the general guidelines and procedures below.

## **PROCEDURES**

### **A. Minor Parents in DCFS Custody, and Their Children:**

1. DCFS recognizes that child(ren) born to minor parents are not automatically at risk of child abuse/neglect, however, there are circumstances in which it may not be in the best interest of that child to be in the legal and/or physical custody of their minor parent. Barring strong mitigating factors, there is a presumption that babies born to minor mothers in agency custody need to enter custody themselves if any of the following safety and risk factors (or others) are present:
  - a) The minor parent is placed in a residential treatment facility.
  - b) The minor parent has a history of being involved as a perpetrator of abuse, neglect or domestic violence.
  - c) The minor parent has a history of involvement in risky behaviors, including (but not limited to): gang-related activity, drug activity, and inappropriate sexual conduct.
  - d) The minor parent has a history of AWOL behavior (running away).
  - e) The minor parent has significant developmental delays and/or serious health problems.
  - f) The minor parent has a diagnosed mental health condition and/or demonstrates poor decision-making regarding his/her own care.
  - g) The minor parent has not met the expectations of his/her Family Service Plan.
  - h) The minor parent's baby has acute medical needs, for example: health and developmental difficulties which, if not addressed, could jeopardize the infant's ongoing health and safety.

[NOTE: Each of the above factors must be assessed independently with respect to its impact on the safety and risk to the minor parent's child.]
2. The following are mitigating factors that may reduce risk and support the position that it is not necessary for DCFS to take custody of the minor parent's child.

- a) The minor parent has demonstrated mature, responsible behavior and the ability to care appropriately for the child.
- b) If the minor parent has not yet had the opportunity to demonstrate mature, responsible behavior and the ability to care appropriately for the infant/child, past behavior suggests that the minor parent will have this ability when he/she is called upon to demonstrate it. (examples of past behavior which evidences such maturity include regular participation in prenatal care, involvement in parenting-preparation classes. etc.)
- c) The caregiver of the minor parent has demonstrated a long-term commitment to the minor parent by caring for the minor parent for a lengthy period, having interactive involvement with the minor parent's school or other supportive activities, and is willing to continue caring for the minor parent and his/her child.
- d) The caregiver of the minor parent has demonstrated the ability to support, supervise and coach minor parent around caring for the infant/child.
- e) The caregiver agrees to discuss with the WOR all concerns s/he may have, AND immediately contact the DCFS KIDS HOTLINE (216-696-5437) if there is ANY risk to the minor parent's child.

[NOTE: Each of the above factors must be assessed independently with respect to its impact on reducing the risk to the minor parent's child.]

- 3. If the minor parent(s) retains custody of their child, they retain all rights and responsibilities associated with parenthood, including the ability to give permission for routine, emergency and invasive/surgical medical treatments.

**B. Safety and Permanency Planning For Babies Born to Minor Mothers in Custody:**

- 1. Once it is confirmed that a minor mother is pregnant, the WOR arranges a Team Decision Making meeting to develop an appropriate Case Management Plan around the pregnant minor and the unborn infant. This plan, which must include counseling and prenatal parenting education for the pregnant mother and the father, is reviewed and amended as necessary during the course of the pregnancy.
- 2. In addition to the Team Decision Making meeting, the WOR MUST convene a Case Staffing within thirty (30) days of the mother's due date. If the birth of the baby occurs earlier than expected, the (Emergency) Staffing MUST be convened within one (1) working day of the birth.

### **C. Placement of Babies Born to Minor Parent(s) in Custody:**

1. If DCFS holds custody of the minor parent(s) and custody of their baby, the baby usually does not reside in the same placement as the minor parent(s); however, occasionally unique circumstances may call for consideration of exceptions.
  - a) The WOR may seek approval for an exception by making a written request, to his/her Senior Supervisor or Deputy Director, if one or both of the following circumstances are present:
    - The minor parent demonstrates good parenting skills, has made substantial progress on their case plan and will reach the age of majority within the timeframe of the permanency plan for the infant.
    - The minor parent is placed with a caregiver who is approved and trained to provide parenting, coaching and supervision to the minor parent, and understands that the safety, well-being and nurturance of the infant/child is primarily the responsibility of the caregiver and cannot be delegated to the minor parent.
  - b) The WOR may also seek approval for an exception (by making a written request to his/her Senior Supervisor or Deputy Director) in a case where a minor parent(s) and their child are both in DCFS custody, but are in separate placements, and the case plan goal is reunification.
    - In all cases in which reunification of minor parent and child is the case plan goal, the infant and the parent may be placed together within three months of the identified reunification date, in order to facilitate a successful reunification, provided they are making substantial progress on their case plan.
  - c) **ALL OF THE ABOVE EXCEPTIONS AND APPROVALS MUST BE DOCUMENTED IN THE CASE RECORDS. CASE PLAN LANGUAGE MUST EXPLAIN THE RATIONALE AS WELL.**

### **D. Visits with Non-Custodial Parents:**

1. If the minor parent's child is in DCFS custody, the WOR must facilitate minimum weekly visits with the child's parent(s), both mother and father, and with the child's sibling(s).
2. If the minor parent is in DCFS custody, and the child resides with that parent, but the child is not in DCFS custody, the WOR must assist in assuring appropriate visits between the child and his/her non-custodial parent and siblings.
  - a) **BEFORE** authorizing any unsupervised visits, the WOR must have determined that there are **NO RISKS** to the child from the

non-custodial parent or other individuals having access to the child.

- b) An assessment of the non-custodial parent's home must be completed and documented PRIOR to any unsupervised visits.

**E. Procedures for Case Set-Up:**

1. When a minor mother is in the custody of the agency and gives birth, the assigned child protection specialist must contact the hotline department, as soon as the birth is reported, to have an intake report set-up. For cases in which the minor mom is in the permanent custody of the agency, a separate case is required for the minor parent (in custody), even if there are no concerns for abuse/neglect.
2. If there are no abuse/neglect concerns, the report is set-up as a "dependency" case (as the foster parent receives a per diem for the minor parent's child as well). The dependency intake report is then routed to the assigned child protection specialist for "investigation."
3. When there are abuse/neglect concerns noted, the report is set-up appropriately given the allegations and assigned to intake for investigation. Regardless of custody status, where there are current or historical abuse/neglect concerns for the minor parent's child, a separate case IS REQUIRED for the child with the minor parent as the parent. This separate case is set up as a COMPANION CASE to the minor parent's case with a focus on the minor parent's child's safety. It is then assigned to a different worker of record than the minor parent's case to avoid any potential conflict of interest. Both cases are assigned to the same supervisor for consistency in service delivery.
4. Where there are no abuse or neglect concerns for the minor parent's child, the child is added to the minor parent's existing open family case; except when the minor parent is in permanent custody (refer to E1). Family Service Plan Services/Case Plan Services for the infant/child MUST be added to the Family Service Plan/Case Plan of the minor parent(s) and all household members must be seen no less than monthly.

**F. New Referrals Received on Open Minor Parent Cases:**

1. If a new referral is received on an open Minor Parent case, the investigation is completed by an Investigative Worker not assigned to the case. Once the investigation is completed, the Investigating Worker meets with the assigned WOR to share their findings and recommendations.