



State of Florida  
Department of Children and Families

Rick Scott  
Governor

Mike Carroll  
Secretary

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**DATE:** December 23, 2016

**TO:** Regional Managing Directors  
Florida Abuse Hotline Chiefs of Operations and Program Development  
Sheriff's Offices Conducting Child Protective Investigations

**THROUGH:** David L. Fairbanks, Deputy Secretary 

**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare   
Vicki Abrams, Assistant Secretary for Operations 

**SUBJECT:** Updates to CFOP 170-4 Child Maltreatment Index  
**Effective date: January 3, 2017**

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**PURPOSE:** The purpose of this memorandum is to provide notification that CFOP 170-4, Child Maltreatment Index has been updated to expand the guidance for the assessment of Substance Abuse allegations, both at the Hotline and Investigations. The attached maltreatment definitions will take the place of the current definition of Substance Misuse (Alcohol, Illicit Drugs, Prescription Drugs).

**BACKGROUND:** In July 2016, the federal legislature passed the *Comprehensive Addiction and Recovery Act (CARA)*, which amended the requirements of CAPTA as it relates to substance-exposed newborns. One of the many new requirements is that it strengthens requirements to collect data around the population, including the number of substance-exposed newborns. In addition, there is additional guidance on the ongoing treatment and service needs for these children. Additionally, through review of a sample of cases involving substance-exposed newborns and children ages 0-1 whose parents were allegedly using substances, there are additional areas of guidance provided around this specific vulnerable population.

As a result of the changes in federal legislation and the guidance learned from the review, the Child Maltreatment Index has been updated as follows:

- Added a maltreatment specific to substance-exposed newborns.
- Enhanced the definition of substance-exposed newborn to more clearly articulate when parental substance abuse poses a threat of harm to young children.
- Provided additional guidance in Factors to Consider for the maltreatment.

The additional maltreatment for substance-exposed newborn will be available in Spring 2017 as a part of the *Strengthening Child Welfare Practice through Technology* project which includes updating FSFN to ensure alignment with the current maltreatment index.

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Memo - Updates to CFOP 170-4 Child Maltreatment Index  
December 23, 2016  
Page 2

A memorandum will be released in the future regarding that update. Until that time, continue to use the Substance Misuse (Alcohol, Illicit Drugs, Prescription Drugs) maltreatment within FSFN for substance exposed newborn.

**ACTION REQUIRED:** Please share this memorandum with all Hotline personnel and child protective investigators and ensure that the updated operating procedure is implemented effective January 3, 2017.

**CONTACT INFORMATION:** If you have any questions or require additional information, please contact Alissa Cross, Safety Manager, Office of Child Welfare, at 850-717-4653 or [Alissa.Cross@myffamilies.com](mailto:Alissa.Cross@myffamilies.com).

cc: Regional Family and Community Services Directors  
Grainnie O'Sullivan, Director of Children's Legal Services  
Center for Child Welfare

# Substance-Exposed Newborn

**Definition:**

Substance-exposed newborn as a maltreatment occurs when a child is exposed to a controlled substance or alcohol prenatally. Exposure to a controlled substance or alcohol prenatally is established by:

- A test, administered at birth, which indicates that the child's blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant;
- A diagnosis of Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder as a result of maternal use of a controlled substance or alcohol; or
- Knowledge or suspicion by medical personnel or hospital staff that an infant was exposed to a controlled substance or alcohol prenatally based on physiological or neurobehavioral abnormalities (e.g. seizures, muscle tightness, rapid breathing), and/or the mother's reported use of controlled substances or alcohol prenatally when such use would likely result in neonatal toxicology or withdrawal.

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II as defined in Section 893.03, F.S.

**Examples of Substance-Exposed Newborns:**

- A newborn exhibits withdrawal symptoms because of the mother's use of non-prescribed opioid medication during pregnancy.
- A newborn is treated for Neonatal Abstinence Syndrome due to the mother's abuse of methadone during pregnancy. The mother admits to taking a higher dose of methadone than was prescribed to her.
- A mother gives birth to a premature infant as a result of a placental rupture believed to be related to illicit drug use.
- A newborn's urine toxicology screen is positive for a controlled substance that was not prescribed during the mother's pregnancy or administered at the hospital.
- A newborn appears healthy and has a negative urine toxicology screen at birth; however, the mother is alleged to continuously abuse drugs and/or alcohol before and during her pregnancy. The child's meconium toxicology screen is pending, but it is suspected that it will be positive based on the mother's extensive substance use disorder.
- A mother is disheveled and under the influence of alcohol or other substances when she arrives at the hospital to give birth.

## Assessing for Maltreatment

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**Factors to consider in Assessment of maltreatment**

- Has the newborn and/or mother been tested for substances at birth, and what were the results? If the drug is a prescription drug, was the drug prescribed to the mother during pregnancy and used as prescribed?

- Has a physician diagnosed or noted withdrawal symptoms or other adverse effects?
- What is the reported history of drug or alcohol use, including any admission of use by the mother, and/or the extent of use during pregnancy? What type of drug was used and when was the last use?
- Has the mother's overall functioning declined over time relative to her drug use? Does she spend less time interacting with her children? Is she no longer employed? Medical complications related to drug use (ER visits, Marchman or Baker Acted, etc.)?
- Does the newborn's mother understand how substance abuse may cause direct harm to her baby?
- Has the mother ever received drug treatment? If yes, establish pattern of treatment.
- Do others in the home use drugs? Is the father aware of the mother's drug use during pregnancy? Does the father use substances as well?
- What are the medical and physical conditions of the child?
- What is the newborn's birth weight, gestational age, and APGAR scores? (This could be used to show correlation and draw inference to support adverse impact to an infant from parental substance misuse).

NOTE: If a child/and or mother tests negative for controlled substances or alcohol at birth, a thorough assessment of known or reported history of substance abuse during the pregnancy, including duration, frequency, pattern, and severity, should be completed to determine if there is sufficient information to support the acceptance of a report.

### **Frequently associated maltreatments**

If a parent/caregiver's ongoing use of a controlled substance or alcohol has resulted in harm or a threat of harm to a child, also assess for "Substance Misuse (Alcohol, Illicit Drugs, Prescription Drugs).

If a parent/caregiver purposely gives a child poison, alcohol, non-prescribed drugs, or other substances that could result in adverse functioning, sickness, or internal injury, assess for "Substance Misuse."

If a parent/caregiver leaves poison, alcohol, medications, or other harmful substances readily accessible to a child, assess for "Inadequate Supervision."

## **Assessing for Maltreatment Finding**

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### **Information Necessary to Support a Verified Finding**

In order to verify this maltreatment, the preponderance of credible evidence will establish that a parent/legal guardian has exposed a newborn child to substances and, as a result, the child's physical, mental, or emotional health has been demonstrably adversely affected by the parent's drug or alcohol use. This can be shown through the following:

- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team

- Documentation of toxicology results and drug screens results for the child, caregiver(s), or both. However, the **results of drugs screens should not be the sole basis for the determination of maltreatment.** This should include a thorough assessment of known or reported history of substance abuse during the pregnancy, including duration, frequency, pattern, and severity.
- Assessment of pre-natal medical records
- Documentation, if any, of meconium drug testing results of newborns potentially exposed to drugs in utero
- Documentation of the adverse effect on the child related to a caregiver's substance misuse, such as complications related to premature birth, drug withdrawal at birth that may require detoxification for the child, etc.
- Documentation of inappropriate use/dose of prescribed medications, including a pill count, date of prescription, and directions for dosage
- Documentation from interviewing and/or observing the caregiver(s), children, and household members related to the extent of the caregiver's drug or alcohol use, focusing on the frequency and level of the use during pregnancy.
- Documentation of decreased adult functioning correlated with the drug use
- Documentation of prior history of maltreatment linked to substance misuse in the family
- Documentation of drug-related criminal history
- Documentation of "Doctor Shopping" by the caregiver during pregnancy.
- Analysis of reports and interviews from Law Enforcement

# Substance Misuse

## (Alcohol, Illicit Drugs, Prescription Drugs)

**Definition:**

Substance Misuse is when a parent exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

- Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage (e.g. filthy living conditions, poor parent-child interaction due to caregiver intoxication); or
- Knowledge or suspicion that a parent's ongoing use of a controlled substance or alcohol has resulted in harm or a threat of harm to a child, with special consideration given to the vulnerability of children age 0-12 months at the time of the report.

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II as defined in Section 893.03, F.S.

**Examples:**

- A child's physical appearance has deteriorated due to the parents abusing substances. The child does not have clean clothes, her body is dirty, and she has to fend for herself when making meals. She often does not get enough to eat because the parents have traded their food stamps for money for drugs.
- A mother who frequently consumes drugs or alcohol and is choosing to breastfeed the child, thereby exposing and providing the child with drugs through the breastmilk.
- A parent of a six-month-old infant has an extensive history of abusing alcohol or drugs and there are indications that the parent has started using again, resulting in a threat of harm to the child.
- A parent of an infant is alleged to be overusing a prescribed medication, causing the parent to "nod off" while caring for the infant
- The parents frequently "disappear" for days at a time in order to use cocaine, leaving their 10-month-old child at the grandparents' home. The parents do not make arrangements prior to dropping the child off, and the grandparents have no way of contacting the parents or knowing when they will return.

## Assessing for Maltreatment

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**Factors to consider in Assessment of maltreatment**

- If there is another adult in the home, does the reporter think this household member has sufficient parental protective capacities? Why or why not?
- What type of drug(s) is the parent using? If the type of drug is unknown, what behavioral effects indicate that the parent is using drugs?
- Threats to a child of a parent who becomes sedated and inattentive after drinking excessively differ from the threats posed by a parent who exhibits aggressive side effects from methamphetamine use. Dangers may be posed not only from the use of

illegal drugs, but also, and increasingly, from abuse of prescription drugs (pain relievers, anti-anxiety medicines, and sleeping pills).

- Danger may be posed by parents with a history of substance use disorders who are using unsafe sleep practices.
- What are the specific adverse effects to the child's safety, health, development, medical needs, education needs, well-being, supervision, protection or care as a result of parental substance misuse?
- What is the frequency and extent of the parent's alcohol or drug use (pattern, duration, incapacitation, threat to child safety, etc.)?
- Where is the child when the caregiver(s) uses drugs or alcohol/shortly after the caregiver(s) uses drugs or alcohol?
- What is the degree of behavioral or cognitive dysfunction or physical impairment linked to the caregiver's drug or alcohol use? What behaviors indicators are observed related to the caregiver's drug or alcohol use?
- Has the parent's drug or alcohol use resulted in inadequate food, clothing, shelter, medical care, or supervision for a child? Has the parent's drug or alcohol use resulted in the death of a child?
- What is the reported history of drug or alcohol use, including any admission of use by the parent or caregiver, chronicity, frequency, duration, type of drug, and the extent of use (recent and historical)? What type of drug was used and when was the last use?
- Does the caregiver's admitted or observed history of drug and/or alcohol use cause concern about the caregiver's current ability to provide safe care for children under his/her supervision?
- Is it being reported that the caregiver was intoxicated or under the influence of a controlled substance while driving with a child in his/her vehicle?
- For individuals reportedly taking medication for chronic pain, is there a demonstrated improvement in their day-to-day functioning (improved work, relationships, interaction with children, etc.) since the medication was started, or has their functioning deteriorated or worsened?
- Can the child describe drug ingestion activities of the parent/caregiver, such as a route of administration (intravenous injection, snorting, smoking, etc.)?
- Can the child describe drug manufacturing techniques or equipment?

For reports with a child age 0-12 months with substance misuse allegations:

- What are the specific adverse effects to the infant's safety or care as a result of the parent(s)' substance misuse? If specific adverse effects are unknown, what adverse effects could occur based on the vulnerability of the infant and the parent(s)' ongoing use of substances?
- Are both parents abusing drugs and/or alcohol? If not, is the non-maltreating parent aware of the other parent's drug and/or alcohol use?
- Does the parent(s) understand how substance abuse may affect their ability to provide safe and adequate care for an infant?
- What type of drug(s) is the parent using? If the type of drug is unknown, what behavioral effects indicate that the parent is using drugs?

- Does the parent(s)' admitted or observed history of substance misuse cause concern about the parent(s)' suspected current substance misuse and/or their current ability to provide safe care for an infant?
- Have there been any significant changes in familial relationships and/or informal connections. These changes are often reported from the parent as family issues for no reason however, further exploration can indicate that family has concerns about the parent's substance use that has caused negative relationships.

### Frequently associated maltreatments

- Also, assess for "Environmental Hazards" when there are allegations of drugs being sold or manufactured from the home.
- Also, assess for "Inadequate Supervision" if a parent/caregiver leaves poison, alcohol, medications, or other harmful substances readily accessible to a child, or when a parent's substance abuse has influenced their ability to provide adequate supervision to the child.
- Assess for "Substance Misuse" If a parent/caregiver purposely gives a child poison, alcohol, non-prescribed drugs, or other harmful substances.

### Excluding Factors

- An allegation that a parent is using/abusing substances without information supporting that the child's physical, mental, or emotional health has been adversely impaired or is in danger of being adversely impaired (e.g. based on the age/vulnerability of the child) is not "Substance Misuse."

## Assessing for Maltreatment Finding

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### Information Necessary to Support a Verified Finding

In order to verify this maltreatment, the preponderance of credible evidence will establish that a parent/legal guardian has exposed a child to substances and, as a result, the child's physical, mental, or emotional health has been demonstrably adversely affected by the parent's drug or alcohol use. This can be shown through the following:

- Interview of victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team
- Documentation of toxicology results and drug screens results for the caregiver(s) however; the **results of drug screens should not be the sole determination of maltreatment**. This should include a thorough assessment of known or reported history of substance abuse, including duration, frequency, pattern, and severity.
- Documentation of the adverse effect on the child related to a caregiver's substance misuse, such as unsanitary living conditions
- Documentation of inappropriate use/dose of prescribed medications, including a pill count, date of prescription, and directions for dosage

- Documentation that the caregiver was responsible for the child at the time of or shortly following the drug or alcohol use and how the use of the substance impaired the caregiver's functioning
- Documentation from interviewing and/or observing the caregiver(s), children, and household members related to the extent of the caregiver's drug or alcohol use, focusing on the frequency and level of the use and the effects on the child; and behavioral indicators such as interactions, bonding, protective capacities
- Documentation of prior history of maltreatment linked to substance misuse in the family
- Documentation of drug-related criminal history
- Documentation of "Doctor Shopping" by the caregiver
- Analysis of reports and interviews from Law Enforcement