

City of New York
Administration for Children's Services

Policy and Procedure
2025/xx

Safety Planning for Newly Identified Children and Expectant Parents

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<p>Supporting Regulations: 18 NYCRR §432.2 18 NYCRR §432.3 18 NYCRR §432.6</p>	<p>Supporting Case Law:</p>	<p>Bulletins & Directives: DCP All-Staff Bulletin: <i>"Policy and Practice on Cases Involving Marijuana and Other Substance Misuse by Parents,"</i> issued April 19, 2019 (W. Fletcher). ACS-DOHMH Joint Guidance: <i>"Reporting and Planning Requirements for Newborns Prenatally Exposed to Substances and Their Caregivers,"</i> issued November 12, 2020 (ACS Comm. D. Hansell, DOHMH Comm. D. Chokshi).</p>	
<p>Key Words: Newly Identified Child; Newly Discovered Child; newly known child; newborn; birth; sibling; foster care; newborn; expectant parent; expectant; SCR; investigation; assessment; safety; case planner; Child Safety Conference; Pregnancy Planning Meeting; service planning; parental rights;</p>	<p>Related Policies: ACS Joint-Division Memorandum: <i>Heightened Oversight Process for Elevated Risk Cases,</i> effective July 24, 2019; ACS Policy#2012/01: <i>Guidelines for Working with Attorneys Representing Parents and</i></p>	<p>Supersedes: Guidance #2008/06: <i>Safety Planning for Newborns or Newly Discovered Children Whose Siblings are in Foster Care,</i> dated June 16, 2008. Child Safety Alert #14: <i>Safety Planning for Newborns or Newly Discovered Children Whose Siblings Are in Foster Care,</i> originally dated June 22, 2006, revised June 5, 2008.</p>	

<p>terminated; new SCR Report; Heightened Oversight Process; HOP; mandated reporter; Add Info report; family team meeting;</p>	<p><i>Children</i>, dated October 24, 2012;</p> <p><i>Initial Child Safety Conference Policy, 3rd Rev.</i>, October 2012 (Comm. Ronald E. Richter);</p> <p><i>Connections (CNNX) Roles and Required Case Practice</i>, issued December 30, 2011</p>	
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Related Forms:
Attachment A – Newly Identified Child Template

SUMMARY:
 This policy establishes steps to be taken in the safety planning for newly identified children, of any age, where a parent or person legally responsible (PLR) for the child(ren) has had another child removed from their care because of abuse or maltreatment and that child has not yet been returned, or where parental rights for a sibling have been previously terminated. It also establishes steps to be taken when a parent where a child has been removed from their care because of abuse or maltreatment and that child has not yet been returned, or where parental rights for a sibling have been previously terminated and the parent is expectant.

SCOPE: Staff within the Division of Child Protection, Family Permanency Services, Family Services Division, Family Court Legal Services, foster care provider agencies, and prevention provider agencies upon learning of a newly identified child or pregnancy where a parent or person legally responsible has had a child removed from their care and have not yet been returned, or whose parental rights for a sibling have been previously terminated.

I. INTRODUCTION

The purpose of this policy is to establish steps and guidelines regarding safety planning for a newly identified child, of any age, when the parent or person legally responsible (PLR) of the newly identified child has:

1. An open child protective investigation, Family Services Unit (FSU) case, or services case; or
2. Previously had another child removed from their care and that child has not yet returned or their parental rights have been previously terminated and the child has not yet been adopted.

Impacted staff include Division of Child Protection (DCP) Protective Diagnostic Child Protective Specialists (PD CPS) and its Family Service Unit (FSU) staff, Family Permanency Services (FPS), foster care provider agencies, Family Court Legal Services (FCLS), Family Services Division (FSD), and prevention provider agencies.

This policy serves to replace Child Safety Alert #14 and update the roles and responsibilities of ACS, foster care provider agencies, and prevention provider agencies when a child is born or newly identified, or a parent is expectant. It emphasizes the importance of safety assessment, permanency planning, family engagement, accountability for best practice, and appropriate use of the State Central Register (SCR).

Key changes outlined in this policy include the following:

1. Establishing guidelines, roles, and case management responsibilities for DCP, FPS, and foster care provider agency staff;
2. Shifting the roles and responsibilities of non-investigation related assessments and safety planning for CPS (PD/FSU) staff, FPS staff, foster care provider agency case planners, and prevention provider agency case planners;
3. Ending the practice of an automatic call to the SCR when a child is newly identified, newborn or there is an expectant parent; and
4. Utilizing the Newly Identified Child Template to facilitate effective information sharing between foster care provider agency case planners and DCP child protective specialists (CPS).

For the purposes of this policy a “**newly identified child**” is defined as a child, of any age, whose parent/PLR previously had a child removed from their care due to a pending or substantiated report of abuse or neglect and:

1. The child has not yet been returned; or
2. The parent’s/PLR’s parental rights have been previously terminated.

A newly identified child may include a newborn or a newly identified child in the family composition. This policy does not apply to parent/PLR with a child in a voluntary placement.

II. POLICY

There are many ways staff may learn about a child for the first time (i.e. case planning, disclosure from a parent/PLR or family member, new SCR report). Case planning responsibilities and procedures are dependent on whether there is a need to call the SCR or if there is an existing SCR report for the newly identified child:

1. If there is an existing SCR report or a new SCR report is made, DCP staff will be responsible for case planning, with the assistance of FPS and foster care provider agency case planners when the family has a child in foster care;
2. If there are no new SCR reports and the family has a child in foster care, provider agency case planners will have case planning responsibility with support from FPS; and/or
3. If there are no new SCR reports and the case is with DCP PD or FSU, the case planning responsibility remains with DCP PD or FSU.

A. Appropriateness of Calling the SCR

1. **The SCR must be called** when there are immediate risks or allegations of abuse or maltreatment. If, during the assessment or safety planning process, staff have reason to believe the child is at an immediate risk of abuse or maltreatment, the staff must call the SCR.
2. **The SCR must not be called** when the only reason is the existence of a newly identified child or expectant person.
3. **The SCR must not be called** upon the birth of a child by the parent/PLR unless there is an immediate risk or allegation of abuse or maltreatment. Unless there is an immediate risk or allegation of abuse or maltreatment, the SCR will not accept the report.

B. Receiving the SCR Report

New SCR Reports Regarding a Child Whose Parent or PLR has had another Child Removed and They Have Not Yet Been Returned

1. It is possible that an assigned foster care case planner or FSU/PD CPS will not know that there is a newly identified child in a family. When a CPS receives an SCR report regarding allegations concerning a newly identified child, they must immediately contact both the assigned foster care case planner or FSU CPS and the FCLS attorney to alert them of the existence of this child.
2. An SCR report involving a child aged 0-3 whose parent or PLR has had another child removed from their care and have not been reunified will be designated as a

Heightened Oversight Process (HOP) case. These cases may carry additional requirements and procedures. Please refer to the July 24, 2019, memorandum *Heightened Oversight Process for Elevated Risk Cases* for additional information or any subsequent policies.¹

C. CONNECTIONS (CNNX) Case Composition

1. Upon the learning of a newly identified child, the person with case planning responsibilities is responsible for adding the newly identified child to the household composition in the CNNX FSS and, if services will be provided (Foster Care, Prevention, Court Ordered Supervision), designating the newly identified child as a tracked child.
2. The LDSS-2921 Update in the Systems Support Office Service Management Portal must also be completed upon adding the newly identified child to the household composition. If the child has been removed, the child's permanency planning goal (PPG) should be designated as "Return to Parent" or "Return to Non-Parent Caregiver."

D. Investigations and Assessments

1. It is critical that PD CPS/FSU CPS and the foster care and/or prevention case planners share and discuss information with each other immediately. Child Safety Conferences (CSC) and family team meetings should also be utilized to bring families and case planner together to discuss any concerns and safety plan for the newly identified child.
 - a. **Family team meetings (FTM)** are a family-focused intervention convened in response to an identified concern. The goal is to work with family to develop a service plan that addresses concerns when they do not present an immediate or impending danger or serious harm to the child(ren) and new court intervention is not being considered. A FTM may be held to gather additional information to assess family needs, create a safety plan, and refer the family for services.
2. When ACS and the Family Court have previously determined that it is unsafe for the other known child(ren) to be in the home, those same safety factors may or may not exist for the newly identified child.² Staff must conduct safety assessments related to the specific circumstances for the newly identified child. Staff should consider any changes or progress the parent has made to address any underlying safety issues, ex. demonstration of parental capacity, treatment for medical/mental health needs, management of substance use disorder, other behavioral changes, etc.

¹ See ACS Joint Division Memorandum: *Heightened Oversight Process for Elevated Risk Cases*, effective July 24, 2019, and any successor or amended guidance.

² For guidance on safety factors, see QCFS Pub. 5079: Safety Factors Pocket Guide.

3. The investigation or assessment should include a review of the facts and circumstances surrounding the family's current service needs, their ability to care for the child, as well as the family's history. The family's history should include the safety concerns related to the open/existing case, safety concerns that caused the other children to come into care, and/or what progress the family has made toward addressing those safety concerns. Staff should also consider reasons why reunification has not yet occurred, including any circumstantial barriers and difficulty with accessing or maintaining services (ex. delays in court, finding housing to accommodate all children, shelter requirements, etc.). This information should be discussed during conferencing and/or planning meetings.
4. If it is determined that a newly identified child is in immediate danger of serious harm and there is insufficient time to obtain a court order, foster care provider agency must immediately call the SCR and make a report. The assigned CPS team shall assess the report and if appropriate, conduct an emergency removal with DCP Zone Deputy Director approval to provide for the child's safety, in compliance with the Family Court Act (FCA). The assigned CPS or foster care provider agency case planner retains responsibility for the work with the family and the ongoing safety assessment.
5. When staff learn that a parent is expecting, planning should begin with the family regarding the potential birth of a child. The parent may be eligible for prevention services.³ It is important to note that services can only be ordered or mandated related to birthed children. A case cannot be brought, nor can a petition be filed before a child is born.

E. Conferencing, Safety Planning, and Reaching a Safety Decision

1. Conferencing and FTMs should include parents/PLRs, CPS staff, and if applicable, foster care and/or prevention case planners, parent(s) attorney(s), service providers, social workers/parent advocates working with attorneys, family supports, and other relevant supports to the case.⁴ If the parent/PLR has an actual or suspected intellectual/developmental disability (I/DD), the Developmental Disabilities Unit (DDU) must be invited. Parents/PLRs must be invited, and efforts should be made to accommodate and support their attendance. Accommodations may include, but are not limited to, making accommodations for the parent's schedule, facilitating

³ 18 NYCRR §430.9.

⁴ ACS Policy#2012/01: Guidelines for Working with Attorneys Representing Parents and Children, dated October 24, 2012; see also ACS Policy #2017/XX: Child Welfare Programs' Integrated Family Team Conference Policy, dated February 21, 2017, and any successor or amended guidance.

conferences/FTM virtually, or requesting a reasonable accommodation.⁵ However, if the parents/PLRs refuse to attend, the conference/FTM will still proceed.

2. Conferencing should be centered around family-focused decision-making interventions around identified safety risks or concerns, while considering relevant case history, family circumstances, potential barriers, and the parent's/PLR's capacity to keep the child safe. Discussions should include an exploration of safety risks or concerns and the family's natural network of support. If the family is already engaged in services, staff should assess progress and consistency of engagement in services and/or permanency planning.
 - a. When the case involves substance misuse concerns, a Plan of Safe Care must be made in conjunction with the Child and Family Specialist (CFS).⁶
3. **For cases with DCP:** A CSC must be convened by a DCP Child and Family Specialist (CFS) at the request of the CPS upon receiving an SCR report regarding an allegation of abuse/maltreatment for the newly identified child.⁷ If it is a HOP case, as mentioned above, a CSC is mandatory.⁸
4. At the conference, the safety decision should be made about whether it is necessary to ask for Court Ordered Supervision (COS) or a removal from Family Court.⁹ If the decision is to seek a COS, there should be clear documentation from the conference that explains why the other children have not yet been returned.
5. If the safety decision for an infant child is to remain in the care of the parent/PLR, documentation must also address how and why the infant, who is generally more dependent and vulnerable than an older child, can remain safely in the home. The FCLS attorney should also be informed of the safety decision.

⁵ Reasonable accommodation requests can be made by contacting the ACS ADA Coordinator at EEO.ADACoordinator@acs.nyc.gov. If a member of the family has a suspected or confirmed intellectual/developmental disability, contact the ACS Developmental Disabilities Unit (DDU) at DDUnit@acs.nyc.gov.

⁶ See [18-OCFS-LCM-06 Plan of Safe Care Forms](#) and [OCFS-2196 Plan of Safe Care](#) (05/2018). See also DCP All-Staff Bulletin: "Policy and Practice on Cases Involving Marijuana and Other Substance Misuse by Parents," issued April 19, 2019 (W. Fletcher); ACS-DOHMH Joint Guidance: "Reporting and Planning Requirements for Newborns Prenatally Exposed to Substances and Their Caregivers," issued November 12, 2020 (Comm. D. Hansell, Comm. D. Chokshi); ACS Policy #2014/04: *Credentialed Alcohol and Substance Abuse Counselors (CASACs)*, issued March 13, 2014, and any successor or amended guidance.

⁷ See ACS Policy #2017/xx: *Child Welfare Programs' Integrated Family Team Conference Policy*, issued February 17, 2017 (Interim Policy in Effect) or any subsequent or amended guidance. The exact timing of the CSC is dependent upon factors that mitigate safety until the CSC can be held. For example, a newborn who is not medically ready for discharge. Typically, when a baby is medically ready for discharge, a CSC is convened if there is ample time to go to Court and secure a remand (if one will be sought).

⁸ See Joint Division Memorandum: *Heightened Oversight Process for Elevated Risk Cases*, effective July 24, 2019.

⁹ See ACS Memorandum: *Guidelines for Filing Article 10 Petitions for Court-Ordered Supervision*, issued December 23, 2022, and any successor or amended guidance.

6. If the safety decision is that the newly identified child can remain with their parent/PLR and with a safety plan in place, that decision must be reviewed and approved by the DCP Zone Deputy Director. The safety plan must be a documented comprehensive plan that can be reasonably implemented and include heightened monitoring for the safety of the child.¹⁰
7. If the safety decision is to remove the child or seek court orders on behalf of the newly identified child, the CPS shall request FCLS to initiate the court process.

III. DCP PD CPS/FSU Case Planning Responsibilities

When there is a newly identified child whose parent/PLR has an open child protective investigation or existing FSU case, PD CPS/FSU teams have case planning responsibilities. Case planning procedures are dependent on whether there is an SCR report for the newly identified child or a need to call the SCR. Staff should review the following flowchart and corresponding guidance:

A. **Scenario 1: Newly identified child whose parent/PLR has an open investigation/existing case:**

When there is a newly identified child whose parent is involved in an open child protective investigation or existing FSU/service case, PD and/or FSU teams shall follow the steps below. Each step is dependent on existing case planning responsibility.

Is there an SCR Report?

If **YES:**

1. **PD CPS team receives report and initiates investigation:** If there is an open investigation with DCP, the assigned CPS team will receive the report and initiate an investigation; **OR**
PD CPS team receives report with existing COS with FSU: If there is an existing FSU case, the FSU team will collaborate with the PD CPS team during the investigation.
2. **PD CPS Team assesses report information, schedules CSC, and determines if removal is needed:** The PD CPS team shall review the report, conduct an updated safety and risk assessment, schedule a CSC, and determine if there are safety concerns present and a plan for addressing them including whether a removal is needed to protect the newly identified child; **OR**
For FSU cases, PD CPS team schedules a CSC with the FSU team in attendance: The CSC will focus on safety planning and safety decision making. The assigned FCLS attorney will be notified of the outcome.

¹⁰ A domestic violence (DV) safety plan should not be shared with the DV offender and documented in the case record.

If NO:

1. **FSU team assesses information and case history:** FSU team has case responsibility and shall assess information about the newly identified child and the family's case history. Immediately notify the assigned FCLS attorney.
2. **Decide to call SCR OR No SCR called + Notify FCLS:** After assessing information about the newly identified child, determine if there are immediate risks of abuse or maltreatment that requires a call to the SCR. Notify the assigned FCLS attorney of findings and, if applicable, the call to the SCR.
 - a. **If SCR called:** The assigned PD CPS team will schedule a CSC with the FSU team in attendance.
 - b. **If no SCR call:** FSU team will facilitate a family team meeting.

B. Ongoing Assessments

1. If the safety decision results in having the newly identified child remain in the care of the parent/PLR or the Court temporarily releases the child to the parent/PLR or release resource with COS, the assigned CPS retains case planning responsibilities for the child until the case is transitioned to FSU CPS.
2. During home visits, CPS must inquire about and interview any new members of the household to assess any potential safety risks. If a petition alleging abuse or maltreatment is filed on behalf of this child as part of an active Family Court case, case management will be transferred to FSU to provide Court Ordered Supervision (COS) and conduct assessments of the child in the care of the respondent parent/PLR, as soon as possible.

IV. FPS and Provider Agencies Case Planning Responsibilities

FPS and foster care provider agency case planners have additional case planning responsibilities when staff learn of:

1. A newly identified child whose parent/PLR has another child in foster care, or their parental rights had been terminated, and the child has not yet been adopted; or
2. An expectant parent with a child in foster care or their parental rights had been terminated (TPR) and the child has not yet been adopted.

When there is a need to call the SCR, case planning procedures and responsibilities shift and require close collaboration with case planners, FPS, CPS, and FCLS. Staff should review the following guidance:

- A. **Scenario 2: Newly identified child when the parent has a child in foster care placement or TPR:**

When the assigned case planner learns of a newly identified child where the parent/PLR has another child in a foster care placement/had their parental rights terminated and the child has not yet been adopted, staff shall follow the steps below:

1. **Case planning team assesses information + Notify FPS and FCLS:** The case planning team shall immediately assess any information obtained about the newly identified child, while immediately notifying FPS and FCLS.
2. **Consult with FPS and FCLS, determine if further action is needed + Start Newly Identified Child Template:** The case planner must consult with FPS and FCLS and discuss relevant case information and assessments. Case planners must simultaneously start a Newly Identified Child Template. This template will provide relevant case history information to CPS if there is a need to call the SCR and open an investigation, FAR, or services case.
3. **Facilitate Newly Identified Child Safety Planning Conference (Newly Identified Child FTC):** The case planner team shall schedule a Newly Identified Child FTC with the parent as soon as possible. FPS CFS will facilitate this conference with the assistance of the case planning team and FTC. This conference should focus on creating a safety plan and reaching a safety decision.
4. **Do the concerns require a call to the SCR?**
 - a. **If YES:**
 - i. **Immediately call the SCR, submit the completed Newly Identified Child Template, and coordinate with DCP:** The case planning team must call the SCR when there is an immediate risk or allegation of abuse/maltreatment for the newly identified child. Simultaneously, the case planner must send the completed Newly Identified Child Template to the assigned CPS and coordinate information sharing.
 - ii. **Schedule Child Safety Conference (Note: Skip if an emergency removal is necessary):** The assigned CPS shall schedule the CSC and invite the parent, case planner, and any other relevant supports.
 - iii. **If court-ordered supervision a removal is necessary, file an Article 10 Petition with FCLS and signed by DCP:** The case planner shall also attend court with the assigned CPS and provide support, as needed. If a COS or other court action is sought, consult the assigned FCLS attorney.
 - b. **If NO:**
 - i. **Foster Care provider agency continues to offer support and monitor.**

B. Scenario 3: Expectant parent who has a child in a foster care placement:

When the case planner learns of an expectant parent who has a child in foster care who has not yet returned/parental rights terminated and the child has not yet been adopted, staff shall follow the steps below. Learning a parent is expecting may occur at any stage during their pregnancy, so staff should be mindful of scheduling feasibility and delivery due dates (i.e. premature births or overdue pregnancies).

1. **Case planning team engages expectant parent and assesses information + Notify FPS Conferencing and FCLS:** Case planners should engage with an expectant parent as early as possible. Inform the parent that, while services cannot be mandated or ordered for

an unborn child, they may seek support and services that promote parent's ability to care for the newborn.

2. **Consult with FPS and FCLS + Start Newly Identified Child Template:** The case planner must consult with FPS and FCLS and discuss relevant case information and assessments.
3. **Facilitate Newly Identified Child Safety Planning Conference (Newly Identified Child FTC):** The case planner shall schedule the FTC. FPS CFS will facilitate this conference with the assistance of the case planning team and FTC. Staff should aim to hold at least two (2) Newly Identified Child FTCs, with the first occurring within two (2) weeks of learning about the pregnancy and the second occurring approximately four (4) to six (6) weeks before their due date. These FTCs should focus on assessing the parent's protective capacity and readiness to care for the newborn. Discussion may include, but are not limited to:

- a. The parent's current circumstances/concerns;
- b. Any safety and/or risks that exist in the home of the newborn; and
- c. Any services that can support the health and safety of the newborn.

While recognizing that newborns may be situated differently than children in foster care, the safety concerns regarding the initial removal of their siblings should be discussed - whether these concerns are relevant to the parent's current ability to care for the newborn and what actions they have taken to demonstrate that they can safely care for the newborn.

4. **Develop a Safety Plan:** Staff shall develop a safety plan that is feasible and supports permanency planning goals.
5. **Facilitate Newly Identified Child FTC after birth:** A Newly Identified Child FTC should be scheduled within a reasonable amount of time, taking into consideration the condition of the birth parent and newborn. This FTC should focus on the safety of the newborn.
Do the concerns require a call to the SCR?

a. **If YES:**

- i. **Immediately call the SCR, submit the completed Newly Identified Child Template, and coordinate with DCP:** The case planning team must call the SCR when there is an immediate risk or allegation of abuse/maltreatment for the newly identified child. Simultaneously, the case planner must send the completed Newly Identified Child Template to the assigned CPS and coordinate information sharing.
- ii. **Schedule Child Safety Conference (Note: Skip if an emergency removal is necessary):** The assigned CPS shall schedule the CSC and invite the parent, case planner, and any other relevant supports.
- iii. **If a removal or court action is necessary, contact FCLS and coordinate with DCP:** The case planner shall also attend court with the assigned CPS and provide support, as needed.

b. **If NO:**

- i. **Foster Care provider agency continues to offer support and monitor.**

C. Ongoing Assessments

1. If the parent has another child in a foster care placement, staff should explore if reunification may be appropriate. To assess the parent's readiness to be reunified with the children already in foster care, the case planner can use the ACS Reunification Readiness Tool, designed to assist case planners in determining if a family should progress toward reunification. The tool examines the family's current strengths and needs, service plan participation, and engagement during Family Time.
2. If there are no concerns that require an SCR call, the case planner should continue to work with the parent, monitor for any safety concerns, and make assessments, as needed. If, at any point, an SCR report is made, this information may inform the investigation.

V. Documentation

Staff assigned with case planning responsibility are expected to document information about the newly identified child or an expectant parent in a manner that is accessible and clear. Proper documentation will facilitate the successful transfer of case planning responsibility and keep all supportive staff informed.

A. Uploading the Newly Identified Child Template on CNNX

1. The case planning team responsible for a case involving a newly identified child shall upload a completed Newly Identified Child Template onto CNNX after an SCR report is made to inform the work of the assigned CPS team. For guidance on how to upload documents in CNNX, see page 6 of New York State Office of Children and Family Services' Uploading Photos and Documents in CONNECTIONS Job Aid v 4.0, issued August 2022.
2. The uploaded Newly Identified Child Template should be linked to a progress note under the category "Case Conference."

B. Documenting Conferences

When there is an FTC involving newly identified children the conference, safety plan, and safety decisions should be documented on CNNX using the following steps:

1. Open the case in CNNX.
2. Open *FSS Stage* and select *Progress Notes*.
3. Under *Type* select *Case Conference*.
4. Under *Method of Contact* select *Video Conference* (when virtual) or *Face to Face* (when in person).
5. Under *Location of contact* select: *Other* (for virtual conferences); *LDSS Office/Field Office* (for ACS Borough Office); or *Service Provider/Contract Agency* (when held in person).
6. For the *Author* field, this is automatically completed by CNNX when someone has or does not have a role in the case.

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7. For the *Agency* field, this is automatically completed by CNNX.
8. For *Purpose Code: 6 Month Service Plan Review*, the FTC Summary Form that is copied and pasted on to the progress note is to be indicated in the type of conference check box section as *Child Safety Conference* or *Newly Identified Child Safety Planning Conference*.
9. Under the *Entered By* field, enter the name of ACS facilitator.
10. Copy and paste FTC Summary Form.

To review conferences and progress notes involving newly identified children, CPS can search case history using the following steps:

1. Open the case in CNNX.
2. Open *FSS Stage* and select *Progress Notes*
3. Under *Search* select the *Progress Notes* filter
4. Go to *Type: Case Conference*
5. Purpose: 6 Month Service Plan Review (the FTC Summary Form that is copied and pasted on to the progress note is to be indicated in the type of conference check box section as *Child Safety Conference* or *Newly Identified Child Safety Planning Conference*.)

Attachment A – Newly Identified Child Template

Newly Identified Child Template

Please complete this form and provide information where applicable. If it is determined that the SCR must be called, immediately forward this form to the assigned DCP CPS.

Date of Learning of Newly Identified Child:	Related Case ID/Stage ID:
Case Planning Agency:	Prevention Provider Agency (if applicable):
Case Planner:	Telephone #:
	Email:
Director:	Telephone #:
	Email:
Supervisor:	Telephone #:
	Email:
FCLS Attorney:	Telephone #:
	Email:
Parent(s) Attorney:	Telephone #:
	Email:

Additional Contacts/Resources:	

Child(ren) Referred						
Child	Age	DOB	Newly Identified Child? (Y/N)	Cin#	PPG	Initial Placement Date.

Current SCR Call Narrative (information that led to requesting court intervention):

Current Safety and Risks:

Case History (Current situation, including current length of placement of sibling(s), summary of service plans, permanency goals):

Conference (if applicable)	
Date of Conference:	Conference Participants:

Conference Summary:

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Conference Recommendations and Rationale:

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Action Steps: (Please include Safety/Risk Plan)

Who	What	By When