



COUNTY OF SANTA BARBARA CHILD WELFARE SERVICES
POLICY & PROCEDURES
Plans of Safe Care for Infants with Prenatal Substance Exposure
Protocol (POSC)
Effective Date: 08/02/2021

INTRODUCTION

Table of Contents

[Introduction](#)

- [Purpose](#)
- [Background](#)
- [Definition](#)

[Policy/Protocol](#)

- [POSC/Assessment by a health practitioner or a medical social worker](#)
- [Services](#)
- [Plan of Safe Care \(POSC\) Hotline/Intake](#)
- [Investigation](#)
- [Documentation CWS/CMS](#)

[Required Forms](#)

[References](#)

- [Hyperlinks](#)
- [Legal Mandates](#)
- [Attachments](#)

Purpose

To provide guidelines to Child Welfare Services staff in addressing the needs of infants affected by illegal and legal substance abuse, including appropriate referrals to child welfare agencies by healthcare providers, and the development of plans of safe care for these infants. All CWS staff should utilize a trauma-informed practice to encourage a strength based services approach that helps break down barriers and helps build rapport and trust between the CWS agency and the mother and family. Effective engagement with an understanding of individual situations of each mother will help guide and encourage mothers to seek out treatment and participate in services that will promote the health and well-being of both the mother and baby.

The Plan of Safe Care (POSC) can be incorporated into a safety plan and differs in that it goes beyond the immediate safety factors to address the infant's long term health, development, and well-being, as well as the family's treatment needs. The POSC is a document that lists and directs services and supports to provide for the safety and well-being of an infant affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (FASD).

Background

Over the last two decades, the nation has experienced an increase in opioid use disorders among pregnant women and an increase in rates of drug withdrawal syndrome in newborns. The focus on planning for the safe care of infants and support for their families has intensified.

Since 2003, The Child Abuse Prevention and Treatment Act (CAPTA) has required states to maintain policies and procedures addressing the needs of infants affected by illegal substance abuse, including appropriate referrals to child protective services agencies by health care providers, and the development of plans of safe care for these infants. In 2010, congress amended CAPTA to include infants affected by Fetal Alcohol Spectrum Disorder.

On July 22, 2016, The Comprehensive Addiction and Recovery Act (CARA) was enacted to establish a comprehensive, coordinated strategy through enhanced federal grant programs to improve substance abuse prevention and education efforts (including both illegal and legal substances), while also promoting treatment and recovery. As part of the CAPTA provisions, states must also report specific data to the federal Administration for Children and Families (ACF) through the National Child Abuse and Neglect Data System (NCANDS).

For further information on completing child abuse/neglect assessments and investigations and identifying appropriate protective interventions, please refer to the following CWS Policy and Procedures:

- [Assessment and Investigations – Referral Disposition, Documentation, and Cross Reporting](#)
- [Assessment and Investigations – Practice Guidelines for Conducting Child Abuse and Neglect Assessments](#)
- [Assessment and Investigations – Protective Interventions](#)
- [Assessment and Investigations – Obtaining a Warrant and/or Removal Orders](#)
- [Case Planning and Case Management – Substance Abuse Protocol](#)

Definitions

For purposes of this protocol, the following apply:

Assessment of the Infant and Family Citation: **Health & Safety Code § 123605**; Each county shall establish protocols between county health departments, county welfare departments, and all public and private hospitals in the county regarding the application and use of an assessment of the needs of, and a referral for, a substance-exposed infant to a county welfare department pursuant to § 11165.13 of the Penal Code.

A health practitioner or a medical social worker shall perform the assessment of the needs. The needs assessment shall be performed before the infant is released from the hospital. (See [HC § 123605](#) for additional information)

Child Abuse and Neglect Reporting Act (**PC § 11165.13**) For purposes of this article, a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Section 123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to a county welfare or probation department, and not to a law enforcement agency.

California defines an "infant born and identified as affected by substance abuse" as: **An infant where substance exposure is indicated at birth, AND subsequent assessment identifies indicators of risk that may affect the infants health and safety.**

Prenatal substance exposure may be demonstrated by a positive toxicology screen from the infant or mother at delivery, an infant showing signs of substance withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or other credible information that there was prenatal substance abuse by the mother (e.g. self-admission, witnessed drug or alcohol abuse while pregnant).

POLICY/PROTOCOL

POSC/Assessment by a health practitioner or a medical social worker **Defining Plan of Safe Care (POSC)**

Ideally, POSC are:

1. Interdisciplinary across health and social service agencies
2. Based on the results of a comprehensive, multidisciplinary assessment
3. Family-focused to meet the needs of each family member as well as overall family functioning and well-being
4. Easily accessible to relevant agencies
5. Grounded in evidence-informed practices.

Existing California law, Penal Code section 11165.13 requires that any indication of maternal substance abuse, at the time of the delivery of an infant shall lead to an assessment of the needs of the mother and child per HSC section 123605. A health practitioner or a medical social worker, prior to the infants release from the hospital, must perform the assessment of needs per HSC section 123605. The purpose of the needs assessment is to do the following:

- Identify needed services for the mother, child, or family, including services to assist the mother caring for her child and services to assist maintaining the child in the home
- Determine the level of risk to the newborn upon release to the home and corresponding level of services necessary to protect the newborns health and safety
- Gather information for planning purposes.

A positive toxicology screen at the time of delivery is not necessarily sufficient for a mandated report; If following the assessment of a healthcare professional, there are other factors present indicating risk to the child, the health care provider shall make a report to the county child welfare agency. Other indicators of risk to the infant's health and safety that may be identified upon further assessment include, but are not limited to:

- Special medical and/or physical problems for the infant
- Special care needs of the infant
- Infant experience of withdrawal symptoms
- Lack of prenatal care
- Parent's history of drug/alcohol use
- Parents history of drug/alcohol treatment
- Parent's level of awareness of the impact of drug/alcohol use on the child
- Parent's emotional and mental functioning and stability
- Parent's bonding/attachment and parenting skills
- Parent's preparedness to care for the infant (adequate supplies)
- History of abuse or neglect of their children
- Domestic violence
- Parent's involvement in criminal activity
- Lack of family support
- Unsafe home environmental conditions

If an assessment by healthcare professionals results in a mandated report to the agency, please refer to the [Substance Abuse Protocol](#) for information regarding investigation, case planning,

and case management duties when substance use contributes to the harm and danger of a child.

In practice, a Plan of Safe Care (POSC) is defined as a document that inventories and directs services and support to ensure the safety and well-being of an infant affected by substance abuse, withdrawal, or a Fetal Alcohol Spectrum Disorder (FASD), including services for the infant and their family/caregiver. A safety plan or case plan that incorporated a POSC for substance-affected infants must address the immediate needs in relation to the effects of the substance use on the infant and the treatment needs of the mother, father, or parent in addition to any needed services to both.

Services

The POSC goes beyond the immediate safety factors of an infant and addresses their ongoing health, development, and well-being as well as the treatment and other services needs of their family/caregiver. The following services should be considered when developing the POSC to support Family Recovery:

PARENTS

- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental Substance use
- Domestic Violence

FAMILY:

- Basic necessities
- Employment
- Housing
- Child case
- Transportation
- Family counseling
- Specialized Parenting

CHILD:

- Well-being / behavior
- Developmental/health
- Trauma
- Mental health

Outlined on the next page are possible risk level scenarios to consider; these examples are not all-inclusive and should be used as a guide. Keep in mind that the agency must respond in accordance with appropriate protocol and assessments required by state regulations set forth in the Child Welfare Manual of Policy and Procedures, [Division 31-100](#).

POSC across risk levels -after agency receives notification and investigation is initiated			
Risk Level	Risk Level and contributing factors	Recommended intervention with POSC developed prior to discharge from the hospital	
Low	<ul style="list-style-type: none"> *Minimal use of legal or illegal drugs, or an opioid medication for chronic pain *on medication that results in a withdrawal syndrome and does not have a substance use disorder and/or *is enrolled in an in-patient parent/child recovery program prior to birth (i.e. project recovery) 	<ul style="list-style-type: none"> *No history and/or limited evidence of substance abuse disorder over time (i.e. young parent and/or first notification), *Strong support network, and evidence of parental resilience and protective factors.* *low risk factors (i.e. parental mental health, domestic violence, previous child welfare involvement, etc.) 	Consider monitoring in AIU for 30 days. Develop and/or enhance current POSC, make appropriate referrals, and identify Community Based Organization (CBO) to be primary lead for monitoring and support (i.e. home visiting nurse, early childhood intervention, SUD program, etc.)
Moderate	Receiving Medication Assisted Treatment (MAT) or is actively engaged in treatment for a substance use disorder including in-patient treatment programs	<ul style="list-style-type: none"> *Substance use disorder evidenced over time but acknowledges the need for and/or *already enrolled in a recovery program. * Strong support network, evidence of parental resilience, and protective factors.* *Other risk factors are low to moderate 	Consider Voluntary Case with agreed upon POSC by the parent's with collaboration across community partner to monitor and ensure appropriate referrals to services are made to meet the child's well-being and family needs
High	Prescription drugs used other than prescribed, or is using legal or illegal drugs, meets criteria for a substance use disorder, not actively engaged in a treatment program	Substance use disorder evidenced over time and more than two other risk factors, limited protective factors but has a network of support, acknowledges the need for support for SUD, and is willing to develop POSC and enter a program	Consider a non-detain and /or family maintenance case if an appropriate safety plan and POSC can be developed before child is discharged from the hospital
Very High	Prescription drugs used other than prescribed, or is using legal or illegal drugs, meets criteria for a substance use disorder, not actively engaged in a treatment program. Resistant to engaging with service providers	Substance use disorder evidenced over time and more than two other risk factors, limited protective factors, limited or no support network, and does not acknowledge the need for support due to untreated Substance use Disorder	Consider removal when the risk level is high and engagement in services is unlikely

* protective factors include but are not limited to: nurturing and attachment, knowledge of parenting of child and youth development, parental resilience, social connections, concrete supports for parents, social and emotional competence of children.

**Plan of Safe Care
(POSC)
Hotline/Intake**

Role of the Central Intake Worker

Upon receipt of a mandated report from a health-care provider, the child welfare agency must respond in accordance with the appropriate protocols and assessments required by State regulations set forth in [Division 31-100](#) of the *Child Welfare Manual of Policies and Procedures*.

The Central Intake worker plays a critical role in collecting information to assess the need for CWS intervention as well as to document an infant affected by substance abuse in the CWS/CMS.

In order for a referral to be screened in for an in-person response, there must also be concerns that the mother will continue to use substances that will render her unable to safely and adequately fulfill the basic needs of the infant upon discharge from the hospital.

When a call is received at the Hotline regarding a substance affected infant and/or infant born with neonatal abstinence syndrome, the social worker should ask whether a plan of safe care (POSC) has been developed by the provider and if so collect information regarding the services offered and/or received. The screener can ask the following questions to help gather important information, including, but not limited to:

1. Did the infant test positive for substances?
2. Did the mother screen positive for SUD?
3. Has a plan of care been developed?
4. Is the infant or parent already receiving services, or has the infant and/or mother been referred to services.
5. What is the nature of these services (e.g., substance use treatment services, Medication Assisted treatment (MAT), parenting, home visiting services, etc.)?
6. Are there any additional systemic concerns about the well-being of the infant, including concerns about the well-being of the mother/caregiver that may indirectly affect the infant (e.g. domestic violence, human trafficking, etc.)?

When assessing referrals involving a substance exposed infant, child welfare workers should be mindful that when a mother is receiving **MAT** services, such as buprenorphine or methadone, as part of the stable recovery plan, the infant could experience withdrawal symptoms. In the absence of other safety concerns and/or risk this “anticipated withdrawal” alone would not indicate the need for a CWS investigation.

Investigation

Developing the Plan of Safe Care – Role of Investigations

If the case worker determines the caregiver has the protective capacity to mitigate safety threats and/or risks with appropriate services while keeping the child in home, the social worker should develop a safety plan, as appropriate, that includes the POSC for the family, including existing services if a healthcare provider conducted an initial POSC. If any safety threats are present, and the child remains in the home with a safety plan, the plan must be developed with the family and all members of the safety plan must agree to the action steps created in the safety plan. Please refer to [ACL 17-107](#) for additional guidance on the development and monitoring of safety plans. Best practice in developing the POSC involves arranging the Child and Family Team Meeting (CFT) and the family’s support network. If a medical professional did not develop a POSC, the investigations caseworker will utilize the [Plan of Safe Care \(POSC\) form](#) with the family and other planned participants.

It is recommended to identify the following as general service categories for a POSC incorporated into the child’s safety plan or case plan:

- Maternal primary, obstetrics and gynecological care;
- Behavioral health and substance use prevention, treatment, and recovery;
- Parenting and Family Support Services (e.g. home visiting nurse, classes, in-home case management to provide intervention & prevention services, etc.)
- Infant and family safety, including intimate partner violence;
- Infant health and child development, including primary care, early intervention, and infant and early childhood mental health services (e.g. [First 5](#), developmental screening, high-risk infant follow-up, Home visiting, etc.)

Utilizing trauma informed practice and the Integrated Core Practice Model ([ICPM](#)) foundational engagement behaviors when working with families will assist the caseworker to identify underlying needs, and supports that will be unique to each family. It is fundamental to ask the family what is working well and what they see as the solution to the circumstances that brought them to the attention of the child welfare agency and apply information to the assessment process using the family’s cultural lens. Support services that could be included depending on the family’s identified needs can include childcare, housing, food security, etc. For additional information on supports available to families, you can visit the [Parent Resources](#) page on the CDSS website.

It is critical that the caseworker monitor the implementation of a POSC to ensure that the specific action steps are completed. This includes ensuring the family or caregiver is receiving the treatment and appropriate services required by the plan and the infant is safe and receiving appropriate care. Confirming the services identified in the POSC are implemented will ensure ongoing health and substance use treatment needs of the infant family are met.

NOTE: A POSC initiated by the healthcare provider is not a reason in and of itself for child welfare intervention and the county should assess whether or not an investigation or other interventions are necessary.

Collaboration:

Community-based organizations and agencies should collaborate to make services easily accessible. The mother/caregiver must be the core member of the partnership team. The partnership team should include:

- Primary care providers
- MAT providers or other treatment and recovery programs
- Public health nursing, including home visitation programs
- Behavioral health providers
- Peer support
- Lactation consultation if the mother chooses to breastfeed or provide expressed breastmilk (and its’ not medically contraindicated).

**Documentation
CWS/CMS**

Documenting the POSC in Child Welfare Services/Case Management Services (CWS/CMS)

Data specific to substance abuse issues affecting families in child welfare, is required to ensure adequacy of program and supports designed to address the infant’s needs while meeting the CARA requirements and to monitor effectiveness of these efforts.

Public Law 114-198 of 2016 made changes to the Child Abuse Prevention and Treatment Act that requires the information outlined above. As part of the amended CAPTA provisions, states must report specific data to the federal administration through the National Child Abuse and Neglect Data System, including:

1. The number of infants born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure (including legal and illegal drugs), or a Fetal Alcohol Spectrum Disorder (including screened-in referrals and referrals that have not been promoted to cases but still have a plan of safe care within the time of the referral);
2. The number of such infants for whom a plan of safe care was developed, and
3. The number of infants and affected family members or caregivers for whom any referrals were made for necessary services.

The changes to CWS/CMS will include a Contributing Factors tab in the Referral info Section. The tab will allow Hotline screeners to document if the infant is affected by ‘Fetal Alcohol Spectrum Disorder’, ‘Substance Abuse,’ ‘Withdrawal Symptoms,’ or ‘Other.’ The Assessment and Investigations social worker will collect the same information in the ‘investigation’ section of the Contributing Factors page.

Intake: Refer to [Attachment A](#) for instructions on entering information into CWS/CMS for infants (0-12 months)

Investigations: Refer to [Attachment B](#) for instructions on entering the same information as the Screener, in the “investigation” section, if the referral requires an in-person investigation.

REQUIRED FORMS

Forms [Plan of Safe Care Template & Considerations for Plan of Safe Care](#)

REFERENCES

Hyperlinks [Words Matter](#): Terms to use and avoid when talking about addiction
 National Institute on Drug Abuse (Addiction Science) [Information page](#)
 Medication for Opioid Use Disorder [Infographic](#)
 Effective Treatments for Opioid Addiction [infographic](#)
 Safety Organized Practice ([SOP](#)) Direct Practice Tools for Social Workers

Legal Mandates [ACL 20-122](#) : New changes in the Child Welfare Services/Case Management System (CWS/CMS) to document the development of Plans of Safe Care for infants affected by prenatal drug exposure or a fetal alcohol spectrum disorder.
[ACL 17-92](#): Comprehensive addiction recovery act of 2016 amendments to the child abuse prevention and treatment act.
[ACL 17-107](#): Assessing child safety and appropriate monitoring of safety plans
[Health and Safety Code 123605](#) – Prenatal health care protocols
[Penal Code 11165.13](#) – Positive toxicology at the time of deliver and assessment and reporting requirements.
[MPP Sections 31-100](#)
[Public Law 114-198](#) -Comprehensive Addiction and Recovery Act.

Attachments

- [Attachment A – Entering information into CWS/CMS for Infants \(0-12 months\)](#)
- [Attachment B – Entering information into CWS/CMS if an in-person Investigation Occurs](#)

INTAKE

Entering information into CWS/CMS for Infants (0-12 months):

When the alleged victim is an infant 0-12 months in age, the screener will be prompted to complete the following information:

In the Referral Notebook, Contributing Factors Page:

1. The Client Name, Referral ID, and County fields will auto-populate and are Read-Only. This information cannot be changed.

Contributing Factors	
ID	Client Name
1	Infant, A

Client Name	Referral ID	County
Infant, A (0)	0773-4352-0037-6000014	State of California

In the "Substance Affected Infant" section:

The Client Age at Referral Start Date will auto-populate to the infant's age in months. The screener will begin completing the "Intake" fields.

For "Affected By":

1. Click the "+" to select the condition in which the infant is affected.

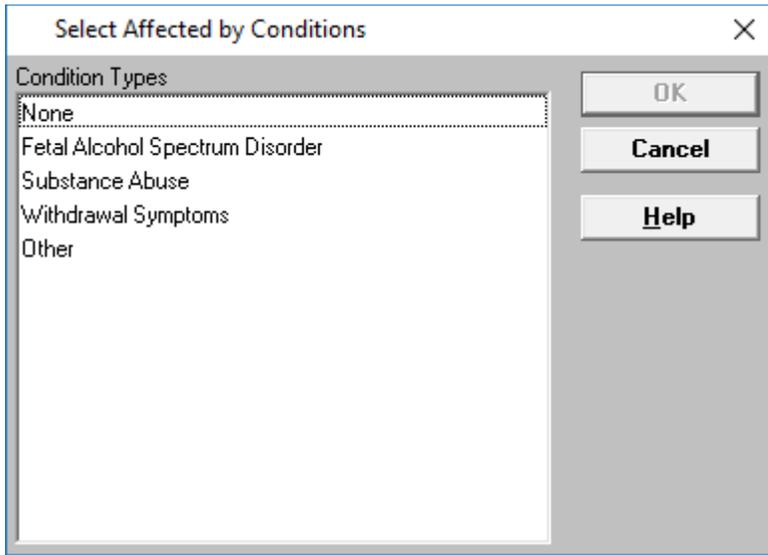
Client Name	Referral ID	County
Infant, A (0)	0773-4352-0037-6000014	State of California

Client Age at Referral Start Date: 6 months

Intake	
Affected By	Other Description
+ Conditions	
1 Fetal Alcohol Spectrum Disorder	
2 Substance Abuse	

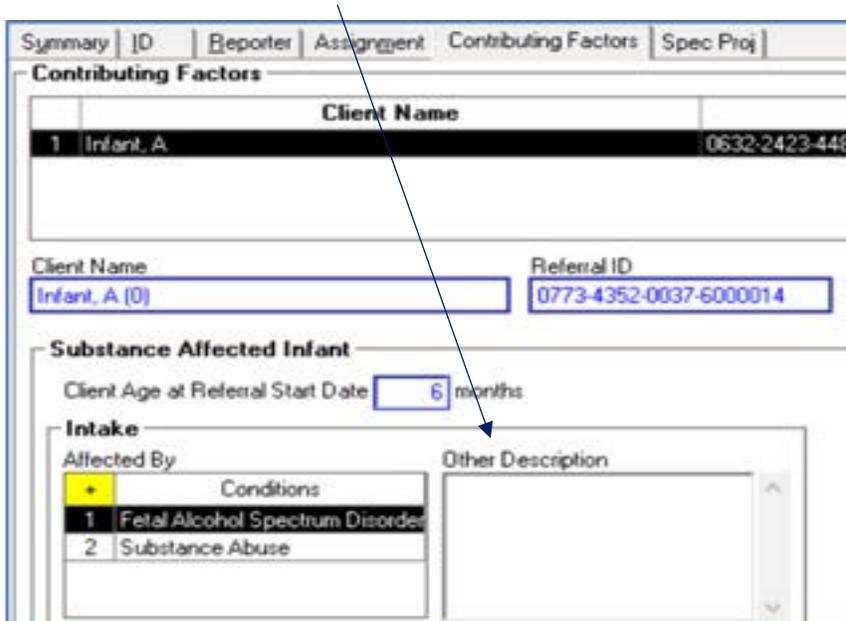
Investigation	
Affected By	Other Description
+ Conditions	

- 2. The screener must choose a Condition Type. There may be more than one selected.



Please note: If the infant has not been affected by any of the conditions displayed and "None" is selected, the screen will allow the screener to save to the database and close at this point.

Additionally, if "Other" is selected, the screener must indicate the condition in the "Other Description" field.



Referral Made for Services:

The Screener must enter whether a referral was made for services and for whom.

1. Select "Yes" or "No."
2. Select who the referral was made on behalf of. More than one option may be selected.

Summary	ID	Reporter	Assignment	Contributing Factors	Spec Proj
Contributing Factors					
	Client Name			Client Number	
1	Infant, A			0632-2423-4482-4000014	
Client Name		Referral ID		County	
[Infant, A (0)]		[0773-4352-0037-6000014]		[State of California]	
Substance Affected Infant					
Client Age at Referral Start Date [6] months					
Intake			Investigation		
Affected By			Affected By		
+ Conditions			+ Conditions		
1 Fetal Alcohol Spectrum Disorder					
2 Substance Abuse					
Other Description			Other Description		
Plan of Safe Care Developed?			Plan of Safe Care Developed?		
<input checked="" type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
Plan Developed By		Plan Developed On			
[Hospital]		[04/07/2020]			
Referral Made for Services?			Referral Made for Services?		
<input checked="" type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
Referral Made on Behalf of:			Referral Made on Behalf of:		
<input checked="" type="checkbox"/> Infant <input type="checkbox"/> Caregiver <input checked="" type="checkbox"/> Parent			<input type="checkbox"/> Infant <input type="checkbox"/> Caregiver <input type="checkbox"/> Parent		

Entering information into CWS/CMS if an in-person Investigation occurs:

If the referral requires an in-person investigation, the investigating social worker will be required to enter the same information as the Screener, based on the investigation details, in the “Investigation” section of the *Contributing Factors* tab.

For “Affected By”:

1. Click the “+” to select the condition in which the infant is affected.

The screenshot shows the 'Contributing Factors' tab in the software. At the top, there are tabs for 'Summary', 'ID', 'Reporter', 'Assignment', 'Contributing Factors', and 'Spec Proj'. Below this, there's a table with columns for 'Client Name' and 'Client Number'. The first row shows 'Infant, A' and '0632-2423-4482-4000014'. Below the table are input fields for 'Client Name' (Infant, A (0)), 'Referral ID' (0773-4352-0037-6000014), and 'County' (State of California). Underneath is the 'Substance Affected Infant' section with a 'Client Age at Referral Start Date' of 6 months. There are two main sections: 'Intake' and 'Investigation'. Each has an 'Affected By' dropdown menu and an 'Other Description' field. In the 'Investigation' section, the 'Affected By' dropdown is open, showing a list of conditions: 'Substance Abuse' and 'Withdrawal Symptoms'. A blue arrow points to the '+' icon in the 'Intake' section's dropdown menu.

2. The investigating social worker must choose a Condition Type. There may be more than one selected.
3. If “Other” is selected, the screener must indicate the condition in the “Other Description” field.

The screenshot shows a dialog box titled 'Select Affected by Conditions'. It has a close button (X) in the top right corner. On the left, there's a list of 'Condition Types': 'None', 'Fetal Alcohol Spectrum Disorder', 'Substance Abuse', 'Withdrawal Symptoms', and 'Other'. On the right, there are three buttons: 'OK', 'Cancel', and 'Help'.

Please note: If the infant has not been affected by any of the conditions displayed and “None: is selected, the screen will allow the screener to save and close at this point.

Entering Plan of Safe Care Information:

If “Affected By” Condition is other than None, the “Plan of Safe Care Developed?” section is mandatory.

1. Select “Yes” or “No” as to whether a Plan of Safe Care was developed.
2. Select who the Plan of Safe Care was developed by: Hospital, Medical Professional, or Child Welfare Agency.
3. Input the date in which the Plan of Safe Care was developed.

The screenshot shows a web form with the following sections:

- Contributing Factors:** A table with columns for Client Name and Client Number. Row 1: Infant, A | 0632-2423-4482-4000014
- Client Information:** Client Name (Infant, A (0)), Referral ID (0773-4352-0037-6000014), County (State of California)
- Substance Affected Infant:** Client Age at Referral Start Date (6 months)
- Intake:** Affected By (Conditions), Other Description
- Investigation:** Affected By (Substance Abuse, Withdrawal Symptoms), Other Description
- Plan of Safe Care Developed? (highlighted in yellow):**
 - Radio buttons: Yes (selected), No
 - Plan Developed By: Child Welfare Agency
 - Plan Developed On: 04/05/2020

4. The Plan of Safe Care Signed Date is Optional. The date cannot be future dated, nor can it be before the Plan Developed On date.

The close-up shows the following details:

- Plan of Safe Care Developed? (highlighted in yellow):**
 - Radio buttons: Yes (selected), No
 - Plan Developed By: Child Welfare Agency
 - Plan Developed On: 04/05/2020
- Referral Made for Services? (highlighted in yellow):**
 - Radio buttons: Yes (selected), No
- Referral Made on Behalf of: (highlighted in yellow):**
 - Checkboxes: Infant (checked), Caregiver (checked), Parent (unchecked)
- Plan of Safe Care Signed Date:** 04/08/2020

Referral Made for Services:

The investigating social worker must enter whether a referral was made for services and for whom.

1. Select "Yes" or "No".
2. Select who the referral was made on behalf of. More than one option may be selected.

The screenshot shows a web form with a navigation bar at the top containing 'Summary', 'ID', 'Reporter', 'Assignment', 'Contributing Factors', and 'Spec Proj'. Below this is a table for 'Contributing Factors' with columns for 'Client Name' and 'Client Number'. The first row shows 'Infant, A' and '0632-2423-4482-4000014'. Below the table are input fields for 'Client Name' (Infant, A [0]), 'Referral ID' (0773-4352-0037-6000014), and 'County' (State of California). The main form is divided into two panels: 'Intake' on the left and 'Investigation' on the right. Both panels have a 'Substance Affected Infant' section with 'Client Age at Referral Start Date' set to 6 months. The 'Intake' panel has an 'Affected By' section with a table containing 'Conditions'. Below this are sections for 'Plan of Safe Care Developed?' (radio buttons for Yes/No), 'Plan Developed By' (dropdown), 'Plan Developed On' (calendar), 'Referral Made for Services?' (radio buttons for Yes/No), 'Referral Made on Behalf of:' (checkboxes for Infant, Caregiver, Parent), and 'Plan of Safe Care Signed Date' (calendar). The 'Investigation' panel has an 'Affected By' section with a table containing 'Conditions' (Substance Abuse, Withdrawal Symptoms). Below this are sections for 'Plan of Safe Care Developed?' (radio buttons for Yes/No), 'Plan Developed By' (dropdown: Child Welfare Agency), 'Plan Developed On' (calendar: 04/05/2020), 'Referral Made for Services?' (radio buttons for Yes/No), 'Referral Made on Behalf of:' (checkboxes for Infant, Caregiver, Parent), and 'Plan of Safe Care Signed Date' (calendar: 04/08/2020). Two blue arrows originate from the instructions: one points to the 'Referral Made for Services?' field in the 'Investigation' panel, and the other points to the 'Referral Made on Behalf of:' checkboxes in the 'Investigation' panel.