



## **Babies Can't Wait Courtroom Checklist Prologue**

**October 2013**

For purposes of definition and consensus, well-being in the child welfare system requires:

- Ensuring that children are safe from abuse and neglect
- Increasing the capacity of families to provide for their children's needs
- Preserving connections and the continuity of family and other relationships for children in out of home care
- Minimizing the number of disruptions of children in care (school, child care, foster care, medical care and home)
- Ensuring that children receive appropriate, quality services to meet their:
  - physical health needs, including dental and eye care
  - mental health needs
  - education and developmental needs.

The Babies Can't Wait Courtroom Checklist is a tool with questions related to each of these parameters. The Checklist serves to focus attention on key activities and events and should be used by virtually everyone who works with children and families in the child protection system, including child protection social workers, providers of services and those who work in the juvenile court system; judges, attorneys and guardians *ad litem*.

Based on recent brain research, Babies Can't Wait!

*The Prologue is adapted from the [Child Protection Best Practices Bulletin, Innovative Strategies to Achieve Safety, Permanence, and Well-Being](#) jointly published by Advocacy, Inc., Corinne Wolf Children's Law Center, CYFD, New Mexico, New Mexico Citizens Review Board, Casa for Children, University of New Mexico, and New Mexico Children's Court Improvement Commission*

*The Child Well Being Checklist is adapted from the [Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals](#) by Sheryl Dicker and Elysa Gordon, published by the New York Permanent Judicial Commission on Justice for Children and the Zero to Three Policy Center, 2004*

## **Babies Can't Wait Courtroom Checklist**

Created by the Babies Can't Wait Subcommittee of the Children's Justice Act Task Force  
October 2013

### **Medical Needs of Children Birth to 5**

1. When did this child last receive a medical/physical exam?
2. Are the child's immunizations up to date?
3. Does the child have a primary medical clinic?
4. What health problems and risks, if any, are identified in the birth and medical records?
5. If of age, when did this child last see a dentist?

### **Developmental Needs**

6. When did the child have a developmental screening or assessment?
7. In what early intervention program is the child enrolled?

### **Attachment and Emotional Needs**

8. When did the child receive a mental health screening or assessment?
9. Was follow up to the mental health screening or assessment needed? If yes, what follow up was or is being provided?
10. Has concurrent planning been initiated?

### **Caregiver Capacity**

11. What support is the caregiver receiving to meet the child's needs?

### **Resources after the Referral under Child Abuse Prevention and Treatment Act**

12. Has an Infant and Toddler Intervention Referral been made and documented? Did the family agree to receive services?
13. Is the child receiving early special education services through the public schools?

## Babies Can't Wait Courtroom Checklist References

### Medical Needs

#### Common Medical Diagnoses Seen in Infants and Toddlers in Foster Care

- Fetal alcohol syndrome/prenatal exposure to a controlled substance
- Congenital infections (*e.g.*, HIV, hepatitis, syphilis)
- Growth failure, failure to thrive
- Shaken baby syndrome/head injuries
- Lead poisoning
- Respiratory illness
- Hearing and vision problems.

#### Applicable Minnesota Statute and Rule

- [Minnesota Rules 9560.0600](#) defines provisions for meeting the health and dental needs of every child in placement.
- [Minnesota Statutes 260C.219, Subd. 5 \(d\)](#), requires physical exams for children who enter foster care

### Developmental Needs

#### Developmental Red Flags

- Premature birth
- Low birth weight
- Abuse or neglect
- Prenatal exposure to a controlled substance

### Emotional Needs

#### Attachment and Emotional Red Flags

- Chronic feeding or sleeping disturbances
- Excessive fussiness/excessive tantrums
- Incessant crying with little ability to be consoled
- Multiple foster care placements
- Failure to thrive

#### Applicable Minnesota Statute and Rule

- [Minnesota Statute 125A.27](#), subdivisions. 3, 6, 7 and 8 regarding Early Intervention Services
- [Minnesota Rule 3525.1350 Children With A Disability](#)

#### Applicable Federal Law

- Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. [Individuals with Disabilities Education Act \(IDEA\) Part C and B](#)
- [Child Abuse Prevention and Treatment Act \(CAPTA\), section 106\(b\) \(2\) \(xxi\)](#)