

This document provides step-by-step instructions to enter information into UNITY for substance affected infants. These instructions apply to various workers who may handle reports, investigations, and/or ongoing cases that involve an infant who has been identified as having a Fetal Alcohol Spectrum Disorder (FASD) or prenatal substance abuse or withdrawal symptoms resulting from prenatal drug exposure and subsequently has a CARA Plan of Care.

Section I. Intake Process

Complete the following when receiving and entering an intake report (this applies to all substance affected infant reports regardless of screening decision):

1. Select the Reporting Party category **MEDICAL** and select appropriate subtype.

Referral Information

Mandated Reporter Call Back Requested

Category:* **MEDICAL**

Type:*
 COMPUHLTHNURSE
 DENTIST
 DOCTOR
 MEDICALSOCWKR
 NURSE/TECH/AIDE
 OTHER
 PARAMEDIC
 SCAN/SAINT
 WICPERSONNEL

How Received:*

Employed By:

Badge Number:

2. Enter allegation as appropriate.

Select NEGLTREATMENT Category. Select the most appropriate Allegation, such as “environmental neglect” or “inadequate supervision.” Other allegations may be added as appropriate.

Allegation

Select Reported Victim(s)*

PERSON ID	TEMP ID	NAME	DOB	DECEASED DATE

Select Alleged Perpetrator(s)*

PERSON ID	TEMP ID	NAME

Category:* **NEGLTREATMENT**

Allegation:* **15N FAIL THRIVE**

Date of Incident:* MM-DD-YYYY


Locked Cancel

DO NOT USE substance exposed infant as an allegation.

3. Open and complete the Birth Information Window.

Select the “footprint” icon under the participants section to take you to the birth information window.

Participants [-]


 Primary Caretaker's Zip Code:



People


NEW	PERSON ID	TEMP ID	NAME	GENDER	DOB	AGE/AGE RANGE	PRIMARY CARETAKER	POTENTIAL CASE ROLE

Intake worker must ask the Reporting Party about the birth location, if the infant is experiencing withdrawals, and if the infant was drug tested and document in the following sections. Other information within Birth Information windows is optional (Note: pursuant to agency business practice, you may be asked to complete more than the minimum required).

Referral:

 Received Date: Received Time:

Select Participant 

Person:

Name:

Birth Date: Estimated

Birth Location [+]

Birth Statistics [+]

Mother's Information [+]

Drug Testing [+]

Birth Information: Birth Location

Birth Location [-]

City: County: State: Country:

Hospital: 

Birth Information: Birth Statistics (Optional)

Birth Statistics [-]

Source: Documents in file

Physician:

Birth Weight: lbs. oz. Length: in.

Head Circumference: cm. Chest Circumference: cm

Discharge Weight: lbs. oz. Discharge Date:

Gestation Age: wks. APGAR Scores:

Circumcision: Breast Fed: Bottle Fed:

PKU Test: PKU Results: Coombs Test: Coombs Results:

Experiencing Withdrawals at Birth

Birth Defects/Other Physical Problems:

Birth Record Additional Comments:

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Excess characters will be removed

500 characters remaining (500 maximum)
Excess characters will be removed

Mandatory: Select if infant is/was experiencing withdrawals at birth

Birth Information: Mother's Information (Optional)

Mother's Information [-]

Birth Mother: <Unknown> Prenatal Care Began: 01-01-2019

Mother Married at Child's Birth:
 Yes No Unknown

Number of Pregnancies

Live Birth(s): 1 Miscarriage(s): 0 Abortion(s): 0

Exposure to toxic environmental conditions or substances, "i.e., methamphetamine lab, lead paint, excessive animal waste, etc.":

Other (complications or accidents, indications of anemia, etc.):

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Excess characters will be removed

Birth Information: Drug Testing – Select all that apply. Use the “Explain” box to provide additional information about the substance use; such as: if mother self-reported substance use, information about the prescribed medication, possible cause of negative or no result etc.

Drug Testing [-]

NEW	DRUG NAME	TESTING DATE	TEST	RESULT	MODIFIED	LAST MODIFIED BY	CREATED	CREATOR
Details	OPIATES	04-03-2019	BLOOD	POSITIVE	04-03-2019	CHATLEY, DANIEL, D.	04-03-2019	CHATLEY, DANIEL, D.
Details	PRESCRIPTION	04-03-2019	BLOOD	POSITIVE	04-03-2019	CHATLEY, DANIEL, D.	04-03-2019	CHATLEY, DANIEL, D.

New/Update Drug Test

Drug Name: *
 COCAINE
 ECSTASY
 HALLUCINOGENS
 INHALANTS
 LSD
 MARIJUANA/THC
 METHADONE
OPIATES
 OXYCODONE
 PHENCYCLIPIN
PRESCRIPTION
 PROPOXYPHENE
 SPICE

Referred: 04-03-2019 Testing Date: 04-03-2019

Test Type: BLOOD Result: POSITIVE

Explain:

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Excess characters will be removed

4. Tracking Characteristics

Tracking Characteristics [-]

SELECT	TRACKING CHARACTERISTIC
<input type="checkbox"/>	ALCOHOL ABUSE
<input type="checkbox"/>	CHILD IN STATE DCFS CUSTODY
<input type="checkbox"/>	CHILD IN FOSTER CARE
<input type="checkbox"/>	COURT ORDERED INVESTIGATION
<input type="checkbox"/>	DOMESTIC VIOLENCE
<input type="checkbox"/>	DRUG ABUSE
<input type="checkbox"/>	DRUG EXPOSED INFANT
<input type="checkbox"/>	ILLEGAL OPIOID ABUSE
<input type="checkbox"/>	INSTITUTIONAL ABUSE
<input type="checkbox"/>	MARIJUANA ABUSE
<input type="checkbox"/>	MARIJUANA EXPOSED INFANT

Select all tracking characteristics that apply.

For example, the child may have:

- Drug Exposed Infant
- Marijuana Exposed Infant
- Opioid Exposed Infant

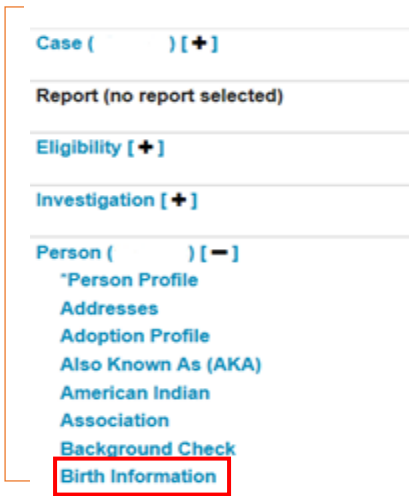
For example, the parent may have:

- Drug Abuse
- Illegal Opioid Use
- Marijuana Abuse
- Prescription Opioid Misuse/Abuse

Any other tracking characteristics that apply should also be selected.

Section II. NIA Process

Complete the following prior to concluding the investigation:



1. Complete Birth Information window.

This can be found when viewing the Person Profile.

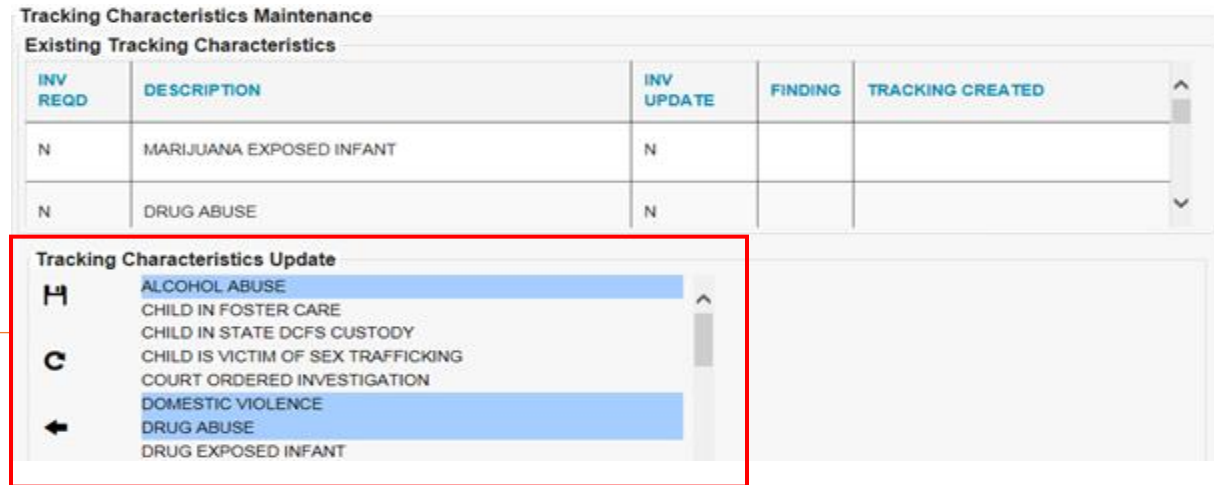
Birth information will have been entered during the intake process; however, it may be incomplete or additional information may have been discovered during investigation. Ensure at minimum the following are completed:

- Birth Location Window
- Birth Statistics Window: select if infant was experiencing withdrawals
- Drug Testing Window

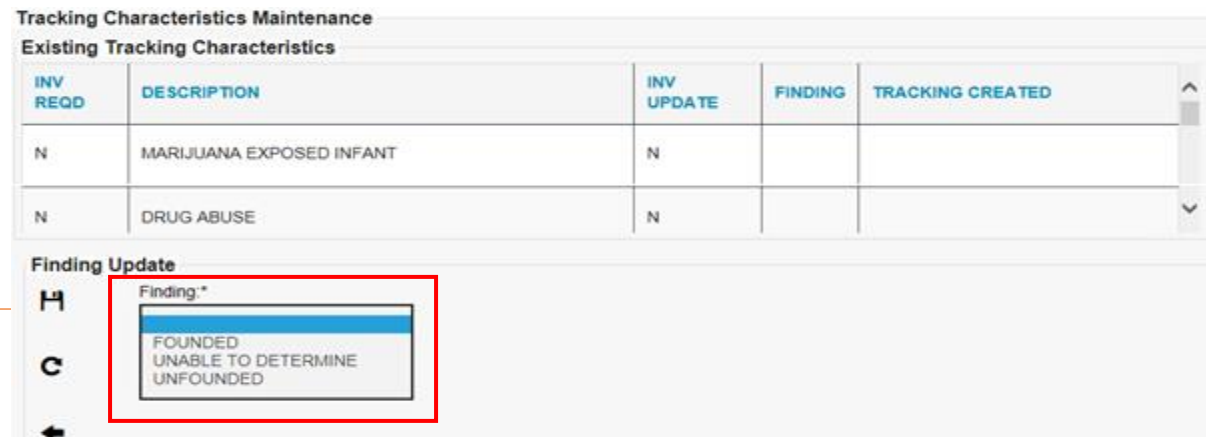
Note: pursuant to agency business practice, you may be asked to complete more than the minimum required.

2. Tracking Characteristics

While viewing the “Investigation Profile” Window select Tracking Characteristics. Identify and select any new tracking characteristics that apply.



Select appropriate finding of each tracking characteristic



3. Service Array Window

Complete the Service Array Window for any services the participants have been referred to, including mandatory NEIS Referral.

Case () [-]

- *Case Profile
- Assignments
- Case Association
- Case Maintenance
- Case Notes
- Case Plan
- Case Status
- Court [+]
- Custody Notice
- Diligent Search
- Family Relationships
- Free For Adoption
- Legal Status
- Notification
- Participants
- Removal Status
- Representative
- Resource
- Safety Model
- Service Array**
- Visitation Plans

Case

Service Array Maintenance

History ▼

PERSON ID	PERSON NAME	TYPE	REFERRED DATE	REFERRED TO	BEGIN DATE	END DATE	RESULT

< _____ >

Create New Record

Participants ●

PERSON ID	PERSON NAME	ROLE	BIRTH DATE	EFFECTIVE DATE	END DATE	DECI

< _____ >

Type:*

EARLY INTERVENTION birth to age three with special needs

Referred To:

NEVADA EARLY INTERVENTION SERVICES

Referred Date:*

05-14-2019

Service Began:

Service End:

Result:

Result:

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Excess characters will be removed

Justification:

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Recommendation:

Section III. Ongoing Case Worker process.

Complete the following throughout the life of a case:

1. Service Array Window

Referrals during the investigative process are entered. Complete information of outcome of these referrals and services.

Input new referrals and update the Service Array Window as needed.