

# Frequently Asked Questions: Vermont CAPTA Notifications

## Q: What is the purpose of the CAPTA notification?

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), each state must provide the Children's Bureau with certain data regarding substance-exposed newborns. In Vermont the de-identified CAPTA notification form was developed to allow the Vermont Department for Children and Families (DCF) to compile de-identified data for this annual reporting.

## Q: What is the difference between a DCF report and a CAPTA notification?

- A report to DCF is made by calling the child protection hotline, which includes identifying information to allow investigation into whether an assessment should be opened.
- A notification is made via secure fax or email and does not contain any identifying information as they are used for reporting purposes only.

## Q: In what situations is a CAPTA notification made based on substance use during pregnancy?

When there are no child safety concerns, a notification is required if a pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

## Q: Who is responsible for making CAPTA notifications?

In Vermont, birth hospital staff complete CAPTA notifications. Each birth hospital should develop a protocol and work-flow for completing and sending CAPTA notification forms to DCF in a timely fashion.

## Q: Should hospitals inform the family they are sending a CAPTA notification to DCF?

Hospital staff should be transparent and should emphasize that the notification does not contain any identifying information. Give a copy of the "[Vermont Plan of Safe Care for Families](#)" handout to the family to review.

## Q: When should CAPTA notifications be made?

Notifications must be made after the infant is born, submitted at hospital discharge.

## Q: How do hospitals submit a CAPTA notification?

Hospital staff can either fax the notification form to (802) 241-9060 or email a scanned copy to: [AHS.DCFFSDCaptaNotification@vermont.gov](mailto:AHS.DCFFSDCaptaNotification@vermont.gov). An electronic system is currently under development.

## Q: What if a newborn is transferred, who is responsible for completing the CAPTA notification?

The hospital discharging the infant is responsible for the completing the CAPTA notification.

## Q: Where can hospital staff find the CAPTA notification form?

The DCF Family Services Division website has the most updated version of the CAPTA notification form. <https://dcf.vermont.gov/fsd/partners/POSC>

### **Q: In what situations is a DCF report made based on substance use during pregnancy?**

The following situations meet Vermont's report acceptance criteria:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- Concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).
- A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
- A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- A newborn is suspected to have fetal alcohol spectrum disorder (FASD), or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.

### **Q: Why isn't the use of marijuana during pregnancy a DCF report?**

Effective November 1, 2017, DCF no longer accepts reports where the sole concern is regarding marijuana use during pregnancy. A CAPTA notification and Plan of Safe Care should be developed for pregnant individuals that use marijuana after the first trimester of pregnancy. Please see "[Frequently Asked Questions: Marijuana Use During Pregnancy](#)" for more details.

### **Q: What if hospital staff believe a pregnant individual's use of MAT, prescribed medications or marijuana is impacting their ability to safely parent their newborn?**

A report to DCF should be made via the child protection hotline at 1-800-649-5285 in any situation where there is a concern for infant safety.

### **Q: Does use of alcohol during pregnancy require a CAPTA notification or a DCF report?**

Although there is no known safe amount of alcohol use during pregnancy, there is currently not a definitive cutoff for harmful alcohol use by pregnant individuals. If a healthcare provider suspects an infant has FASD or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy, a report should be made to DCF. CAPTA notifications are not made for alcohol use.

### **Q: Can reports to DCF be made before infant birth?**

Prenatal reports may be made within 30 days of the estimated delivery date in these situations:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- There is concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).

After a report is made, DCF will determine whether to open an assessment.

### Q: If a DCF report is made, should birth center staff discuss this with the parents/caregivers?

It is important to be transparent with families if a DCF report is being made. Hospitals should have a protocol identifying one person (ex. infant's doctor, social worker, care manager) to discuss the report and ensure all the family's questions are answered.

### Q: What if there is already an open DCF case? Does a report or notification still need to be completed?

Regardless of whether there is an open case with DCF, hospital staff are required to make a:

- Report if there are any child safety concerns.
- Report for the following situations:
  - A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
  - A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to illegal substances, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
  - A newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.
- Notification if there are no child safety concerns and the substance exposure consists of:
  - Medications for addiction treatment (MAT), opioids for chronic pain, and/or benzodiazepines prescribed by a healthcare provider.
  - And/or prescribed or recreational marijuana (after the first trimester).

### Q: What about when the pregnant individual resides in another state but delivers in Vermont?

- Report to child protective services in the residing state if there are any child safety concerns. Also consider reporting to Vermont DCF if there are immediate safety concerns to allow coordination with the child protection agency in the residing state.
- Report to child protective services in the residing state for the following situations:
  - A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
  - A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to illegal substances, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
  - A newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.
- Notification to Vermont DCF via CAPTA notification form if there are no child safety concerns and the substance exposure consists of:
  - Medications for addiction treatment (MAT), opioids for chronic pain, and/or benzodiazepines prescribed by a healthcare provider.
  - And/or prescribed or recreational marijuana (after the first trimester).

### Q: Who can hospital staff contact if they have questions?

Questions can be emailed to [AHS.DCFSDCAPTA@vermont.gov](mailto:AHS.DCFSDCAPTA@vermont.gov) or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.