

# Child Welfare Procedure Manual

## Chapter 2 Assessment (Temporary)



# CPS Assessment Procedures

## 1. Overview

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The Oregon Safety Model clearly outlines the duties of Child Welfare workers to ensure child — or, if applicable, young adult — safety through the life of the case. The CPS assessment is crucial to identifying present danger safety threats and impending danger safety threats and assuring child safety through protective action plans, initial safety plans, or ongoing safety plans. The CPS assessment is more than simply fact-finding. It also includes establishing rapport with family members and engaging them in the safety intervention process. Child safety is the primary focus of any CPS assessment, and effective family engagement enhances the quality of the CPS assessment.

All CPS assessments have many of the same components, which include:

- Making initial contact within the assigned response timeline
- Making face-to-face contact with the alleged victim, his or her siblings, his or her parent or caregiver, other children and adults living in the home, and the alleged perpetrator
- Accessing and viewing the home environment
- Gathering safety-related information through interviews and observations
- Determining if there is a present danger safety threat
- Determining if there is an impending danger safety threat by applying the safety threshold criteria
- Developing a protective action plan when a child is determined to be unsafe due to a present danger safety threat
- Developing an initial safety plan when a child is determined to be unsafe due to an impending danger safety threat
- Developing an ongoing safety plan when a child is determined to be unsafe from an impending danger safety threat at the conclusion of a protective action plan or the conclusion of the CPS assessment
- Determining whether the initial safety plan or ongoing safety plan is the least intrusive plan sufficient to manage child safety by identifying how the safety threat is occurring and applying the in-home safety plan criteria
- Developing conditions for return when an out-of-home ongoing safety plan is established
- Determining whether a family has moderate to high needs when a child is determined to be safe
- Offering and, if a family accepts and services are available, referring a family with moderate to high needs to relevant community services
- Determining if there is a reasonable cause to believe that abuse occurred

**Note:** A CPS assessment must be completed by a Department employee whose current position is a CPS worker, a CPS supervisor, or who meets the definition of CPS worker. The definitions for CPS supervisor and CPS worker as defined in OAR 413-015-0115 are:

- “Child protective services supervisor” (CPS supervisor) means an employee of the Department trained in child protective services and designated as a supervisor.
- “Child protective services worker” (CPS worker) means an employee of the Department who has completed the mandatory Department training for child protective service workers.

**Please see “Special Considerations for CPS Assessment” for specific information on the following:**

- Referrals on an open case
- Completing CPS interviews at public or private schools
- CPS assessment when there is a child fatality
- Determination of ICWA Status
- Determination of refugee status
- Arranging for an interpreter or translation
- Cultural considerations
- Taking photographs during the CPS assessment
- Obtaining medical examinations during the CPS assessment
- Obtaining psychological and psychiatric evaluations during the CPS assessment
- Determining when medical assessments, dental assessments and mental health assessments need to be completed for children in substitute care
- Children with special needs and the CPS assessment
- Substance use and misuse
- Domestic violence

## 2. CPS Assessment Response Timelines

The timeline for the Department's response refers to the amount of time between when the report is received at screening and when the CPS worker is required to make an initial contact. Every CPS assessment is assigned one of the following response timelines at screening, and the CPS worker must make an initial contact within the assigned response timeline. It is understood that even after significant efforts the CPS worker may not be able to accomplish this. It is important that the CPS worker document all such attempts to make contact.

The timelines as described in OAR 413-015-0210(3) provides:

- (A) Within 24 hours: This response time line is required, unless paragraph (B) of this subsection applies, when the information received constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, SB 243 (2017).
- (B) Within five calendar days: This response time line must only be used when the screener can clearly document how the information indicates the child's safety will not be compromised by not responding within 24 hours and whether an intentional delay to allow for a planned response is less likely to compromise the safety of the child.

### A. Within 24 hours

Once the "within 24 hours timeline" is assigned, the CPS worker must decide how soon, within the 24 hours, to respond. This decision is based on what is occurring, the location of the child, access to dangerous people and the preferred approach to initiating the contact.

When responding within 24 hours, it is recommended a CPS worker break down that response even further to respond in 0-2 hours or 2-24 hours based on the behavior, conditions, or circumstances, regardless of CPS assessment type.

The following examples are intended to help the worker determine which reported situations indicate a 0-2 hour response and which indicate a 0-24 hour response.

#### Within 0-2 hours

Reports containing any of the following factors should be considered emergency reports requiring a plan for intervention and safety within 0-2 hours:

- Serious physical injuries which create a substantial risk of death, disfigurement or impairment. Serious injuries include fractures, subdural hematoma, dislocation, sprains, internal injuries and burns.
- Current non-accidental injury to the head or face of any child such as welts, bruises, lacerations and abrasions.
- Current allegations of sexual abuse, where the alleged perpetrator has access to the victim.

## Chapter II - Screening and Assessment

- A young child or a child with disabilities or other special needs is currently left unsupervised and/or inadequately supervised for any period of time or left in the care of an inappropriate caregiver to the extent that the child's immediate needs go unnoticed or unmet.
- Abuse or neglect such as failure to thrive, malnutrition, poisoning or ingestion of/exposure to noxious substance in which the child's safety is immediately threatened.
- Serious illness or life-threatening medical conditions for which the parent is unwilling or unable to obtain medical advice or treatment.
- Cruel, unconscionable, intimidating or terrorizing acts or statements (e.g., deliberate threats to the child's life, or intimidating acts with firearms or animals).
- Situation compromises child's safety and may reflect a real and immediate potential for harm (e.g., domestic violence where there is an immediate risk of substantial harm to child, grossly inappropriate discipline, or access of an alleged perpetrator who has seriously harmed or abused a child in the past).
- No protective caregiver available.
- Police request immediate response.

Some things to keep in mind regarding a 0-2 hour time response

- The harm reasonably can lead to severe injury, disability, severe trauma or death.
- 0-2 hour response is for family behaviors, conditions or circumstances that threaten a child's safety right now.

### **Within 2-24 hours**

Examples of information indicating a recommended response between 2-24 hours are:

- Reports of prior abuse to children four years of age or younger (injuries need not be visible).
- Current non-accidental injury to any child such as welts, bruises, lacerations and abrasions. If the injuries are to the head, neck, or face it would most likely fall into the 0-2 hour response timeframe.
- Abuse such as failure to thrive, ingestion of, or exposure to, noxious substances, drug-exposed infants, failure to provide adequate food to meet nutritional needs, failure to provide clothing consistent with climatic conditions, and failure to provide

medical care. Exceptions would be if the report alleges that the condition is immediately life threatening.

- Reports of unsanitary living conditions where very young children are present. Conditions include feces on the floor that young children could crawl in or put in their mouth, or moldy food accessible to them.
- Reports of domestic violence and the alleged batterer still has access.
- Access to a child by a person who has seriously harmed or abused a child in the past, the individual has experienced a prior termination of parental rights, or is a previously convicted, sex offender.
- Allegations of caregiver substance abuse which inhibits caretaking abilities but may not be occurring at the time of the report.

### **Exceptions**

Exceptions related to complying with this safety-related 0-24 hour timeline could include specific compelling circumstances such as:

- Law enforcement assistance is necessary because the information indicates a crime may have been committed or worker safety is in question and no law enforcement assistance is immediately available.
- Due to the child's location, access within the timeline is not possible (e.g., roads are closed due to extreme weather, or child on out-of-state field trip).
- Needed time and demand for planning logistics of the intervention (e.g., child needs to be interviewed separately from the parents and already has left school). When a child is reported as being in a safe place, (e.g., school or hospital) the judgment about the time of the response must take into account the location of the safe place, how long the child will be there, access others have to the child's location, and a plan to keep the child safe until CPS can respond.

### **B. Within five calendar days**

Once the "within five calendar days" response timeline is assigned the CPS worker considers the best approach to make contact with the family and schedule a visit. If mail is the only means to arrange a visit, a letter should be sent quickly to allow time to receive a response and make contact within the five days.

Examples of information requiring contact within a timeline not to exceed five calendar days are:

- A child currently in foster care reports past child abuse by a biological parent and the Department has not previously assessed the allegation.
- The Department receives a police report regarding a domestic violence incident where

children were present. The report indicates the police have made contact with the family. The screener confirms there is a history of prior violence, the alleged abuser was arrested and remains incarcerated and will be for at least the next week.

**Note:** The timeframe for the Department's response begins when the screener receives the report. The date and time on the screening form begins the 24 hours or five days, NOT when the CPS worker receives the referral.

### **C. Change or extension of response timeline**

A CPS supervisor may change the initial contact timelines established at screening as follows:

- The CPS supervisor may change the response timeline from within five calendar days to within 24 hours.
- The CPS supervisor may change the response timeline from within 24 hours to within five calendar days, but the supervisor must explain in writing why the timeline was changed and how the child's safety needs were considered when the change was approved.
- If the screener was granted an extension to complete the screening process, the CPS supervisor may adjust the initial contact timelines as follows:
  1. Within 24 hours: The CPS worker must make an initial contact within 24 hours of the end date of the last screening extension or the date the CPS assessment was assigned, whichever is earlier.
  2. Within five calendar days: The CPS worker must make an initial contact within five calendar days of the end date of the last screening extension or the date the CPS assessment was assigned, whichever is earlier.

### 3. Assessment Activities

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The required CPS assessment activities are outlined below. The activities are described in a logical order, but the order in which they occur is controlled by the specific circumstances in a given case. A comprehensive CPS assessment thoroughly documents information relating to the six domains: Extent of Maltreatment, Circumstances Surrounding the Maltreatment, Child Functioning, Adult Functioning, Parenting Practices and Disciplinary Practices. The focus of the CPS assessment is child and, when applicable, young adult, safety. By effectively engaging families and community partners in the assessment process, the CPS worker can gather sufficient information about the six domains to determine if there is an impending danger safety threat present.

Exception to completing a CPS assessment: Prior to initial contact:

As outlined in OAR 413-015-0409, the only exception to completing CPS assessment activities prior to initial contact on an assigned referral is when a CPS worker, in consultation with a CPS supervisor or designee, determines prior to the initial contact that the referral does not require a CPS assessment because one of the following apply:

1. The referral was opened in error. This is a determination the referral was mistakenly opened.
2. There is no longer an allegation of abuse. The CPS worker received information after being assigned the referral and that information in combination with the corresponding screening report no longer constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, Oregon Laws 2017, chapter 733. This exception may be used only when the CPS worker and the CPS supervisor, or designee, determine the information:
  - Is not from the alleged perpetrator,
  - Relates directly to and specifically negates all allegations in the screening reportAND
  - Is considered on the basis of the objectivity of the individual providing the information and the quality of the information.

Note: Once contact of any kind has been made with a parent, child or household member this exception is not permitted, and a CPS assessment must be completed unless the parent, child or household member is the reporting party.

## A. Prior to Initial Contact: Actions to take

The following activities should be completed prior to initial contact whenever possible, or as soon after initial contact as the CPS worker can accommodate.

### 1. Review Records

As outlined in OAR 413-015-0415, the assigned CPS worker must:

- Thoroughly review the documentation in the referral.
- Thoroughly review the paper and electronic records maintained by Child Welfare for historical information on the family and the child that may be useful in completing the CPS assessment.
- Thoroughly review available Self Sufficiency records.
- Make diligent efforts to contact another state's child welfare agency to obtain records, if any, when the CPS worker has information that the family has lived in another state.

### Procedure

Review all the documents to identify information related to:

- i. Present danger safety threats or impending danger safety threats;
- ii. History of, or a pattern of, abuse;
- iii. Child and family support systems and protective capacity;
- iv. Information related to any of the six domains; and v. Worker safety.

ORS 419B.050 allows health care providers to furnish medical records of the child, including psychological and psychiatric records, without the consent of the parent, to law enforcement or the Department when conducting an assessment of child abuse. Additionally the Federal Family Educational and Privacy Rights Act, 20 USC § 1232g. and "Rights to a Child's Education Records," OAR 413-100-0930, in Child Welfare Policy I-E.8, "Educational Services for a Child in Substitute Care," provide guidance on working with educators and schools.

### 2. Contact collateral sources

As outlined in OAR 413-015-0415, the CPS worker must contact collateral sources that can clarify or supplement the information in the referral and in records already reviewed.

The collateral sources must include the assigned Self Sufficiency worker, if any and may include individuals who have regular contact with the child, teachers, doctors or others who have evaluated or maintained records on the child, people who are in an established personal or professional relationship with the parent or caregiver and who can judge the quality and nature of the parent or caregiver behavior and functioning, and people who have records or information about the parent or caregiver as a result of their involvement with, or exposure to, the parent or caregiver.

The CPS worker must:

- Gather information from collateral sources throughout the CPS assessment.
- Protect the identity of collateral sources to the extent possible.
- Consult with the district attorney or the assistant attorney general to obtain a court order for records from collateral sources, if the source is unwilling to share information with the Department.

### **3. Consult with a CPS supervisor**

#### **Procedure**

The CPS worker must consult with a CPS supervisor or designee:

- When the CPS worker has reasonable cause to believe the alleged perpetrator is an employee of any program, office or division of the Department of Human Services (DHS) or Oregon Youth Authority (OYA).
- When a referral involves a home certified by Child Welfare, ODDS or OYA.
- When a referral involves allegations that abuse occurred in a proctor foster home. CPS is responsible for completing CPS assessments in proctor foster homes that involve the child or young adult of the proctor foster parent. OAAPI investigates when the allegation involves the children or young adults placed in the proctor foster home, which means sometimes both CPS and OAAPI are responding. When both CPS and OAAPI respond, it is important to collaborate.
- When a CPS worker receives notification that a closed at screening or new referral was created on an open CPS assessment.
- Prior to a decision to place a child in protective custody, or after placement if consultation before placement will delay the safety intervention.
- Prior to initiating court action, or after initiating court action if consultation will delay the safety intervention.
- When the referral involves a child fatality.
- When making a disposition in a complicated or sensitive situation or case.
- When closing an assessment with the disposition of “unable to locate”.
- Prior to developing an initial safety plan in a home certified by Child Welfare, ODDS or OYA. This includes in the home of a relative caregiver.

Subject to the discretion of the CPS supervisor, the CPS worker will consult with a CPS supervisor or designee at key points during the assessment, such as:

- Before making initial contact with the family.
- When a referral indicates potential danger to the worker.

### 4. Contact and work with other entities

OAR 413-015-0415 outlines when the CPS worker may need to work with representatives of other entities to gather and analyze safety related information, develop a sufficient protective action plan, initial safety plan, or ongoing safety plan, and to complete the CPS assessment.

The following are the entities the CPS worker must contact, gather information from and work with:

- Office of Child Care. The CPS worker must notify and coordinate with the Compliance Unit of the Office of Child Care when a report involves a registered day-care home or a licensed day-care center, as required by ORS 419B.020(1). This coordination includes providing updates throughout the CPS assessment as new information is gathered and may include a joint response to the home or center.
- Oregon Youth Authority (OYA). The CPS worker must notify OYA when the allegation involves an OYA certified foster home or a child or young adult in the custody of OYA. Some specific terms used by OYA that may be helpful to know:
  - “Youth offender” is the term used for the child or young adult served by OYA.
  - “Juvenile Probation and Parole Officer” (JPPO)
- Office of Adult Abuse Prevention and Investigation (OAAPI). The CPS worker must collaborate with the OAAPI when both are responding to a report of abuse in the same home.
- Office of Developmental Disabilities Services (ODDS). The CPS worker must notify and coordinate with ODDS when a report involves a home certified by ODDS or a child or young adult receiving services from ODDS.

- Community Mental Health Program, Community Developmental Disabilities Program or Adult Protective Services. The CPS worker must make a report to the Community Mental Health Program, Community Developmental Disabilities Program or the local Adult Protective Service office when the CPS worker has reasonable cause to believe:
  - (i) That any person 18 years of age or older with a mental illness, a developmental disability or a physical disability, or any person 65 years of age or older, whom the CPS worker comes into contact with, has suffered abuse.
  - (ii) That any person with whom the CPS worker comes into contact has abused a person 18 years of age or older with a mental illness, a developmental disability or a physical disability, or any person 65 years of age or older.

When determining whether to contact Community Mental Health Program, Community Developmental Disabilities Program or Adult Protective Services, the CPS worker can call 855-503-SAFE and select “adult” and enter the ZIP code where the young adult or adult resides. This will connect you with a DHS employee who is able to assist you in identifying who you need to contact and how to contact them.

- Indian Tribes. If the CPS worker knows or has reason to know that the child is an Indian child, the CPS worker must give notice within 24 hours to the Indian child’s tribe that a CPS assessment is being conducted unless the screener documented completion of this notification in the referral.
- Probation and Parole. The CPS worker must contact probation and parole when the allegation involves a parent or caregiver, or alleged perpetrator who is supervised by probation or parole.
- Law Enforcement. If the screener did not cross report, the CPS worker must contact one or more law enforcement agencies in accordance with the protocols of the local MDT agreement and in accordance with cross reporting rules, OAR 413-015-0300 to OAR 413-015-0310. When there is a joint response involving a CPS worker and LEA staff, the CPS worker is still responsible for all of the activities necessary to complete a CPS assessment which are summarized in OAR 413-015-0400. The CPS worker must, in consultation with a CPS supervisor, determine whether to coordinate assessment activities with LEA in the following situations:
  - (i) Presence of danger. When the CPS worker has information that indicates that the child is unsafe right now.
  - (ii) Family cooperation. When the CPS worker has information that the family may not allow the CPS worker to observe the alleged victim or other children in the home.
  - (iii) Protective custody. When the CPS worker has information that a child may need to be placed in protective custody for the child’s safety.
  - (iv) Child interview. When the CPS worker and the LEA officer must each interview a child, it is preferable to coordinate the interviews to reduce the number of interactions with the child.
  - (v) Worker safety. When the CPS worker has information that indicates the family behaviors, conditions, or circumstances could pose a danger to the CPS worker.
  - (vi) Crime committed. When the CPS worker suspects or receives a report that a crime may have been committed.

- **Public or Private Schools.** The CPS worker may interview a child at school when the worker believes it will be the best environment in which to assure a child's safety when making contact with the child. ORS 419B.045 provides requirements for CPS investigations that are conducted on school premises and is specific to interviewing a child who is an alleged victim. The CPS worker must do following:
  - (i) Notify the school administrator that a CPS assessment must be conducted. If the school administrator is a subject of the CPS assessment, then notification is not required.
  - (ii) Report to the school office, provide identification, inform school personnel of the CPS assessment, and provide the name of the child to be interviewed.
  - (iii) Request information from school personnel regarding the disabilities of the child, if any, prior to an interview with the affected child.
  - (iv) Interview the child out of the presence of other persons, unless the CPS worker believes the presence of a school employee or other person would facilitate the interview. If the CPS worker believes that a school employee does not need to be present, but the school employee insists on being present during the interview, the worker may confer with the CPS supervisor for assistance in handling the situation.
  - (v) Discuss further actions with the child at the conclusion of the interview.
  - (vi) Inform school personnel when the interview has been completed.
  - (vii) Inform school personnel if the child is taken into protective custody.
  - (viii) Inform school personnel that the CPS worker will notify parents of the interview. (ix) Contact the CPS supervisor if school officials refuse to allow the assessment to take place on school property.
- **Multi-Disciplinary Teams (MDTs).** Department district managers must develop inter-agency agreements regarding assessment ofd abuse, as necessary, with local MDTs. Requirements for MDT protocols are set out in ORS 418.747.

The CPS worker may, as appropriate, notify or consult with other DHS programs or other agencies, including but not limited to the Office of Vocational Rehabilitation Services and Animal Control.

## 5. Plan what to take

### Procedure

Prepare to bring all materials that likely will be needed when conducting the assessment. The CPS worker can prepare these materials in what is often referred to as a “go out packet.” This packet of information may include:

- The screening report (307A) or CPS Assessment (307B) (having the names and address are essential)
- Releases of Information (DHS 2099)
- “What you Need to Know About a Child Protective Services Assessment” pamphlet (DHS 1536).
- LEADS Notice (DHS 9004)
- Service Application (DHS 0304)
- Resource materials
- Father’s Questionnaire (DHS 0418)
- ICWA form (DHS 1270)
- Certification packet
- Protective Custody Notice/Protective Custody Summons
- Court Appointed Attorney form
- Relative Search form (DHS 0449)
- Placement Information form (DHS 0261)
- Domestic violence resource information
- Local Alcohol and Drug Treatment resource information
- Protective Action Plan Form (DHS 1534)
- Initial Safety Plan (DHS 1149)
- Additional equipment
  - ③ Car seats
  - ③ Camera
  - ③ Cell phone
  - ③ Pen/pencil and paper

## 6. Anticipate interventions

### Procedure

When the worker has within five calendar days to make the initial contact, the consider scheduling with the family ahead of time unless the report indicates the child is in danger right now. The worker can contact the family via phone, email or by mail being sure to have the first face to face contact within a five-day time frame.

Regardless of the initial contact being scheduled or unannounced, decisions regarding child safety are informed by gathering safety related information. The CPS worker must be prepared to identify present danger safety threats and impending danger safety threats and take action if either are identified.

- If a present danger safety threat or impending danger safety threat is identified the CPS worker must implement a plan to manage safety for the child. Safety services must be individualized to meet the particular child safety needs and unique family behaviors, conditions and circumstances, based on a comprehensive understanding of how the identified safety threat to child safety is operating in the family. Safety services are different than services focused on treatment or change. A safety service provider will interrupt the behavior causing the unsafe family condition. For example:
  1. If the family agrees to go to a domestic violence shelter, this is considered a safety service, while general domestic violence assessment and counseling are not.
  2. A mental health evaluation or substance abuse evaluation further informs the assessment, but does not in any way control or manage safety threats.
  3. Immediate access to day care can be a safety service if it removes the child from the unsafe behavior, condition, or circumstance.

Note: Child Welfare Policy I-AB.7, “Assessment of an Individual as a Safety Service Provider,” OAR 413-015-1200 thru 1230, requires the CPS worker or caseworker to take several actions to assess and determine an individual’s suitability as a safety service provider, which is defined as “a participant in a protective action plan, initial safety plan or on- going safety plan whose actions, assistance, or supervision help a family in managing a child’s safety.”

A sufficient protective action plan or safety plan immediately interrupts the behavior causing the unsafe situation and contains the following elements:

1. Clearly controls or manages the impending danger threat.
2. Has an immediate effect.
3. Uses actions, people and resources that are immediately accessible and available.
4. Contains safety services and actions only (Not change based or case plan services).
5. Safety Service Providers were assessed to be suitable and reliable through a due diligence approach. It is not based on promises from parent/caregivers.
6. Includes detail on the oversight processes by DHS.

### 7. Plan for worker safety

Every CPS case has the potential for unexpected confrontation due to the involuntary nature of CPS assessments. The first step in ensuring the safety of the CPS worker is to evaluate the situation before the initial contact. Effective engagement skills are also vital to de-escalating situations and engaging the family in difficult conversations.

#### Procedure

- In order to effectively evaluate the safety of the CPS worker, the CPS worker should consider the following questions:
  1. Is there a history of domestic violence?
  2. Does the referral indicate the possibility of a family member with a mental illness that results in violent or unpredictable behavior?
  3. Are there firearms or other weapons noted in the referral?
  4. Is someone in the home using drugs or likely to be currently intoxicated, high on drugs or selling drugs?
  5. Is the family's geographic location extremely isolated or dangerous?
  6. Are there multiple complaints involving the family?
  7. Is the home visit scheduled after normal working hours?
  8. Are the subjects violent or hostile?
  9. Does the information note life-threatening or serious injuries to the children?
  10. Is it likely the children will be removed from the family situation on this visit?

11. Does the housing situation or neighborhood increase concerns for staff personal safety?
  12. Does the family have pets that are potentially dangerous?
- Precautions for worker safety:
    1. Have access by telephone to a supervisor or designated staff person for consultation.
    2. Always inform the supervisor or other agency personnel of the worker's interview/ visitation schedule and approximate return time when there is contact with the family.
    3. Observe each person in and around the area closely and watch for signs that may indicate any potential for personal violence.
    4. Follow one's instincts. Any time the caseworker feels frightened or unsafe, he or she should assess the immediate situation and take whatever action is necessary to obtain protection.
    5. Avoid dangerous or unfamiliar areas at night.
    6. Learn the safest route to the family's home.
    7. Be sure the car is in good working order, and park it in a way that allows a quick exit.
    8. Carry a cell phone and charged battery.
    9. Whenever possible and feasible, plan to make initial contacts with another staff person or law enforcement officer when appropriate.

### **B. Preparing for the initial contact: What to think about**

Prepare to gather safety-related information through interviews and observation.

- Based on the information gathered at screening, each assessment should be planned with consideration given to:
  1. Where the interviews will take place.
  2. When the interviews will be conducted.
  3. How many interviews likely will be needed.
  4. How long each interview likely will last.
  5. What questions likely will be asked.
  6. Whether other agencies should be notified to participate in the interviews.
  7. Where are the other people who need to be interviewed likely to be found? For instance, if the father works the night shift, he may be home sleeping at noon.

## 4. Making the Initial Contact: The First Face-to-Face Contact with the Family

### Procedure

Family engagement is a critical skill that workers must employ. Effective family engagement supports the family in participating in the assessment of child safety in their home and often enables families to implement changes necessary to ensure continued child safety. Please refer to the Family Engagement tool for detailed descriptions and tips about effective family engagement during a CPS assessment.

On all CPS assessments, the CPS worker is required to gather safety related information and facts necessary to ensure child or, when applicable, young adult, safety. Through interviews and observation, the CPS worker will assess and analyze information in the following six domains:

1. Extent of the abuse
2. Circumstances surrounding the abuse
3. Child functioning
4. Adult functioning
5. Parenting practices and
6. Disciplinary practices

The CPS worker must, to the extent possible, do the following during the interview (a more complete list of requirements is outlined in OAR 413-015-0422):

1. Present identification to the family at the beginning of the interview and provide a business card or other document to the parents and caregivers containing the CPS worker's name and work telephone number.
2. Clearly state the reason for the interview, provide statutory authority to assess reports of abuse, and give an explanation of the alleged abuse.
3. Obtain names of persons from the parents and caregivers who can provide additional information in determining child safety and completing the CPS assessment.
4. Ask the parents and caregivers to sign an authorization to release information to enable the Department to obtain confidential information from physicians, mental health providers, school employees, or other service or treatment providers.
5. Collaborate with the family in gathering the six domains to assess child safety. Please see appendix 2.1, Safety Related Information Collection.

**A. Have face-to-face contact with and interview the alleged victim, his or her siblings, and other children living in the home.**

OAR 413-015-0420 outlines the requirement to have face-to-face contact with and interview the alleged victim, his or her siblings, and other children living in the home. The purpose of these contacts and interviews is to gather information regarding possible abuse, and assess the children's immediate safety. If it is not possible during the initial contact for the CPS worker to make a face-to-face contact with and interview the siblings or other children living in the home, the CPS worker must document why contact was not made and must complete the face-to-face contact and interview as soon as possible.

When a child is not verbal and, therefore, cannot be interviewed, it is still required to observe that child.

- Notify the parents or noncustodial caregiver of the intent to interview a child, unless notification could compromise the child's safety.
- On an assessment where a CPS worker, in consultation with a supervisor, has determined that child safety may be jeopardized by contacting the family prior to interviewing the child, the worker must:
  - Make diligent efforts to contact the child at home, school, day care or any other place the worker believes the child may be found. If the CPS worker is unsuccessful, the CPS worker must document in the assessment activities section of OR-Kids all attempts made to contact the child and the dates of those attempted contacts.
- When the CPS worker contacts the child at home and the parent or caregiver is not present:
  1. Consult with a CPS supervisor and seek assistance from LEA if the referral indicates there is reasonable cause to believe the child's health or safety is endangered by the conditions of the dwelling or the child is inadequately supervised, and there is an immediate need to evaluate the child's health and safety.
  2. Wait until the parent is present in the home to complete a child interview in the home if there is not reasonable cause to believe the child's health or safety is endangered by the conditions of the dwelling, and the child is adequately supervised.
- When the CPS worker is denied access to the child or to the child's residence:
  1. If the referral indicates the child may be unsafe, request assistance from LEA to assess the situation and take the child into protective custody if needed.
  2. If the referral indicates the child is presently safe, the CPS worker must consider the following:
    - a. Attempting to contact other persons who may have relevant information regarding the referral
    - b. Persisting in attempts to gain cooperation from the family or caregivers, depending on the known child safety information
    - c. Seeking LEA assistance.
    - d. Consulting with the CPS supervisor, the district attorney, assistant attorney general, or the county juvenile Department to discuss possible juvenile court action.
    - e. Seeking a protective custody order from the juvenile court.
  3. Consult with the CPS supervisor, the district attorney, assistant attorney general, or the county juvenile Department to discuss possible juvenile court action.

4. Seek a protective custody order from the juvenile court.
- Notify the parents or caregivers the same day a child has been interviewed. In some cases, parents are not present at the time of initial attempted contact. Workers are still required to make contact. If same-day notification could make a child or adult victim unsafe, a CPS supervisor may authorize an extension for one day to allow a planned notification that is less likely to compromise safety. Supervisory approval and justification for the approval must be documented.
  - When indicated, conduct interviews in a manner that ensures privacy for the child (this includes a location where the child can speak without being heard or seen by others during the interview).
  - If the parent or caregiver is the alleged perpetrator or if the presence of the parent or caregiver might impede the interview, the CPS worker may interview children independent of their parents or caregivers.
    - When appropriate, work with the parent/caregiver to determine what the interview will look like. Where will it occur? Who will be present? When will it happen?
  - Allow a child who is the victim of a person crime, as defined in Oregon Laws 2005, chapter 490, section 1, and who is at least 15 years of age at the time of the abuse, to have a personal representative be present during an interview. If a CPS worker believes the personal representative would compromise the CPS assessment, the CPS worker may prohibit a personal representative from being present during the interview.
  - Observe all of the child's injuries or signs of neglect. The CPS worker may need to remove a child's clothing to make adequate observations. In that event, the CPS worker:
    1. Must use discretion and make the child as comfortable as possible.
    2. Must seek parental consent and assistance, when possible and appropriate.
    3. Must consider requesting a worker or other support person, who is the same gender as the child, be present to serve as a witness and provide comfort for the child.



*If the allegation is against a foster parent, the CPS worker must remember that having face-to-face contact with the other children in the home also includes the biological and adopted children of the foster parents.*

The CPS worker may observe injuries to female or male genitalia if the child is not school aged and if the observation can be facilitated without the CPS worker touching the child's genitalia. The CPS worker must facilitate examination by a medical professional if the alleged abuse involves injury to the genitalia of any aged child or reported or disclosed injury to the genitalia of a school-aged child.

### **B. Have face-to-face contact with and interview the non-offending parent or caregiver and all adults living in the home.**

OAR 413-015-0420 outlines the requirement to have face-to-face contact with and interview the non-offending parent or caregiver and all adults living in the home. The purpose of this face-to-face contact and interview is to find out what the non-offending parent or caregiver and other adults living in the home know about the alleged abuse, gather information related to the

safety of the child, including information pertaining to the six domains, and gather information to determine whether the parent or caregiver can or cannot and will or will not protect the child. If it is not possible during the initial contact for the CPS worker to make face-to-face contact with and interview the non-offending parent or caregiver and other adults living in the home, the CPS worker must document why the contact was not made and must complete the face-to-face contact and interview as soon as possible.

Whenever practicable, interview both parents and caregivers in person, as follows:

- Interview each person in a manner that considers each person’s privacy and safety and assures effective communication. This may require interviewing parents or caregivers individually and also together depending on the information being gathered.
- Ask questions about domestic violence in separate interviews only.
- Provide all adults living in the home with a written notice that a LEADS check may be run on them, if applicable.
- Provide each parent or caregiver with the “What you need to know about a Child Protective Services assessment” pamphlet, which includes written information regarding the CPS assessment process, including the court process and the rights of the parent and caregiver.
- Interview the non-custodial legal parent during the CPS assessment. This is not required during the initial contact but should be considered because the non-custodial parent may have essential information or be a placement resource. In order to fully understand the family condition, you must understand what each parent’s involvement is, and it is critical to obtain information regarding parenting practices, disciplinary practices, and adult functioning for all parents regardless of their custodial status.
- If the interview with the non-custodial legal parent could make a child or adult unsafe, a CPS supervisor may authorize an exception to the requirement to conduct the interview based on written documentation that supports this conclusion.

### C. Interview the alleged perpetrator

OAR 413-015-0420 outlines the requirement to have face-to-face contact with and interview the alleged perpetrator. The CPS worker must make face-to-face contact with and interview the



*Diligent efforts include attempting to locate through collateral contacts any other locations where the child may be. Collateral contacts might include other family members, neighbors, friends or professionals who have had recent contact with the family. Reviewing other DHS program files, if accessible, such as Self Sufficiency and the Child Support screens also would be valuable in seeking address information.*

alleged perpetrator during the initial contact when he or she is the child's custodial parent, caregiver, any person living in the home, or is present in the home when the CPS worker makes contact. The purpose of this interview is to evaluate the alleged perpetrator's reaction to allegations of abuse as well as to the child and his or her condition and to gather further information about the alleged perpetrator and the family in relation to the safety of the child. When the alleged perpetrator is a minor parent, the purpose is also to determine if the minor parent is an alleged victim of abuse.

If the alleged perpetrator is not a parent, caregiver, an adult living in the home, or is present in the home when the CPS worker makes contact, the CPS worker must interview the alleged perpetrator but may complete the interview during the course of the CPS assessment. If it is not possible to interview the alleged perpetrator during the initial contact due to a criminal investigation and being unable to coordinate with an LEA within the timelines for initial contact, then it is permissible to interview the alleged perpetrator later in the CPS assessment. Any decision not to interview the alleged perpetrator during initial contact must be approved by a CPS supervisor, and the CPS worker must document both the approval and the reason.

Prior to meeting with the alleged perpetrator, consult with a CPS supervisor if an interview with the alleged perpetrator could make a child or adult unsafe to discuss how to reduce risk or address safety concerns.

When meeting with the alleged perpetrator, regardless of the perpetrator being a parent or caregiver, the CPS worker must:

- Coordinate the interviews of the alleged perpetrator with LEA when law enforcement is conducting an investigation.
- Provide the alleged perpetrator with a written notice that a LEDS check may be conducted on them.
- Make inquiries about the employment status of the alleged perpetrator. If the CPS worker has reasonable cause to believe the alleged perpetrator is an employee of DHS or OYA, the CPS worker must notify a CPS supervisor. The CPS supervisor must confirm the person's employee status by contacting a Central Office Field Services representative. If the CPS supervisor determines the alleged perpetrator is an employee of DHS or OYA, the CPS supervisor must notify the DHS Office of Human Resources at the time of the assessment and at the time the assessment is reviewed, as required in administrative rule. The CPS supervisor must document the notifications in OR-Kids. A CPS supervisor must then be assigned to complete the assessment.
- When interviewing the alleged perpetrator who is the parent or caregiver, the CPS worker must provide the parent or caregiver with the "What you need to know about a Child Protective Services assessment" pamphlet, which includes written information regarding the CPS assessment process, including the court process and the rights of the parent and caregiver.

### D. Assess the home environment

#### Procedure:

The CPS worker must observe the home environment or environments when the child resides in more than one home. For example, a child who spends half the time with one parent in one home and half the time with one parent in another home, the worker must observe both home environments to assure safe living arrangements.

The CPS worker must observe and assess the following:

- Condition of the child's living space, including where the child sleeps.
- Physical status of the home such as:
  1. Sanitation (e.g., feces or rotting food)
  2. Hazards or dangerous living conditions (e.g., inadequate heat in the winter; faulty wiring; lack of barriers on stairs, porches, and windows; standing water that poses danger of drowning; scalding water; or broken windows)
  3. Signs of excessive alcohol use, use of illicit drugs, accessible drugs and alcohol
  4. Inadequate food or lack of access to food and water
  5. Weapons
  6. Chemicals
  7. Traffic in and out of the home
  8. Climate of the neighborhood, including level of violence or support, and accessibility of transportation, telephones, or other methods of communication.
- If the parent and child are living in a domestic violence shelter, the shelter's physical environment does not need to be observed.

#### Documentation

- The CPS worker must document the dates of attempted and successful contacts in OR- Kids. If it was not possible during the initial contact for the CPS worker to successfully complete a required contact, the CPS worker must document why contact was not made and must complete the face-to-face contact and interview as soon as possible.
- Interviews and observations made at initial contact that pertain to the six domains must be documented in OR-Kids. This information is critical to understanding the family behaviors, conditions, and circumstances.

## 5. Determine if There is a Present Danger Safety Threat or Impending Danger Safety Threat

The terms “present danger safety threat” and “impending danger safety threat” are defined in OAR 413-015-0115, and the requirements for determining the presence of either are outlined in 413-015-0425.

Present danger safety threat means an immediate, significant, and clearly observable family behavior, condition or circumstance occurring in the present tense, already endangering or threatening to endanger a child. The family behavior, condition, or circumstance is happening now and it is currently in the process of actively placing a child in peril.

Impending danger safety threat means a family behavior, condition, or circumstance that meets all five safety threshold criteria. A threat to a child that is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.

### Procedure

In the context of the CPS assessment, there are specific factors to consider when determining the presence of a present danger safety threat or impending danger safety threat.

- During the initial contact and, in general, during the CPS assessment, the CPS worker must determine, based on the information obtained at that time, if there is a present danger safety threat or impending danger safety threat to the child.
- A present danger safety threat is present when the danger is immediate, significant, and clearly observable.
- An impending danger safety threat is present when the family behaviors, conditions and circumstances result in all five of the safety threshold criteria being met.

Note: Oregon’s 16 specific impending danger safety threats are listed below and should be used to inform the presence of an impending danger safety threat.

- Review all the safety related information gathered and apply the safety threshold criteria to each of the identified threats occurring in the family to determine whether a threat has crossed the threshold. All five criteria must be present for the impending



**TIP**

*Safety threshold refers to the point at which family behaviors, conditions or situations are manifested in such a way that they are beyond being risk influences and have become an impending danger safety threat. In order to reach the safety threshold, the behaviors, conditions or circumstances must meet all of the following criteria: be imminent, be out of control, affect a vulnerable child, be specific and observable, and have potential to cause severe harm to a child. The safety threshold criteria are used to determine the presence of an impending danger safety threat.*

danger safety threat is to be active. The following safety threshold criteria must be considered in the context of the specific impending danger safety threat under consideration:

1. **Vulnerable Child:** Vulnerability refers to a child's capacity for self protection. Can the child protect himself/herself? The caseworker must consider any power differential between child and adults, special needs, and trauma induced vulnerability regardless of the age of the child.
2. **Imminence:** Imminence means the threat is likely to occur in the near to immediate future if not controlled by external methods. Imminence is not something that may occur in six months or a year, and is based on a clear understanding of the family condition.
3. **Out of Control:** There is no adult in the home that can stop, prevent, or otherwise control the family condition or threat. This does not refer to the caretaker looking or acting out of control, rather it refers to the family condition that cannot be controlled.
4. **Observable:** The caseworker can describe, in specific behavioral ways, the family condition that is making the child unsafe. What are the behaviors, attitudes, and circumstances occurring in the family that create the threat?
5. **Severity:** May include serious physical injury, significant pain and suffering, disability, terror or extreme fear, impairment or death. We are not concerned with the severity of the maltreatment, incident, or reported event, but the likelihood that the threat(s) if left unchecked will likely result in severe effects to a vulnerable child's physical, sexual, psychological, cognitive or behavioral development or functioning in the near to immediate future.

As the caseworker continues the CPS assessment and learns additional information, each of the criteria must be reconsidered. The identification of an impending danger safety threat is a fluid process and a determination can be made at any time during the course of the CPS assessment. Identification of a present danger threat can also occur at any time during the course of the CPS assessment.

During the course of the assessment when a worker and CPS supervisor have determined there is no present danger safety threat or impending danger safety threat, however observes family behaviors, conditions, or circumstances that are occurring now and over the next year without intervention, are likely to have a negative impact on a child's physical, sexual, psychological, cognitive, or behavioral development or functioning and the potential negative impact is not judged to be severe, the family, the CPS worker and supervisor may determine that the family condition meets the definition of moderate to high needs. . While intervention is not required for the child to be safe, it is reasonable to determine that short term targeted services can reduce or eliminate the likelihood that the negative impact will occur.

## A. Present danger safety threats

As defined in OAR 413-015-0115, present danger safety threat means an immediate, significant and clearly observable family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a child. The family behaviors, condition, or circumstance is happening now and it is currently in the process of actively placing a child in peril.

A present danger safety threat requires an immediate CPS intervention, called a Protective Action Plan. Present danger is the easiest to detect because it is totally transparent and happening right in front of you, or the behavior, conditions, or circumstances are such that the harm could occur at any second. Present danger safety threats include, but are not limited to, the following:

- Hitting, beating, severely depriving now
- *Injuries* to the face and head
- *Premeditated* abuse or neglect
- *Life-threatening* living arrangements
- Bizarre *cruelty* toward a child
- Bizarre/extreme viewpoint of a child
- Vulnerable children who are *unsupervised* or alone now
- Child extremely *afraid* of home situation
- Child needing *immediate* medical care
- Caregiver *unable* to provide basic care

Determine if a present danger safety threat exists by applying the three present danger criteria:

1. Immediate: This means that what is happening is happening right before your eyes. You are in the midst of the danger the child is subject to. The threatening family behavior, condition, or circumstance is in operation.
2. Significant: Referring to a family behavior, condition, or circumstance, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive and notable. The family behavior, condition, or circumstance exists as a dominant matter that must be dealt with.
3. Clearly observable: Present danger family behaviors, conditions, or circumstances are totally transparent. You see and experience them. There is no guesswork. Rule of thumb is: if you have to interpret what is happening it is likely not present danger.

If, after consultation with a supervisor, all three present danger criteria are met, a Protective action plan is required.

Note: If you have to interpret the family condition, it is probably not present danger. A present danger safety threat will be obvious to even a lay-observer.

Please refer to the Chapter 2 section on developing a protective action plan

Please refer to appendix # 2.2, Present Danger Threats, and appendix # 2.3, Present Danger Assessment.

## B. Impending danger safety threats

As defined in OAR 413-015-0115, impending danger safety threat means a family behavior, condition, or circumstance that meets all five safety threshold criteria. A threat to a child that is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.

Impending danger is a state of danger in which family behaviors, conditions, attitudes, motives, emotions and/or circumstances are out of control. While the danger may not be currently active, it can be anticipated to cause severe harm to a child at any time.

Impending danger safety threats often are not obvious. They may not be occurring at the onset of CPS intervention or in a present context, but may be identified and understood more fully upon a comprehensive assessment and evaluation of individual and family functioning. Without safety intervention, impending danger safety threats could reasonably lead to severe harm.

When evaluating impending danger safety threats it is important to remember:

- During the assessment process, family members are often reluctant to reveal their true selves, or to disclose what is happening within the family.
- If something is not happening in front of the CPS worker, such as a present danger safety threat, it will take time and effort to understand individual and family dynamics.
- By conducting a thorough CPS assessment, impending danger safety threats can be exposed and understood.

Impending danger safety threats are delineated into 16 categories. During the assessment, the CPS worker identifies whether one or more, or none, of these threats exist within the family.

If there is an impending danger safety threat, the CPS worker develops an initial safety plan. Please refer to the Chapter II section on developing an initial safety plan

The following are Oregon's 16 impending danger safety threats:

### 1. **The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that ensure child safety.**

Examples include but are not limited to:

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable and unavailable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.

- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.
- Parent/caregiver is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child, and the parent/caregiver is present or approves.
- Child has been abandoned or left with someone who does not know the parent/caregiver.
- Parent/caregiver has left the child with someone and not returned as planned.
- Parent/caregiver did not express plans to return or the parent/caregiver has been gone longer than expected or beyond what normally would be acceptable.
- No one knows the parent's/caregiver's identity.
- Parents'/caregivers' unexplained absence exceeds a few days.

**2. One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.**

Examples include but are not limited to:

- Violence includes hitting, beating or physically assaulting a child, spouse or other family member.
- Violence includes acting dangerously toward a child or others, including throwing things, brandishing weapons, aggressively intimidating and terrorizing. This includes making believable threats of homicide or suicide.
- Family violence involves physical and verbal assault on a parent, caregiver or member of the child's household in the presence of a child; the child witnesses the activity; and the child demonstrates an observable, significant effect.
- Family violence occurs and a child has been assaulted or attempted to intervene.
- Family violence occurs and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug labs, gangs, drive-by shootings).
- Due to the batterer's controlling behavior, the child's basic needs are unmet.

**3. One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.**

Examples include but are not limited to:

- Parent/caregiver is unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- A substance abuse problem renders the parents/primary caregiver's incapable of routinely/consistently attending to the children's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable parent or caregiver).
- Parent/caregiver spends money impulsively, resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot or will not control sexual offending behavior.
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

#### **4. Parents' or caregivers' perceptions of a child are extremely negative.**

Examples include but are not limited to:

- Child is perceived to be evil, demon-possessed, deformed or deficient.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile toward, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child; or perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

#### **5. A family situation or behavior is such that the family does not have or use resources necessary to ensure a child's safety.**

Examples include but are not limited to:

- Family has insufficient food, clothing or shelter, affecting child safety.
- Family finances are insufficient to support needs (e.g., medical care) that, if unmet, are

likely to result in severe harm.

- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support, thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

**6. One or both parents' or caregivers' attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.**

Examples include but are not limited to:

- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parents/caregivers threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out of control.
- Parents/caregivers are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

**7. One or both parents' or caregivers' attitudes or emotions are such that they intend(ed) to seriously hurt the child.**

Examples include but are not limited to:

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument reasonably can be assumed to heighten the level of pain or injury (e.g., cigarette burns) and there is no remorse.
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the

result would be prior to the incident and there is no remorse.

- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to ensure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrongdoing, and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified; may express that the child deserved it and they intended to hurt the child.

**8. A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills and motivation necessary to ensure a child's safety.**

Examples include but are not limited to:

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity, thereby placing the child in unsafe situations.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children's needs, thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

**9. Parents' or caregivers' attitudes and behavior result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication the caregivers will flee.**

Examples include but are not limited to:

- Parents/caregivers avoid talking with CPS, or refuse to allow CPS access to the home.
- Parents/caregivers manipulate in order to avoid any contact with CPS, make excuses for not participating, miss appointments, and go through various means and methods to avoid CPS involvement and any access to a child.
- Parents/caregivers avoid allowing CPS to see or speak with a child; do not inform CPS where the child is located.
- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, extended family).
- Parent/caregiver is evasive, manipulative, suspicious.
- There is precedence for avoidance and flight.
- There are or will be civil or criminal complications the family wants to avoid.
- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

**10. Parents' or caregivers' attitude, behavior or perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.**

Examples include but are not limited to:

- Child has a physical or mental condition that, if untreated, would result in severe harm.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to obtain treatment for the child who threatens suicide, attempts suicide or appears to be having suicidal thoughts.
- Child is so withdrawn that basic needs are not being met.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

**11. The family situation is such that living arrangements seriously endanger the child's physical health.**

Examples include but are not limited to:

- The family home is being used for methamphetamine production; products and materials

used in the production of methamphetamine are being stored and are accessible within the home.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.
- People abusing substances, high and under the influence of substances (particularly those that can result in violent, sexual or aggressive behavior) are routinely in the home, party in the home or have frequent access to the home while under the influence.
- People are frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.

**12. The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.**

Examples include but are not limited to:

- Child has severe injuries.
- Child has multiple/different kinds of injuries (e.g., burns and bruises).
- Child has injuries to head or face.
- Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out-of-control reactions (e.g., serious bruising across a child's back as if beaten in an out-of-control disciplinary act).
- Injuries appear associated with the use of an instrument which exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil).
- Child has physical symptoms from abuse or neglect that require immediate medical treatment.
- Child has physical symptoms from abuse or neglect that require continual medical treatment.
- Child appears to be suffering from Failure to Thrive.
- Child is malnourished.

**13. The situation is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in caregivers or self-destructive behavior.**

Examples include but are not limited to:

- Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts.
- Child's emotional state is such that immediate mental health/medical care is needed.
- Child is capable of and likely to self-mutilate.
- Child is so withdrawn that basic needs are not being met.

**14. The situation is such that a child is fearful of the home situation or people within the home.**

Examples include but are not limited to:

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people or circumstances associated with reported incidents.
- Child describes personal threats that seem reasonable and believable.

**15. Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child's injuries or threatening family conditions.**

Examples include but are not limited to:

- Parents/caregivers acknowledge the presence of injuries and/or conditions, but say they do not know how they occurred.
- Parents/caregivers express concern for the child's condition, but are unable to explain it.
- Parents/caregivers appear to be totally competent and appropriate with the exception of 1) the physical or sexual abuse, 2) the lack of an explanation or 3) an explanation that makes no sense.
- Parents/caregivers accept the presence of injuries and conditions, but do not explain them or seem concerned.
- Sexual abuse has occurred in which 1) the child discloses; 2) family circumstances, including opportunity, may or may not be consistent with sexual abuse; and 3) the parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- "Battered Child Syndrome" case circumstances are present and the parents/primary caregivers appear to be competent, but the child's symptoms do not match the parents'/primary caregivers' appearance, and there is no explanation for the child's symptoms.
- Parents'/caregivers' explanations are not plausible.
- Facts observed by Child Welfare staff and/or supported by other professionals that relate

to the incident, injury and/or conditions contradict the parents'/primary caregivers' explanations.

- History and circumstantial information are incongruent with the parents'/primary care-givers' explanation of the injuries and conditions.

**16. One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights.**

Please refer to appendix #2.4, The Oregon Safety Threat Guide

## 6. Identify How the Impending Danger Safety Threat is Occurring

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As outlined in OAR 413-015-0428, when the CPS worker determines an impending danger safety threat is present, the CPS worker must identify how the impending danger safety threat is occurring in the family to determine the necessary level of safety intervention required to assure child safety. The CPS worker must use the information gathered to determine:

1. The length of time the family behaviors, conditions, or circumstances have posed a threat to child safety;
2. The frequency with which the family behaviors, conditions, or circumstances pose a threat to child safety;
3. The predictability of the family behaviors, conditions, or circumstances that pose a threat to child safety;
4. Specific times (during the day or week), if any, that require special attention due to the way the family behaviors, conditions, or circumstances are occurring;
5. Identified individual or family behaviors, conditions, or circumstances that prevent a parent or caregiver from adequately functioning in their primary parenting role; and
6. Anything else that is associated with, occurs at the same time as, or influences the family behaviors, conditions, or circumstances that pose a threat to child safety.

The CPS worker must document how each impending danger safety threat is occurring in OR-Kids.

### Procedure

After all the necessary information is gathered for the CPS assessment, the CPS worker must analyze the safety-related information. The purpose is to fully and accurately understand and explain how impending danger safety threats are occurring in the family and to determine the

necessary level of ongoing intrusion and ongoing safety intervention required, if any, to ensure child safety.

- If a child is determined to be unsafe, the CPS worker must analyze the information by describing the six areas above.
- Further analysis could include the CPS worker asking the following questions to aid in the comprehensive understanding of the safety threats in a family.
  1. Was a protective action plan or initial safety plan taken? What has been the family's response to this protective action plan?
  2. What is currently known about the parent or caregiver's history? Are there clues that suggest further information about the past will help explain the parent or caregiver's current functioning?
  3. What is known about the family's social support network? Who else is supporting the family and who will be available on an ongoing basis for the family to rely on?
  4. Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
  5. Have problems been identified which may need further examination or evaluation (e.g., drug or alcohol problems, psychiatric or psychological problems, and health needs)?
  6. What further information about the family will help provide an understanding of how the impending danger safety threats are operating and protective factors related to the potential of continued child abuse and neglect?

It must be clear how impending danger safety threats are manifested and operating in the family before a determination can be made regarding the type of ongoing safety plan that is required (either in-home or out-of-home or a combination of both). Understanding how impending danger safety threats are occurring happens when the CPS worker is familiar with information that explains the threat, related family conditions and accompanying influences.

# CPS Assessment Procedures

## 1. Overview

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The Oregon Safety Model clearly outlines the duties of Child Welfare workers to ensure child — or, if applicable, young adult — safety through the life of the case. The CPS assessment is crucial to identifying present danger safety threats and impending danger safety threats and assuring child safety through protective action plans, initial safety plans, or ongoing safety plans. The CPS assessment is more than simply fact-finding. It also includes establishing rapport with family members and engaging them in the safety intervention process. Child safety is the primary focus of any CPS assessment, and effective family engagement enhances the quality of the CPS assessment.

All CPS assessments have many of the same components, which include:

- Making initial contact within the assigned response timeline
- Making face-to-face contact with the alleged victim, his or her siblings, his or her parent or caregiver, other children and adults living in the home, and the alleged perpetrator
- Accessing and viewing the home environment
- Gathering safety-related information through interviews and observations
- Determining if there is a present danger safety threat
- Determining if there is an impending danger safety threat by applying the safety threshold criteria
- Developing a protective action plan when a child is determined to be unsafe due to a present danger safety threat
- Developing an initial safety plan when a child is determined to be unsafe due to an impending danger safety threat
- Developing an ongoing safety plan when a child is determined to be unsafe from an impending danger safety threat at the conclusion of a protective action plan or the conclusion of the CPS assessment
- Determining whether the initial safety plan or ongoing safety plan is the least intrusive plan sufficient to manage child safety by identifying how the safety threat is occurring and applying the in-home safety plan criteria
- Developing conditions for return when an out-of-home ongoing safety plan is established
- Determining whether a family has moderate to high needs when a child is determined to be safe
- Offering and, if a family accepts and services are available, referring a family with moderate to high needs to relevant community services
- Determining if there is a reasonable cause to believe that abuse occurred

**Note:** A CPS assessment must be completed by a Department employee whose current position is a CPS worker, a CPS supervisor, or who meets the definition of CPS worker. The definitions for CPS supervisor and CPS worker as defined in OAR 413-015-0115 are:

- “Child protective services supervisor” (CPS supervisor) means an employee of the Department trained in child protective services and designated as a supervisor.
- “Child protective services worker” (CPS worker) means an employee of the Department who has completed the mandatory Department training for child protective service workers.

**Please see “Special Considerations for CPS Assessment” for specific information on the following:**

- Referrals on an open case
- Completing CPS interviews at public or private schools
- CPS assessment when there is a child fatality
- Determination of ICWA status
- Determination of refugee status
- Arranging for an interpreter or translation
- Cultural considerations
- Taking photographs during the CPS assessment
- Obtaining medical examinations during the CPS assessment
- Obtaining psychological and psychiatric evaluations during the CPS assessment
- Determining when medical assessments, dental assessments and mental health assessments need to be completed for children in substitute care
- Children with special needs and the CPS assessment
- Substance use and misuse
- Domestic violence

## 8. Comprehensive Assessment

After completing initial contacts and ensuring the child's immediate safety, if necessary, through protective action plan, or initial safety plan, the CPS worker must complete the CPS comprehensive assessment.

### Procedure

- The CPS worker should consult other providers when there is a specific client condition or behavior that requires additional professional assessment. For example:
  1. The child exhibits undiagnosed physical health concerns or the child's behaviors or emotions do not appear to be age-appropriate (e.g., hyperactivity, excessive sadness and withdrawal, chronic nightmares, bed wetting, or aggressive behavior at home or at school).
  2. The parent exhibits behaviors or emotions that do not appear to be controlled, such as violent outbursts, extreme lethargy, depression or frequent mood swings.
  3. The child or parent has a chemical dependency.
- In this context, other sources may include:
  1. **Medical personnel** may be involved in assessing and responding to the medical needs of a child or parent and possibly in documenting the nature and extent of abuse.
  2. **Mental health personnel** may be involved in assessing the effects of any alleged abuse and in helping determine the validity of specific allegations. They also may be involved in evaluating the parent or caregiver's mental health status and its effect on the safety of the child.
  3. **Alcohol and other drug specialists** may be involved in evaluating parental or caregiver substance abuse and its impact on the safety of the child.
  4. **Domestic violence experts** may be asked to assist in examining the safety of the child in cases where partner abuse and child abuse co-exist. These professionals also may be involved in the safety planning process.
  5. **Multidisciplinary teams** may be used to help CPS analyze the information related to the substantiation of child abuse and the assessment of risk and safety.
  6. **Designated Medical Professional (DMP)** must be consulted per ORS 419B.022-024. In cases where there is suspicion that injuries are caused by abuse, they must be addressed in the coordinated comprehensive way required by Karly's Law.
  7. **Local or Regional CAICs (Child Advocacy and Intervention Centers)** are frequently used by workers and law enforcement to conduct forensic interviews of children who are suspected victims of abuse. Often medical evaluations

are conducted as well, and critical information is gathered during the evaluation processes.

- If the assessment identifies the need for specific evaluation, the referral should specify the following:
  1. The reason for referral, including specific areas for assessment as they relate to the identified present danger safety threats or impending danger safety threats.
  2. The parents' knowledge regarding the referral and their response.
  3. The timeframe in which the evaluation must occur and when the agency will need a report back from the provider.
  4. The purpose and objectives of the evaluation (e.g., the parents' level of alcohol use and its effects on their ability to parent).
  5. The specific questions the CPS worker wants answered to assist in decision-making.
- Another source of information is the LEDS information on the alleged perpetrator, as well as adults living in and frequenting the home. If the individuals were provided with notice (LEDS notice, DHS 9004), the CPS worker may request a LEDS check. This information should be considered when:
  1. Assessing child safety, and
  2. Determining whether behavior revealed by criminal history is inconsistent with providing care or having access to children.
- If a CPS worker identifies abuse in the course of conducting a CPS assessment, it is reasonable to address the new abuse in the open assessment, if:
  - This occurs within 60 days of the original report;
  - Involves the same or similar circumstances as in the original report;
  - Involves perpetrators and victims who live in the household currently being assessed; *and*
  - The new abuse or new abuse details are not believed to be a crime.

When addressing an allegation of abuse identified after the initial contact, ensure the new abuse is assessed in the same manner all reports are required to be addressed in a comprehensive CPS assessment. When all of the criteria above are not met, the CPS worker must report the new allegation to a screener. Even when all the criteria are met, if the CPS worker or supervisor believe the new abuse requires a screening report, a report to a screener should be made.

## 9. Determine the Disposition of the CPS Assessment

As outlined in OAR 413-015-0440:

- After gathering all of the information necessary to complete the CPS Assessment, the CPS worker must determine the disposition.
- Requirement to Determine Disposition of the CPS Assessment: The CPS worker must determine if there is reasonable cause to believe that abuse occurred and explain the basis for that determination. The requirements for determining dispositions are described in OAR 413-015-1000, “The CPS Assessment Dispositions.”
- Documentation: The CPS worker must document that determination and explain the basis for the determination in the disposition narrative section of OR-Kids prior to completing the CPS Assessment.

### Procedure

The CPS worker must base the determination for a disposition on state laws, administrative rule, and the information gathered. The standard for determining CPS assessment dispositions is reasonable cause to believe, and the possible determinations are:

1. “Founded,” which means “substantiated,” which means there is reasonable cause to believe the abuse occurred.
2. “Unfounded,” which means “unsubstantiated,” which means there is no evidence the abuse occurred.
3. “Unable to determine,” which means “inconclusive,” which means there is some indication the abuse occurred, but there is insufficient evidence to conclude that there is reasonable cause to believe that abuse occurred. The “unable to determine” disposition may be used only in the following circumstances:
  - After extensive efforts have been made, the CPS worker is unable to locate the family; or
  - After completing an assessment that complies with the Department’s rules, one of the following applies:
    - (i) The alleged victim is unable or unwilling to provide consistent information, and there is insufficient information to support a founded/substantiated or unfounded/unsubstantiated determination.
    - (ii) There is conflicting or inconsistent information from collateral contacts or family, and there is insufficient information to support a founded/substantiated or unfounded/unsubstantiated determination.

For the purpose of determining CPS assessment dispositions:

- Definitions of abuse as defined in OAR 413-015-1010 (1) apply to all allegations of abuse of a child.
- Definitions of abuse as defined in OAR 413-015-1010 (1) and (2) both apply when determining the CPS assessment disposition of a child living in a home certified by the Department or ODDS unless the home is the child's family home where the child lives with his or her parent or caregiver, in which case, only OAR 413-015-1010 (1) applies.
- When determining the disposition of a young adult living in a home certified by Child Welfare or ODDS, only the definition of abuse as defined in OAR 413-015-1010 (2) applies unless the home is the young adult's family home where the *young adult* lives with their parent or caregiver, in which case, no CPS assessment disposition is determined.
- Abuse does not include reasonable discipline unless the discipline results in one of the conditions described in OAR 413-015-1010 (1) and (2).

**Abuse of a *child*, for the purpose of determining the CPS assessment disposition, includes, among others, the following behavior, conditions, and circumstances:**

- Abandonment, including parental behavior showing an intent to permanently give up all rights and claims to the child.
- Child selling, including the selling of a child that consists of buying, selling, bartering, trading, or offering to buy or sell the legal or physical custody of a child.
- Mental injury (psychological maltreatment), including cruel or unconscionable acts or statements made, threatened to be made, or permitted to be made by the parent or caregiver that has a direct effect on the child. The parent or caregiver's behavior, intentional or unintentional, must be related to the observable and substantial impairment of the child's psychological, cognitive, emotional, or social wellbeing and functioning.
- Neglect, including failure, through action or omission, to provide and maintain adequate food, clothing, shelter, medical care, supervision, protection, or nurturing. Chronic neglect is a persistent pattern of family functioning in which the parent or caregiver does not sustain or meet the basic needs of a child, resulting in an accumulation of harm that can have long-term effects on the child's overall physical, mental, or emotional development. Neglect includes each of the following:

- Physical neglect, which includes each of the following:
  - Failing to provide for the child's basic physical needs, including adequate shelter, food, and clothing.
  - Permitting a child to enter or remain in or upon premises where methamphetamines are being manufactured.
  - Unlawful exposure of a child to a substance that subjects a child to severe harm to the child's health or safety. When the CPS worker is making a determination of physical neglect based on severe harm to the child's health due to unlawful exposure to a substance, this determination must be consistent with medical findings.
- Medical neglect is a refusal or failure to seek, obtain, or maintain necessary medical, dental, or mental health care. Medical neglect includes withholding medically indicated treatment from infants who have disabilities and life-threatening conditions. However, failure to provide the child with immunizations or routine well-child care alone does not constitute medical neglect. When the CPS worker is making a determination of medical neglect, this determination must be consistent with medical findings.
- Lack of supervision and protection, including failure to provide supervision and protection appropriate to the child's age, mental ability, and physical condition.
- Desertion, which includes the parent or caregiver leaving the child with another person and failing to reclaim the child, or parent or caregiver failure to provide information about his or her whereabouts, providing false information about his or her whereabouts, or failing to establish a legal guardian or custodian for the child.
- Psychological neglect, which includes serious inattention to the child's need for affection, support, nurturing, or emotional development. The parent or caregiver behavior must be related to the observable and severe harm of the child's psychological, cognitive, emotional, or social wellbeing and functioning.

Physical abuse, including an injury to a child that is inflicted or allowed to be inflicted by non-accidental means that results in harm. Physical abuse may include injury that could not reasonably be the result of the explanation given. Physical abuse may also include injury that is a result of discipline or punishment. Examples of injuries that may result from physical abuse include:

- Head injuries
- Bruises, cuts, lacerations
- Internal injuries
- Burns or scalds
- Injuries to bone, muscle, cartilage, and ligaments
- Poisoning
- Electrical shock
- Death

Sexual abuse, which includes:

- A person's use or attempted use of a child for the person's own sexual gratification, the sexual gratification of another person, or the sexual gratification of the child. Sexual abuse includes incest, rape, sodomy, sexual penetration, fondling, and voyeurism.
- Sexual exploitation, including the use of a child in a sexually explicit way for personal gain; for example, to make money, in exchange for food stamps or drugs, or to gain status. Sexual exploitation also includes using children in prostitution or using children to create pornography.
- Sex trafficking: "Sex trafficking" is defined in rule and means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, or obtaining of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.

Threat of harm, including all activities, conditions, and circumstances that place the child at threat of *severe harm* of physical abuse, sexual abuse, neglect, mental injury, or other child abuse or neglect.

**Abuse of a *child* or *young adult* when the child or young adult lives in a home certified**

**by Child Welfare or ODDS includes, among others, the following behavior, conditions, and circumstances, unless the home is the child or young adult's family home where the child or young adult lives with their parent or caregiver:**

- Abandonment, including desertion or willful forsaking of a *child* or *young adult*, or the withdrawal or neglect of duties and obligations owed a *child* or *young adult* by a home certified by the Department or ODDS, a caregiver or other person.

\*Tip box\*

Considerations related to abandonment:

- Only a person in a caregiving role can abandon a child or young adult.
- Abandonment is leaving the child or young adult with no plan to resume care.
- Abandonment is a very specific act.
- When considering abandonment as an abuse type, also consider neglect.
- Does abandonment include when a foster parent drops a child in care at the DHS office, without notice and states that they are unable to care for the child any longer? Generally, no. Consider how the drop off looks. What was the responsibility of the state agency?
- An example of abandonment includes a foster parent dropping a child off at some person's home and never returning as he or she moves from Oregon without notifying the caseworker, certifier or the person.
- If a child is missing, and a provider fails to make any efforts to look for or report a missing child, this is not abandonment but should be considered under neglect.

\*End tip box\*

**Financial exploitation.**

- Financial exploitation includes:
  - Wrongfully taking the assets, funds, or property belonging to or intended for the use of a *child* or *young adult*.
  - Alarming a *child* or *young adult* by conveying a threat to wrongfully take or appropriate moneys or property of the *child* or *young adult* if the child would reasonably believe that the threat conveyed would be carried out.
  - Misappropriating, misusing or transferring without authorization any moneys from any account held jointly or singly by a *child* or *young adult*.
  - Failing to use the income or assets of a *child* or *young adult* effectively for the support and maintenance of the *child* or *young adult*.

Note: Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of, privileges.

**\*Tip box\***

Considerations related to financial exploitation:

- Property of the child or young adult refers to items brought into the home by the child or young adult and those items purchased for that child or young adult (clothes, phone, hairbrush, books, toiletries, etc.).
- Wrongfully means unjust or illegal.
- How a caregiver should use the assets, funds or property of a child or young adult is outlined in certification standards. The certifier should be consulted if there are questions about certification standards.
- To alarm in this context is to communicate directly or indirectly intent to use a child's or young adult's money or property in a manner that is unjust or illegal and that results in the child or young adult being intimidated or fearful.
- Authorization refers to permission being granted by the child's or young adult's parent or guardian. For a child or young adult receiving ODDS services, permission may be granted by the child's or young adult's Individual Service Plan team.
- Monies paid to the caregiver for the care and support of the child or young adult must be used for this purpose.
- Monies and assets of the child or young adult are not to be used for the caregiver's personal gain.
- The expectation is that monies are spent and assets utilized in a manner consistent with the standards, rules and regulations applicable to the caregiver. The certifier should be consulted if there are questions about certification standards.

- Developmentally or age appropriate withholding of, or threats to withhold, money or belongings is not abuse. Appropriate withholding of property assumes the caregiver does not damage or otherwise intentionally change the condition of the property.
- Taking a child's or young adult's phone away and restricting access to electronics are both examples of temporary suspension of privileges that can be very reasonable discipline. However, the child's or young adult's age, development and behavior must be considered when evaluating the reasonableness.
- An example of financial exploitation would include when a child does not have clothing that fits despite the foster parent having been given a clothing voucher. The foster parent used the voucher to buy clothes for their own child's or their own use.

\*Tip box end\*

Involuntary seclusion: Involuntary seclusion means confinement of a *child* or *young adult* alone in a room from which the *child* or *young adult* is physically prevented from leaving.

- Involuntary seclusion includes:
  - Involuntary seclusion of a *child* or *young adult* for the convenience of a *child-caring agency, proctor foster home, ODDS licensed group home, a home certified by the Department or ODDS or a caregiver;*
  - Involuntary seclusion of a *child* or *young adult* to discipline the *child* or *young adult*;

Note: Involuntary seclusion does not include age-appropriate discipline, including but not limited to a time-out.

\*Tip box\*

Considerations related to involuntary seclusion include:

- Involuntary seclusion includes locking a child or young adult in a room or area inside or outside the residence.
- Depending on the child's or young adult's age or development, a shut door in the absence of a lock may still prevent the child or young adult from leaving.
- There are many ways, besides a lock or a closed door, to prevent a child or young adult from leaving a space that could also be considered involuntary seclusion.
- Use of a baby gate to prevent or protect a child from accessing unsafe or unmonitored areas (like stairs that are around a corner) is not seclusion. Proper use of a baby gate would include the caregiver hearing and seeing a child.
- Therapeutic use of a seclusion or isolation room is not automatically involuntary seclusion but the intent/justification needs to be considered.
- The reasonableness of any discipline method must consider the child's or young adult's age, development, and behavior.
- When considering involuntary seclusion as an abuse type, also consider neglect.

\*Tip box end\*

- Neglect, which includes:
  - Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a *child* or *young adult*; or
  - The failure of a *child-caring agency, proctor foster home, ODDS licensed group home, a home certified by the Department or ODDS, a caregiver or other person* to make a reasonable effort to protect a *child* or *young adult* from *abuse*.

**\*Tip box\***

Considerations related to neglect:

- One or more missed appointments would rarely be considered neglect.
- Were the appointments (or other failure) critical to maintaining the physical and mental health of the child or young adult? What was the appointment for, and what were the consequences for the child or young adult as a direct result of missing the appointment? Also, why was the appointment missed? Finally, as the legal guardian, what was the caseworker's responsibility in getting the child or young adult to the appointment?
- This failure may include a failure to report suspected abuse of a child or young adult. Consider whether the failure did or was likely to result in additional abuse.
- What was the impact or likely impact to the child or young adult as a result of the caregiver's action or inaction?
- This failure also may include not providing the level of supervision necessary for a child or young adult which requires considering the age, development, behaviors and emotional state of a child or young adult.
- What did the case plan, treatment plan, and/or supervision plan entail, and was the caregiver involved in the creation of the plan or was the caregiver instructed about those plans and expectations?
- It is important to understand the high-risk behaviors of a child or young adult (for example, sexual offending, drug use, or gang affiliation) and how they may place another child or young adult at risk to ensure adequate supervision and protection. Adequate supervision and protection of children or young adults who have sexually offended is critical for the safety of all the children and young adults in care, including the offending child or young adult.

**\*Tip box end\***

- Physical abuse, which includes:
  - Any physical injury to a child or young adult caused by other than accidental means or that appears to conflict with the explanation given of the injury
  - Willful infliction of physical pain or injury upon a child or young adult.

**\*Tip box\***

Considerations related to physical abuse includes:

- The injury does not have to be visible.
- The purpose of the act is deliberate and for the intent to cause pain.
- A caregiver may cause pain, but was it the purpose of the act or a secondary consequence of the act? An example could be administering a shot to a diabetic child; the shot caused pain, but the intent was to give medication.
- Did the caregiver use physical means to manage the child's or young adult's behavior?
- Did the caregiver intend to cause an injury or intend to cause pain? Even if the caregiver does not acknowledge intent, is it reasonably assumed the behavior of the caregiver would result in injury or pain?
- Did the caregiver have a reasonable reaction or startled response to something surprising that unintentionally results in injury or pain to the child or young adult?
- When a caregiver's actions are consistent with intent to protect the child, young adult, or someone else or even for their own protection, it may not be willful infliction of pain.
- When considering disposition related to an injury that conflicts with the explanation provided, consider whether the injury was likely to have been intentionally inflicted.

**\*Tip box end\***

Sexual abuse, which includes:

- (A) A person's use or attempted use of a child or young adult for the person's own sexual gratification, the sexual gratification of another person, or the sexual gratification of the child or young adult. Sexual abuse includes incest, rape, sodomy, sexual penetration, fondling, and voyeurism.
- (B) Sexual exploitation, including the use of a child or young adult in a sexually explicit way for personal gain; for example, to make money, in exchange for food stamps or drugs, or to gain status. Sexual exploitation also includes using children or young adults in prostitution or using children or young adults to create pornography.
- (C) Sex trafficking: "Sex trafficking" is defined in rule and means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, or obtaining of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.

Verbal abuse:

- (A) Verbal abuse includes threatening severe harm, either physical or emotional, to a *child* or *young adult* through the use of:
  - (i) Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or
  - (ii) Harassment, coercion, threats, compelling or deterring conduct by threats, humiliation, mental cruelty, or inappropriate sexual comments.
- (B) Verbal abuse does not include age-appropriate discipline that may involve the threat to withhold privileges.

**\*Tip box\***

Considerations related to verbal abuse includes:

- All threats that constitute verbal abuse, regardless of use of profanity and insults, must threaten severe physical or emotional harm (refer to the definition of severe harm.)
- What was the context? If joking, while it may be inappropriate, if the child or young adult received it as a joke, it is not a threat.
- Did the child or young adult experience the words as threatening?
- Did the child or young adult experience anguish, distress, or fear?
- When considering verbal abuse as an abuse type, also consider mental injury and neglect.

**\*Tip box end\***

Wrongful use of a physical or chemical restraint of a *child or young adult*, excluding an act of restraint prescribed by a physician licensed under [ORS chapter 677](#) and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

- (A) "Physical restraint" means the act of restricting a *child or young adult*'s voluntary movement as an emergency measure in order to manage and protect the *child or young adult* or others from injury when no alternate actions are sufficient to manage the *child or young adult*'s behavior. "Physical restraint" does not include temporarily holding a *child or young adult* to assist him or her or assure his or her safety, such as preventing a *child or young adult* from running onto a busy street.
- (B) "Chemical restraint" means the administration of medication for the management of uncontrolled behavior. "Chemical restraint" is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders.

**\*Tip box\***

Considerations related to physical restraint include:

- Only a caregiver who has been trained to use a physical restraint should be doing so, per the rules, contracts and regulations.
- Despite the expectation that only caregivers trained in use of a physical restraint are to do so, someone untrained in physical restraint may be in a position where he or she puts hands on a child or young adult to restrain them. When this occurs, it may be reasonable if the child or young adult or others were believed to be at imminent risk of harm.
- When a physician has prescribed the restraint, the behavior that was prescribed is not abuse. Follow up with the physician if the prescribed behavior is inappropriate.
- Did the method for restraining the child or young adult demonstrate good judgment, and was it safely implemented?
- Was a non-physical intervention considered? Did the caregiver consider contacting police or taking other measures to diffuse the situation?
- What was the justification for using a restraint? What was the behavior that necessitated the restraint? What was the potential outcome if the restraint did not occur?

- If the child or young adult is receiving services from ODDS and has a positive behavior support plan, that plan should be reviewed and considered.

\*Tip box end\*

\*Tip box\*

Considerations related to chemical restraint include:

- A caregiver may not use chemicals or substances to manage or control a child's or young adult's behavior in the absence of a doctor's direction.
- What was the reason for the medication to be administered? The reason for the medication to be provided should not be for the benefit of the caregiver.
- Would giving a child or young adult a Benadryl (not for a cold or with doctor's instructions) to make them drowsy so they calm down, be a "wrongful" use of a chemical restraint? Yes.
- Giving a child or young adult a Tylenol to treat a headache is not using a chemical restraint as it is not used to manage uncontrolled behavior.

\*Tip box end\*

**Note:** When making the disposition decision, it is important to answer the question, "Is there sufficient information and documentation to support this being abuse?" Even in those referrals lacking reasonable cause to believe abuse occurred (unfounded/unsubstantiated or unable to determine/inconclusive dispositions), documenting information is important, as the content of the reports eventually may show a pattern of abuse.

It is important to state the specific type of abuse, the relationship and name of the perpetrator and victim, as well as the dispositional finding itself. You then must explain how you came to the conclusion you did, providing as much detail as possible. It is important to include interviews with children, alleged perpetrator, and or non-offending parent, police report information, and advocacy center reports when appropriate. This type of detail is needed on all dispositional findings. For example:

- In determining whether neglect has occurred directly related to lack of supervision, the following issues should be considered:
  - The child's physical condition and mental abilities, coping capacity, maturity, competence, knowledge regarding how to respond to an emergency, and feelings about being alone.
  - Type and degree of indirect adult supervision. For example, is there an adult who is checking in on the child?
  - The length of time and frequency with which the child is left alone. Is the child being left alone all day, every day? Is he or she left alone all night?
  - The safety of the child's environment. For example, the safety of the neighborhood, access to a telephone, and safety of the home.

Once you have considered the above issues, you should document the consideration of those issues and how that lead to your finding.

Similar documentation should occur on each allegation type.

**Special note on Threat of Harm cases:** It is important to document the potential impact to the child's physical, sexual, psychological, cognitive or behavioral state and show how the perpetrator's past circumstances can be tied to a current threat of harm. It is not enough to say: prior founded/substantiated for sexual abuse, therefore it is founded/substantiated for Threat of Harm. You need to document how the consideration of the circumstances surrounding the perpetrator's past sex abuse places the current children at threat of harm.

### Documentation

The CPS worker must document the disposition and explain the basis for the disposition in the disposition narrative section of the assessment prior to completion. The documentation must be detailed and specific to the conditions and circumstances that resulted in the dispositional finding.

When documenting the type of abuse, the CPS worker must specify which definition of abuse applies.

## 10. Early Intervention Referrals

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As outlined in OAR 413-015-0440 When a disposition is founded for child abuse or neglect, the CPS worker must refer all victims age three and under to Early Intervention. In completing the referral, the CPS worker must use the “CPS Early Intervention Referral Form” (CF 0323) when a release of information is not signed.

### **Procedure**

Best practice is for the CPS worker to obtain a release of information. A release is NOT necessary if the referral form is used.

## 11. Make Child Safety Decision and Determine Whether to Open a Case

As outlined in OAR 413-015-9040, after all the necessary information is gathered for the CPS assessment and the disposition has been determined, the CPS worker must determine if the child is safe or unsafe at the conclusion of the CPS assessment. To make a child safety decision at the conclusion of a CPS assessment, the CPS worker must again determine if an impending danger safety threat is present as outlined in OAR 413-015-0425, “Determine if there is a Present Danger Safety Threat or Impending Danger Safety Threat.”

- When at the conclusion of the CPS assessment the CPS worker determines one or more impending danger safety threats are present, including a previously identified impending danger safety threat that has not been eliminated, the CPS worker must conclude the child is unsafe. When the CPS worker concludes the child is unsafe at the conclusion of the CPS assessment, the CPS worker must:
  - Determine how the impending danger safety threat is occurring to support the development of an ongoing safety plan as outlined in OAR 413-015-0428, “Identify How the Impending Danger Safety Threat is Occurring”;
  - Develop an ongoing safety plan as outlined in OAR 413-015-0450, “Develop Safety Plans”;
  - Complete the CPS assessment; and
  - Open a case.
- When at the conclusion of the CPS assessment the CPS worker determines no present danger safety threats or impending danger safety threats are present and any identified previously have been eliminated, the CPS worker must conclude the child is safe. When the CPS worker concludes the child is safe at the conclusion of the CPS assessment, the CPS worker must:
  - Dismiss the protective action plan or initial safety plan if one is in place; and
  - Determine if the family has moderate to high needs unless completing a CPS assessment involving the home of a Department certified foster parent or relative caregiver.
- When the CPS worker determines the family does not have moderate to high needs the CPS worker must complete and close the CPS assessment.
- When the CPS worker determines the family does have moderate to high needs, the CPS worker must:
  - (i) Offer the family referrals to relevant non-contracted community services as available;
  - (ii) If the family accepts the offer, the CPS worker must refer the family to relevant non-contracted community services as available; and,
  - (iii) Complete and close the CPS assessment
- The CPS worker must document in OR-Kids the child safety decision including:
  - If the child is safe and the assessment will be closed or the child is unsafe and the

- case will be opened; and
- If the child is safe:
  - (i) Whether the family was determined to have moderate to high needs and the basis for the determination;
  - (ii) If applicable, whether the family accepted the offer for relevant non-contracted community service referrals.
- The basis for the determination of whether the child is safe or unsafe.

### **Procedure**

At the conclusion of the assessment the CPS worker will make one of the following child safety decisions based on information gathered:

#### **The child is safe but family has moderate to high needs.**

- When the CPS worker identifies that the child is safe and the family has moderate to high needs, the family will be offered referrals to relevant (services directly related to the needs identified) non-contracted (these are services that DHS does not pay for) as available (if the relevant service is accessible to the family).
- If the family accepts the offer for non-contracted service referrals, make the referrals and assist the family in connecting with the service.
- All cases where the children are safe and the family has moderate to high needs must be closed.

#### **The child is safe and the family does not have moderate to high needs.**

- Please refer to the Chapter II section on moderate to high needs.

#### **The child is unsafe.**

- The CPS worker will develop an ongoing safety plan.

## 12. Determine Moderate to High Needs

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As defined in OAR 413-015-0115 moderate to high needs means observable family behaviors, conditions, or circumstances that are occurring now; and over the next year without intervention, are likely to have a negative impact on a child's physical, sexual, psychological, cognitive, or behavioral development or functioning. The potential negative impact is not judged to be severe. While intervention is not required for the child to be safe, it is reasonable to determine that short term targeted services can reduce or eliminate the likelihood that the negative impact will occur.

### **Procedure**

At the conclusion of the CPS assessment when a CPS worker and CPS supervisor have determined there is no impending danger safety threat, however observable family behaviors, conditions, or circumstances that are occurring now and over the next year without intervention, are likely to have a negative impact on a child's physical, sexual, psychological, cognitive, or behavioral development or functioning and the potential negative impact is not judged to be severe, the family, the CPS worker and supervisor may determine moderate to high needs exist within the family condition.

When it is determined that a family has moderate to high needs, refer to Chapter II section 13, "Make Child Safety Decision and Determine Whether to Open a Case", for next steps.

### **Documentation**

The CPS worker must document the moderate to high needs determination in OR-Kids.

## 13. Child Safety Meeting

A child safety meeting must be used when developing an ongoing safety plan, unless an exception to the meeting is authorized by a supervisor. The purpose of the child safety meeting is to:

- Re-evaluate the protective action or initial safety plan, if one is in place, to determine if it is appropriate and sufficient as an ongoing safety plan;
- Re-confirm all commitments with participants if a protective action or initial safety plan is to become an ongoing safety plan; and
- Discuss how the ongoing safety plan is the least intrusive means that can effectively manage how impending danger safety threats are occurring within the family. All in-home options must be considered, and the in-home safety plan criteria must be applied before developing an out-of-home ongoing safety plan.

### Procedure

- Schedule a meeting at the end of the CPS assessment process to develop an ongoing safety plan.
- Invite the child's parents, other family members who may contribute to the child's safety, tribal participants if the child is an Indian child, individuals or providers who may provide safety services, and other individuals who can contribute to the child's safety. This may include inviting potential placement resources.
- Before the child safety meeting convenes:
  1. Prepare to share information on why the child is unsafe, what led to the child becoming unsafe, and be able to speak to how the family behaviors, conditions and circumstances resulted in the specific impending danger safety threats identified.
  2. If the child(ren) is placed out of the home, ensure that it is the least intrusive plan to ensure child safety and that the conditions for return are determined and speak to specific criteria for reunification to occur.
  3. Consult with your supervisor about possible options for the ongoing safety plan.
  4. Share with the ongoing worker and/or facilitator information about the identified impending danger safety threats and family history of abuse and, specifically, domestic violence.
- During the meeting:
  1. Request that parents sign releases of information necessary and specific to the meeting.
  2. When prompted by the facilitator, explain the specific purpose of the meeting, what is known about the identified impending danger safety threats, how it has been determined that the child is unsafe, and any protective action taken or initial safety plan put into place during the CPS assessment.
  3. Always be aware that it is ultimately Child Welfare's responsibility to determine the sufficiency of the ongoing safety plan.

4. Provide information on the criteria for the sufficiency of an ongoing safety plan.
  5. Consider the options presented during the meeting.
  6. Work with the facilitator to assist in identifying options when seeking to develop the least intrusive plan able to keep the child safe. If more than one option presents itself that the Department supports, allow for flexibility with those present to participate in planning for the child(ren).
  7. Help everyone present to understand how an ongoing safety plan manages the child's safety and their role in the plan.
  8. Involve the parents/caregivers.
    - a. Parents should be consulted as to which support people they feel should be present.
    - b. The worker should be clear with the parent that the ongoing safety plan will be developed at this meeting, and any concerns or alternatives should be brought to the meeting to be addressed.
    - c. Parents should be included around planning for special events, and cultural considerations should be discussed to ensure minimal disruption to the child(ren)'s life.
  9. When there is disagreement, ask the facilitator for a brief meeting break, consult with the facilitator and the ongoing worker, if present, and have the facilitator reconvene the meeting, reminding participants that Child Welfare is responsible for determining the sufficiency of the ongoing safety plan.
- Once safety decisions have been determined:
    1. Document the ongoing safety plan on the CF 1149 in OR-Kids within five business days.
    2. Confirm commitments from participants, and obtain signatures on the ongoing safety plan (CF1149).
    3. Confirm the ongoing safety plan is the least intrusive intervention possible at this time to ensure child safety.
    4. Obtain the approval of your supervisor.
    5. Request signatures of all participants.
    6. Provide copies of the approved plan to all ongoing safety plan participants.

## 14. Protective Custody

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OAR 413-015-0455 outlines the CPS worker authority and responsibility as it relates to Protective Custody.

- The CPS worker may take a child into emergency protective custody when there is severe harm or threat of severe harm to a child in the present and law enforcement assistance is not available. If there is any resistance or threatened resistance to taking the child into protective custody, which creates a substantial risk of physical injury to any person, the CPS worker may not take the child into custody, but must wait for law enforcement assistance or obtain an order of protective custody from the juvenile court.
  1. The CPS worker must make every effort to identify any medical conditions or special considerations for the child by engaging the parent or caregiver whenever possible.
  2. Please refer to Chapter IV section 2 of the procedure manual for further considerations upon initial placement of a child in substitute care.
- As provided in ORS 419B.171, when taking a child into protective custody without a court order, the person taking the child into custody must promptly file a brief written report with the court called a Protective Custody Report, CF464. A written report is required even if the child is released to a parent or other responsible person prior to a shelter hearing. The written report must be completed and sent to the court the day the child is taken into custody or no later than the morning of the next business day.
- If the child is not released to a parent or other responsible person, but is retained in protective custody, a shelter hearing must be scheduled as required by ORS 419B.183.
- If a child is placed in protective custody, the CPS worker must notify parents, including a non-custodial parent, caregivers and the child's tribe, if applicable, in writing.
- The CPS worker or designee must immediately make diligent efforts to identify legal parents and any putative fathers after a child is taken into protective custody. Information about putative fathers must be recorded on form CF 418, "Father Questionnaire" and filed in the case record.

## 15. Reasonable and Active Efforts

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The Oregon Safety Model uses the comprehensive child safety assessment and the safety planning process to meet the “reasonable efforts” requirement. The reasonable efforts requirement is consistent with ensuring that the least intrusive intervention is used to ensure child safety.

- CPS performs “reasonable efforts” to prevent out-of-home placement. Conducting safety analysis and continuing safety planning requirements ensures that CPS meets the reasonable efforts requirement. The rigorous application of these standards is sufficient to comply with reasonable efforts expectations and requirements and justifies seeking court authority to place a child out of his or her home as part of the ongoing safety plan.
- “Active efforts” are actions required of the state in caring for an Indian child, mandated under the Indian Child Welfare Act (ICWA), see OAR 413-115-0060. While active efforts are undefined in ICWA, they refer to an effort more intense than the legal term “reasonable efforts.” Active efforts applies to providing remedial and rehabilitative services to the family prior to the removal of an Indian child from his or her parent or Indian custodian, and/or an intensive effort to reunify an Indian child with his or her parent or Indian custodian.

Each tribe determines what more intensive, family involved and culturally appropriate actions are indicated for the specific family. While the court makes findings if active efforts were met, this is largely, if not completely, determined by the tribe.

## 16. Identifying Legal Parents

### Procedure

Immediately after a child is taken into protective custody the CPS worker or designee must make diligent efforts to identify legal parents and putative fathers. In taking steps to determine and establish legal paternity, the CPS worker's efforts include:

- Recording information about putative and legal fathers on form CF418, "Father Questionnaire," and filing the form in the case record.
- Notifying the Department of Child Support (DCS) by completing and forwarding form CF5600, "Child Welfare Parentage Testing and Division of Child Support Notification," and/or review related IIS screens.
- Ordering the child's birth certificate to determine if a father is named or if the certificate has been amended.
- If there is a putative father, assisting him in contacting the State Recovery Central Unit in DCS.
- Obtaining copies of marriage certificate or divorce decrees as applicable.
- Determining if DNA testing should be pursued. It may be an option through DCS or using system of care funding.

### Absent parent search

DHS must give parents and guardians with legal standing notice of dependency proceedings that may limit or terminate parental rights. When filing a petition, DHS shall give the parents notice of the child's placement and offered services to determine if they are resources for placement. If parents' whereabouts are unknown, DHS must conduct reasonably diligent searches for them to give them notice of the juvenile court proceedings. A "reasonably or duly diligent search" is a systematic investigation that extends to persons who, in the ordinary course of events, would be likely to receive news of or from the absent parent, and to places where information likely would be obtained. A reasonably diligent search pursues and exhausts all reasonable, not conceivable, avenues of inquiry.

The Oregon Juvenile Court Dependency Procedures prescribes the mechanics of giving parents notice of juvenile court cases by serving them with a summons and the petition. The inquiry must be made in good faith.

An inadequate search can hurt a dependent child if it causes the reversal of a judicial decision or judgment the child and family thought was final and permanent. Good searches enhance stability and certainty in child dependency matters.

While support staff may conduct searches, **it is the responsibility of the caseworker to ensure the completeness of the search.**

### Procedure

The CPS worker must:

- Read the family's child welfare files. Look for existing birth certificates or birth data, names, social security numbers, last known addresses, names of individuals who may have current information (relatives, employers, professionals who have worked with the family).
- Within 30 days of placement, obtain and review birth certificates for children in temporary custody of DHS. When obtained, these documents may include names of previously unknown legal parents, or confirm who may establish paternity.
- Take notes and make a list of all relevant pieces of information, places and people likely to provide information about the parent. Each potential source, linked by place or relationship to the parent, is a reasonable avenue of inquiry.
- Use all relevant and available file material and results of interviews.
- Contact known relatives, friends and co-workers of the parent. Include the parent's last known address and last place of work.
- Follow up reasonable avenues of inquiry. Ask each contact for the parent's current and last known addresses.
- Review other DHS program files if accessible, such as Self Sufficiency and Division of Child Support screens. **Note:** The latter screens are viewer access only; they may not be printed or filed in case files.
- If verifiable information is not available through the above sources, access the Federal Parent Locator Service through the Division of Child Support to assist in locating and identifying individuals who have or may have parental rights to a child. To do this, send a letter requesting to locate the parent, signed by the authorized requestor, to:

Division of Child Support  
Locate Branch Manager  
3200 Lancaster Drive NE  
Salem, Oregon 97305

Send a copy of the letter to:

DHS Child Support Coordinator  
500 Summer Street NE  
Salem, Oregon 97310-1017

- When available, include in your request the social security number of the parent, name of the parent, name of the child in care, and the case number.

- Information that may be made available through the Federal Locator process includes social security number, address or location, employer's name, employer's address, and employment wages, benefits or other income.

Do not request the Division of Child Support to search for a parent for the purpose of notifying the parent that their child is in state care.

**Note:** When searching for a parent who is the perpetrator of domestic violence against the other parent, the CPS worker should inform the adult victim that the attempt to locate the other parent is being made. The CPS worker should make a safety plan with the adult victim when appropriate, but the search still needs to be made.

Please refer to the booklet, *Child Welfare Practices for Cases with Domestic Violence*, DHS9200, <http://dhsforms.hr.state.or.us/Forms/Served/CE9200.pdf>.

## 17. Visitation

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The CPS worker ensures that parent or caregiver-child contact and interaction is maintained appropriate to the circumstances of the case when a protective action plan, initial safety plan, or an ongoing safety plan involves any kind of out-of-home placement. A visitation plan should ensure that caregiver-child face-to-face contact is as frequent as possible, but no less than once a week unless case circumstances (e.g., geographic obstacles) indicate otherwise.

The CPS worker must refer to Child Welfare Policy 1-E.3.5, “Visits and Other Types of Child and Family Contact,” OAR 413-070-0800 to 413-070-0880, and Chapter 4, Family Visitation and Contact.

## 18. Notifications

As outlined in OAR 413-015-0470 the CPS worker must:

- Unless the Department determines that disclosure is not permitted under ORS 419B.035, notify the reporter, if the reporter provided the Department with contact information, whether contact was made, whether the Department determined that abuse occurred, and whether services will be provided. This notice must be completed and documented prior to the completion of the CPS assessment.
- Provide the child's, or, when applicable, young adult's parents, including a non-custodial legal parent, and caregivers verbal notification of all CPS assessment dispositions (unfounded/unsubstantiated, unable to determine/inconclusive, or founded/substantiated) and whether the Department will provide services as a result of the CPS assessment. When the child's parent is the perpetrator, the notice described in the next paragraph also must be provided. If notification may make any individual unsafe, a CPS supervisor may authorize an exception to the requirement to provide notification based on documentation supporting that conclusion. This notice must be documented within five business days of supervisory approval of the CPS assessment.
- Provide perpetrators written notification of founded/substantiated dispositions. This written notification must include information about the disposition review process as outlined in Child Welfare Policy I-A.6.1, "Notice and Review of CPS Founded Dispositions," OAR 413-010-0700 to 413-010-0750. If the notification could make any individual unsafe, CPS supervisor may authorize an exception to the requirement to provide notification based on documentation that supports this conclusion. This notice must be documented within five business days of supervisory approval of the CPS assessment.
- Provide the Teacher Standards and Practices Commission (TSPC) notification of a completed assessment by providing TSPC with a copy of the completed CPS assessment when a teacher or school administrator, as defined in OAR 413-015-0115, is identified as an alleged perpetrator in a report. Regardless of the disposition, a copy of the CPS assessment must be sent to the TSPC after information related to the reporter's identity and other confidential information is removed. This notice must be documented within five business days of supervisory approval of the CPS assessment.
- Provide the Office of Developmental Disabilities Services (ODDS) notification of the completed CPS assessment when a CPS assessment involves a home certified by ODDS. Regardless of the disposition, a copy of the completed CPS assessment must be sent to ODDS after information related to the reporter's identity and other confidential information is removed.

- Provide Oregon Youth Authority (OYA) notification of the completed CPS assessment when a CPS assessment involves a home certified by OYA. Regardless of the disposition, a copy of the completed CPS assessment must be sent to OYA after information related to the reporter's identity and other confidential information is removed.
- Provide Disability Rights Oregon notification of the completed CPS assessment when a report of abuse was alleged to have occurred at a school or in an educational setting and the report involves a child with a disability. Regardless of the disposition, a copy of the completed CPS assessment must be sent to Disability Rights Oregon after information related to the reporter's identity and other confidential information is removed.
- Notify law enforcement immediately when a crime is suspected to have occurred even if unrelated to a report of abuse:
  - To a child or young adult living or receiving services from a child-caring agency, proctor foster home, ODDS licensed group home, or a home certified by Child Welfare, ODDS, or OYA; or
  - At a child-caring agency, proctor foster home, ODDS licensed group home, or a home certified by Child Welfare, ODDS, or OYA.

### **Documentation**

The CPS worker must document the notifications as described above in OR-Kids, and the documentation must include:

- Who made the notification;
- To whom the notification was made;
- The date the notification was made;
- That the notifications have been attempted or made within the timelines outlined in each paragraph above.

### **Procedure**

When completing the required notifications to reporters, parents or caregivers related to CPS assessment dispositions, notify the reporter, parent or caregiver if there is no disposition, as well.

### **Notifications to TSPC, ODDS and OYA**

It is important that the ODDS or OYA certifier has the safety related information to inform the certification decisions and TSPC needs the information to inform decisions about school teachers and administrators. The decisions made by these entities directly relate to child safety, and sharing the information can prevent future child abuse.

### **Consular Notifications – Vienna Convention**

#### **Overview**

When an action for appointment of a guardian or trustee is filed on behalf of a child that is a foreign national, the Vienna Convention on Consular Relations (1963), a multi-lateral international treaty, requires that notification of the action be given to the consulate for the child's country. Oregon law implements the treaty by requiring notification of the following proceedings to the consulate of the child's country when the child involved is a foreign national:

- A petition or motion to implement under ORS 109.119 seeking custody of or guardianship of a child;
- A petition to appoint a fiduciary for the child or the entry of a protective order under ORS chapter 125;
- A petition alleging that a child is within the jurisdiction of the juvenile court under ORS chapter 419B; and
- A motion to implement a plan other than return to parent under ORS Chapter 419B for a ward of the juvenile court.

Whenever DHS files a petition alleging that a child who is a foreign national is within the jurisdiction of the juvenile court, DHS is required to serve a copy of the petition on the consulate for the child's country and document that service. This is required even if the parents of the child do not want DHS to notify the consulate.

### **Caseworker's Responsibilities**

#### **Determine the citizenship of the child and the child's parent**

When a child is placed into substitute care and a petition is filed, the caseworker must attempt to determine if the child is a United States citizen. To accomplish this, the caseworker should do the following:

- Ask the child's parents or relatives if the child is a United States citizen, if the child is a citizen of another country, or if the child is a citizen of both the United States and another country.
- Gather as much information about the child's nationality as possible from the child's parents and other relatives, including when and where the child was born, information about location of the other family members, and last known addresses of the child, the child's parents, and family members.
- Use the form CF449, Relative Contact Information Memo, to identify parents and other relatives and document their contact information outside of the United States.

Based on the information obtained above, determine if the child is a United States citizen.

### **What if the child is not a United States citizen?**

If you have reason to believe that the child is not a United States citizen, and the child has been placed on a voluntary basis into substitute care, but DHS has not filed a petition alleging that the child is within the jurisdiction of the juvenile court, you should complete the following steps:

Notify the consulate of the child's country that the child has been placed into substitute care. This notification can be done via facsimile or letter (See Appendix 2.7 - Consulate Notifications via FAX).

Access the website for the Foreign Consular Offices in the United States to determine the facsimile number and address of the consulate office you need to notify and the title of the consular officer.

- Keep a copy of the notification in the DHS file. If faxing information to a consular office, keep the fax transmittal for your file as evidence of official notification. Also send a copy of the notification to the CAF Cultural Competency Coordinator in Central Office.
- If you have questions or need clarification on what the notification materials should include, contact the Cultural Competency Coordinator in Central Office, 503-945-5700.

If you determine that the child is not a United States citizen, and DHS has filed a petition alleging that the child is within the jurisdiction of the juvenile court, you must complete the following steps:

- Serve a copy of the petition on the consulate of the child's country. Service may be made by hand delivery, by mail, or by facsimile.

- Document that service was completed. This may be done by having the consulate complete a written acknowledgment of service or by having the person who made the service complete a sworn affidavit explaining to whom a copy of the petition was served. The affidavit will need to be signed in the presence of a notary and notarized. If the document was served by facsimile, the printed confirmation of receipt of the message generated by the facsimile machine must be attached to the affidavit.
- Send the written acknowledgment or affidavit documenting that service was completed, with a copy of the petition attached, to the court for filing. A copy of this proof of service must also be sent to the legal parties to the juvenile court proceeding.
- Keep one copy of the proof of service in the DHS file and send a second copy of the proof of service to the CAF Cultural Competency Coordinator in Central Office.

### What if the child is a United States Citizen?

If you determine that the child is a United States citizen and is not a foreign national, then DHS is *not* legally required to provide notification to the consulate of the child's country. However, per an agreement between Oregon's Department of Human Services and the Consulate General of Mexico of Portland, Oregon, DHS will provide notification to the Mexican Consulate's Office for children who are dual citizens of Mexico or a biological minor of a Mexican National.

The notification process is slightly different. Prior to sending the notification form to the Mexican Consulate's office, we **must** have an Authorization to Share Information form (2099) signed by one of the parents allowing us to share information with the consulate on behalf of their children *or* we must have a court's order allowing us to share information with the consular office for purposes of planning for the child.



### Role of the Supervisor

- Review all cases in your unit that have children placed in substitute care to ensure that the appropriate consulate was notified if any of the children or children's parent(s) were born in another country or have citizenship in another country.
- Provide case consultation to caseworkers regarding consulate notification, if needed.



### Forms and References

#### International Law

- Vienna Convention on Consular Affairs (1963), Articles 36 and 37

### Oregon Revised Statutes

- ORS Ch. 109.119
- ORS Ch. 125 and 125.070 (guardianships and other protective proceedings)
- ORS Ch. 419B.851

### DHS Policy

- I-E.1.1 - Working with Relatives Toward Placement of Children

## 19. CPS Assessment Documentation

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### Procedure

The CPS worker must record assessment activities and information gathered during the assessment process. Oregon Administrative Rule provides specific requirements and procedures for making findings and documenting information such as present danger safety threats and impending danger safety threats that have been identified, the capacity of parents or caregivers to protect, the safety plan components, identity of relatives who are willing to contribute to the safety plan, and cultural considerations.

The CPS worker must complete the CPS assessment, including OR-Kids input and electronic transmission, for review within 60 days of the day the information alleging abuse is received by the screener. The Child Welfare program manager may approve a one-time extension of an additional 30 days for completion of the CPS assessment if it has been confirmed that critical information is still needed and the ability to obtain critical information is beyond the reasonable control of the CPS worker.

Completing the assessment must not interfere with the development of the initial case plan occurring within 60 days as required in OAR 413-040-0010 when the Department is granted temporary custody of the child during the CPS assessment. The CPS worker should be making efforts to complete the CPS assessment when there is sufficient information to do so. The timeline for completing the CPS assessment should not interfere with permanent planning. In order to ensure timely development of the initial case plan, on cases where the Department is granted temporary custody of the child in the course of the CPS assessment, no extensions for completing the CPS assessment are allowed.

## 20. The Role of the Supervisor

### Procedures

The CPS supervisor ensures that child safety is the focus of all assessment activity. To achieve that expectation, the CPS supervisor should:

- Review and discuss with the worker all decisions regarding child safety. This includes, but is not limited to, decisions to leave a child in the home, to remove a child from the home, and plans for reunification.
- Review the worker's documentation and meet with the worker to analyze the information.

Ensure that documentation adequately describes activities to achieve child safety and to make dispositional findings regarding child abuse.

- Be aware of and consider worker strengths, vulnerabilities and experiences.
- Provide constructive feedback and recommend training whenever needs are identified.

During the course of completing a CPS assessment, the CPS supervisor must consult with the CPS worker in the following situations, most of which, are outlined in OAR 413-015-0415:

- To make a determination that an assigned referral does not require a CPS assessment because the referral was opened in error or the CPS worker, through collateral contacts, determined there is no allegation of child abuse or neglect, or the referral content is duplicative information being addressed in an open CPS assessment.
- When a CPS worker has reasonable cause to believe that an alleged perpetrator of child abuse is an employee of DHS or Oregon Youth Authority (OYA). A CPS supervisor or designee must review and approve a completed CPS assessment within five working days of the electronic submission of the assessment by the CPS worker. After the assessment is reviewed by a CPS supervisor, if the alleged perpetrator is an employee of DHS or OYA, the CPS supervisor must inform the DHS Office of Human Resources of the disposition. If the disposition is founded, the CPS supervisor also informs the DHS Office of Human Resources of the type of abuse. The CPS supervisor must document the notification in OR-Kids.
- When a CPS worker contacts a child at home, the parent or caregiver is not present and the referral indicates there may be immediate danger to the child's health or safety.
- When a CPS worker contacts a child at home, the parent or caregiver is not present, the child is inadequately supervised, and there is an immediate need to evaluate the child's health and safety.
- When a CPS worker believes a school employee does not need to be present during a child interview, but the school employee insists.
- If school officials refuse to allow the child interview to take place on school property.

- When a referral involves the home of a Department certified foster parent or relative caregiver.
- When a referral involves allegations that child abuse or neglect occurred in a private child caring agency.
- When a CPS worker receives notification from a screener that a closed at screening or new referral was created on an open CPS assessment.
- Prior to a CPS worker placing a child in protective custody, or after placement if consultation before placement will delay the safety intervention.
- Prior to a CPS worker initiating court action, or after initiating court action if consultation before will delay the safety intervention.
- Prior to a CPS worker developing an initial safety plan with a Department certified foster parent or relative caregiver.
- When the referral involves a child fatality.
- When a CPS worker is making a disposition in a complicated or sensitive situation or case.
- When a CPS worker is closing an assessment with the disposition of “unable to locate”.

When working with families where the Indian Child Welfare Act applies, the CPS supervisor:

- Reviews compliance with the worker to ensure the tribe has been given formal notice and the worker is in frequent contact with the tribal social worker.
- Assists the worker in making sure the Indian child, if placed out of his or her home, was placed following the placement preferences of the ICWA.
- Ensure the worker is providing culturally appropriate services to the family.

When working with children or parents born in another country or non-citizens, the CPS supervisor:

- Reviews all cases in the unit that have children placed in substitute care to ensure that, when applicable, the appropriate consulate was notified if any of the children or children’s parent(s) were born in another country or have citizenship in another country.
- Provides case consultation to caseworkers regarding consulate notification.

In regard to completing absent parent searches, the CPS supervisor must:

- Routinely check the status of searches for timeliness and accuracy.
- Ensure a reasonable and diligent search to find available legal parents or involved putative fathers.
- Consult with the appropriate program consultant to determine whether to make a search for a putative father if there are questions about how to proceed.

### **Granting extensions and exceptions**

During the course of completing a CPS assessment the CPS supervisor may grant the following

extensions or exceptions:

- A supervisor may change the initial contact timelines established at screening as follows:
  1. The supervisor may change the response timeline from within five calendar days to within 24 hours.
  2. The supervisor may change the response timeline from within 24 hours to within five calendar days, but the supervisor must explain in writing why the timeline was changed and how the child's safety needs were considered when the change was approved.
- In cases where the screener was granted an extension to complete the screening process, the CPS supervisor may adjust the CPS safety assessment timelines as follows:
  1. Within 24 hours: The CPS worker must complete initial contact requirements within 24 hours of the end date of the last screening extension or the date the CPS assessment was assigned, whichever is earlier.
  2. Within five days: The CPS worker must complete initial contact requirements within five days of the end date of the last screening extension or the date the CPS assessment was assigned, whichever is earlier.
  3. An extension of the timeframe for the notification to the parent or caregiver that a child has been interviewed may be granted if earlier notification will compromise child safety.
  4. A one-time extension of an additional 30 days to complete the assessment may be granted only when critical information (information necessary to determine child safety or a child abuse or neglect disposition) is outstanding. Any extension past 60 days must be authorized by the program manager and only if the ability to obtain critical information is beyond the reasonable control of the CPS worker.
  5. An exception to the requirement to interview non-custodial legal parents if the interview, based on written documentation, may make a child or adult victim unsafe.
  6. An exception to the requirement to notify parents, including non-custodial legal parents, and caregivers of the CPS assessment disposition if, based on written documentation, the notification may make a child or adult victim unsafe.

### **Supervisory approvals**

- A supervisor must approve the protective action plan, the initial safety plan and ongoing safety plan. A supervisor immediately advises a caseworker developing a protective action plan, initial safety plan, or ongoing safety plan when one is submitted for approval and does not meet one or more of the requirements.
- The CPS supervisor must review and approve a completed assessment within five working days of the electronic submission of the assessment by the CPS worker. The local child welfare offices have the discretion to appoint a designee to fulfill the requirement of entering the supervisor's electronic verification of review and approval into OR-Kids.

## 21. Special Considerations/Requirements for CPS Assessment

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### A. Referral on an open case

#### Procedure

- When receiving a new CPS referral on an open case, the CPS worker should:
  1. Meet with the assigned caseworker or their supervisor to gain an understanding of past and or chronic concerns.
  2. Contact the family together with the permanency worker whenever practicable and beneficial to the assessment.
  3. Review the ongoing safety plan to understand the impending danger safety threats addressed through ongoing case management.
- If, after evaluating the information, it appears there is a violation of a current safety plan, but it does not constitute an allegation of abuse or neglect, the CPS worker should:
  1. Consult with the CPS supervisor to determine if the referral should be closed with- out a CPS assessment. In this situation, the CPS worker should document in OR- Kids that the referral was opened in error.
  2. The CPS worker and/or the CPS supervisor must inform the permanency worker who will handle the violation through ongoing case management.

### B. CPS assessment when there is a child fatality

#### Procedure

Child protective services assessments that involve a child fatality are complex and sensitive.

It is important to be aware of and address the impact on the caseworker. Due to the challenging nature of these referrals, assignment to an experienced CPS worker should be considered whenever possible.

- While each fatality case is different and thus creates varying assessment needs, in general, the role of the CPS worker is to:
  1. Refer to the Child Welfare Fatality Protocol.
  2. Protect the surviving siblings.
  3. Determine whether there is a need for medical intervention.
  4. Determine whether abuse or neglect occurred.
  5. Determine whether there are additional CPS allegations that need to be assessed regarding the conditions and circumstances surrounding the fatality (the screener already may have identified all relevant additional allegations).

6. Provide information and make referrals for crisis intervention and counseling as appropriate.
  7. Complete an assessment for possible filing of a dependency and neglect petition and follow-up services for surviving siblings or other children in the home.
  8. Notify the CPS consultant.
- The role of the CPS worker and the role of the law enforcement officer are different. When there is a joint CPS/LEA response and the roles appear to be in conflict, the CPS worker should consult with a CPS supervisor. Child Welfare may determine that a fatality is founded for abuse even if there is no LEA determination that a crime has occurred.
  - If the LEA investigation and a medical examiner determine that the child fatality clearly was the result of abuse or neglect, and if there are no siblings to the deceased child and no other children in the home where the fatality occurred, the CPS worker:
    1. May complete the CPS assessment without face-to-face contact with the parents or caregivers. Note: Only in a child fatality, when there are no siblings and no other children in the home, may a CPS worker make a disposition without the required face-to-face contacts.
    2. Must if these circumstances apply and no contact was made, complete the CPS assessment and document a founded disposition based on the LEA investigation, medical examiner's report and any additional information gathered during the CPS assessment.
  - Must notify the child's parents, including non-custodial parents, and caregivers of the CPS founded disposition.

All medical examiner and LEA reports of any fatality must be forwarded to the CPS consultant for the district when they are received by the CPS worker.

### **C. Determine and respond to ICWA status**

For children identified as having American Indian and Native Alaskan ancestry, early tribal notification and exploration of extended family and tribal resources will help ensure safety and permanency that is culturally appropriate and complies with the requirements of the Indian Child Welfare Act (ICWA). For children eligible under ICWA, the CPS worker must support foster placement by clear and convincing evidence of serious emotional or physical harm. The testimony of a qualified expert cultural witness needs to support such an action.

#### **Procedure**

- The CPS worker must initiate the process to determine the child's ICWA status and notify the Indian child's tribe if ICWA applies. To initiate this process the CPS worker must:
  1. Assure completion of a form CF1270, "Verification of ICWA Eligibility," to assist in determining ICWA eligibility.
  2. Contact the child's tribe when an Indian child is the subject of a CPS assessment.

Federally recognized tribes must be notified within 24 hours after information alleging abuse or neglect is received by the Department.

3. If the Indian child is enrolled or eligible for enrollment in a federally recognized tribe or Alaskan Village, notify the child's tribe if the child may be placed in protective custody.
4. Consult with the local Department ICWA liaison, a supervisor, or the ICWA manager if the CPS worker has questions regarding the involvement of a tribe or the ICWA status of a child.
5. Make a diligent attempt to address the following when determining the placement resource:
  - a. Contact the tribe's social services Department,
  - b. Search for relative resources,
  - c. Search for available Indian homes,
  - d. Contact other Indian tribes and other Indian organizations with available placement resources, and
  - e. Unless the Indian child's tribe has established a different order of preference, comply with the ICWA placement preference, which is the placement preferences as follows:
    - Placement with a member of Indian child's extended family,
    - Placement with a foster family that is licensed, approved or specified by the Indian child's tribe,
    - Placement with an Indian foster home licensed or approved by an authorized non-Indian licensing authority, or
    - Placement with an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.



*Both ICWA and Oregon law require any party seeking to remove an Indian child from his or her home to establish that remedial or rehabilitative services were provided to the family to avoid removal of the child. The Department must make active efforts to provide services subsequent to a CPS assessment and before making a decision to place an Indian child in substitute care. This does not supersede the need for emergency removal to prevent imminent physical danger or severe harm to a child. Case records should document factual evidence that the conduct or condition of the parent or caregiver will result in severe physical or emotional harm to the child, and that efforts were made to ameliorate the parent's or caregiver's harmful behavior and these efforts did not work. The services offered must demonstrate that prior to petitioning the court for removal of an Indian child, active efforts were made to alleviate the need for removing the child.*

## D. Determine and respond to refugee status

### Procedure

During a CPS assessment, the CPS worker must consider whether the child is a refugee child. Under ORS 418.925, a “refugee child” is a “person under 18 years of age who has entered the United States and is unwilling or unable to return to the person’s country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion, or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion.”

The CPS worker must ask about the child’s or parents’ country of origin, length of time the child or parents have been in the United States, reasons why the child or parents came to the United States and ethnic and cultural information relevant to the child’s status as a refugee. The CPS worker does not have to make a legal determination that the child and parent are refugees, but if the child or the parents indicate they are refugees, then the CPS worker must proceed as if they are, until or unless it is known that they are not refugees.

- The CPS worker may not take a refugee child into protective custody unless, in addition to the other requirements for taking a child into custody, the CPS worker determines that:
  1. Removal is necessary to prevent imminent serious emotional or physical harm to the child; and
  2. Reasonable efforts to alleviate the harm through remedial or preventive services do not alleviate the harm, have failed, or are not practical in an emergency situation.
- Unless it is a voluntary placement, no refugee child may remain in placement more than five days unless there has been a judicial determination, supported by clear and convincing evidence that:
  1. Preventive or remedial services provided by the Department have failed to alleviate the need for removal; and
  2. Return to the home will likely result in psychological or physical damage to the child.
- When a refugee child is placed in care, the juvenile court petition must include, in addition to the information required by ORS 419B.809, the following information:
  1. A specific and detailed account of the circumstances that led the Department to conclude that the child was in imminent danger of serious emotional or physical harm;
  2. Specific actions the Department has taken or is taking to alleviate the need for removal;
  3. Assurance that the Department has complied with placement preferences listed in ORS 418.937; and
  4. Assurance that the Department is making or has made diligent efforts to locate and

give notice to all affected refugee family members and to the Refugee Child Welfare Advisory Committee that the petition has been filed.

- The CPS worker will not take a refugee child into protective custody unless both of the following apply:
  1. Removal is necessary to prevent imminent or serious emotional or physical harm to the child; and
  2. Reasonable efforts to alleviate the harm through remedial or preventive services do not alleviate the harm, have failed, or are not practical in an emergency situation.
- Unless it is a voluntary placement, no refugee child shall remain in placement more than five days unless there has been a judicial determination that the above two criteria are met. The CPS worker must address the following when determining the placement resource:
  1. Consider the child's culture and tradition.
  2. Follow the statutory mandate for placement preference as follows:
    - a. Natural parents,
    - b. Extended family member,
    - c. Members from the same cultural heritage, and
    - d. Persons with knowledge and appreciation of the child's cultural heritage.
  3. The CPS worker may determine that an exception to the placement preference is warranted when the placement is inappropriate or inconsistent with the best interests of the child if:
    - a. The placement presents threats to the child's safety;
    - b. Extreme medical, physical or psychological needs of the child cannot be met in the placement;
    - c. The informed request from either the child's biological or legal parents not to use a placement, if the request is consistent with stability, security and the individual needs of the child; or
    - d. When a juvenile court petition is filed and a refugee child is placed in care, the CPS worker must staff the case with the Refugee Child Welfare Advisory Committee (RCWAC). The CPS worker must contact the International Case Consultant to arrange a time for the staffing. In preparation for the staffing the CPS worker must:
      - Invite the CPS supervisor to the staff-



*The Refugee Child Welfare Advisory Committee will provide information about the culture of the family and how that may affect the parent's understanding of child welfare issues. They may have recommendations about culturally appropriate placement or service resources. Informed by the committee, the CPS worker finds, seeks out and uses culturally appropriate placements and services for the children and parents.*

- ing; and
- Be prepared to discuss the reasons for the CPS referral, the information indicating that family members are refugees, and their country of origin.

## E. Obtain interpreters and translation

### Procedure

The CPS worker must obtain the services of a competent interpreter and document translation service for families who have limited or no means of communicating in or reading English, including hearing impaired families. Do not use children and other relatives for this purpose. In all cases a CF10A must be completed and faxed or forwarded to the resource in order to access the service.

## F. Cultural considerations during the CPS assessment

With every family assessment, a person's history and culture will affect certain areas. Effective engagement with the family is critical to understanding family functioning and cultural considerations. Use the following questions as a guide to understand cultural difference as part of the assessment.

- What is the purpose and function of the nuclear family?
- What roles do males and females play in the family?
- Does religion play a role in this family? If so, what role does religion play? How do these beliefs influence child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogeneous group (e.g., tribe, race, nationality)?
- What family rituals, traditions, or behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?
- What types of discipline does the family consider to be appropriate?
- Who is usually responsible for child care?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- How are cultural beliefs incorporated into family functioning?
- How does the family maintain its cultural beliefs?
- Who is assigned authority and power for decision-making?
- What tasks are assigned based on traditional roles in the family?
- How do family members express and receive affection?
- How do they relate to closeness and distance?
- What are the communication styles of the family?
- How does the family solve problems?

- How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?

A culturally sensitive CPS assessment recognizes parenting practices and family structures vary as a result of ethnic, community, and familial differences and this diversity can result in different but safe and adequate care for children within the parameters of the law. The CPS assessment process must acknowledge, respect, and honor the diversity of families, building upon the strengths and reinforcing the family unit whenever possible.

### **G. Taking photographs during the CPS assessment**

#### **Procedure**

- The CPS worker must take photographs and document, as necessary, child abuse, neglect and the observable nature of any present danger safety threat or impending danger safety threat during the CPS assessment. This should always be done in the most respectful manner possible. Families may feel defensive when there is a need to take photographs and effective engagement is key to easing the family's concerns.
  1. As stated in ORS 419B.028, a law enforcement officer or the CPS worker may take photographs for the purpose of documenting the child's condition at the time of the CPS assessment. Copies of the photographs must be labeled with the case name, child's name, and the date taken and filed in the Department record.
  2. The CPS worker must document injuries, hazardous environments and any the observable nature of any present danger safety threat or impending danger safety threats in the assessment narrative by use of photographs, written description, or illustrations.
  3. The CPS worker may observe injuries to female or male genitalia if the child is not school-aged and if the observation can be facilitated without the CPS worker touching the child's genitalia. The CPS worker must facilitate an examination by a medical professional if the alleged abuse or neglect involves injury to the genitalia of any age child, or reported or disclosed injury to the genitalia of a school-aged child. Photographs of the anal or genital region may be taken only by medical personnel.
  4. See that photographs taken during the course of the CPS assessment are:
    - a. Processed in a timely manner, and
    - b. Stored in the client record in an envelope that is labeled and dated.

### **H. Obtaining medical examinations during the CPS assessment**

The CPS worker should secure a medical examination of the child and obtain the child's medical history when necessary to ensure child safety, determine treatment needs, reassure the child and family, or to assist in analyzing safety related information during the CPS assessment.

### Procedure

The CPS worker must proceed in the following situations as described below. The CPS worker must consult with a CPS supervisor as soon as possible, but not at the expense of delaying medical treatment.

- When there are indications of severe physical trauma to the child, the CPS worker must make arrangements to transport the child to a medical facility. This includes calling 911 when the trauma is acute. The CPS worker also must make arrangements for medical examination of a child for mild or moderate physical trauma.
- To make arrangements for the medical examination of a child, the CPS worker must do the following, unless completing the action would delay medical treatment for the child:
  1. Discuss with the parent or caregiver the need for medical evaluation or treatment.
  2. Ask the parent or caregiver to take the child to a medical facility for medical evaluation or treatment. This should always be the first option for seeking treatment for a child. Medical care can be a traumatic event for children so parental presence is encouraged whenever it does not pose a threat to the child's safety.
  3. Request that the parent sign a form DHS 2099, "Authorization for Use and Disclosure of Health Information."
  4. Contact an LEA immediately and seek a juvenile court order to obtain protective custody of the child for the purpose of obtaining a medical evaluation or treatment when:
    - a. The parent or caregiver refuses,
    - b. The parent or caregiver may flee, or
    - c. Delaying medical evaluation or treatment could result in severe harm to the child.
  5. When there is an indication of a life-threatening condition, or of a deteriorating condition that may become life threatening, the CPS worker must seek medical care and consultation immediately.
  6. When there is reason to believe a child has been exposed to dangerous chemicals such as those found in a chemical drug lab, the CPS worker must make arrangements to have the child tested for chemical exposure as soon as possible and not later than 24 hours of learning of the exposure.
  7. When a report of suspected medical neglect of a disabled infant with life-threatening conditions is referred for CPS assessment, the assigned CPS worker must refer to I-B.2.2.2, "Investigation of Suspected Medical Neglect-Infants."
  8. When it is medically indicated to subject a child in the custody of DHS to HIV testing, the CPS worker must refer to I-B.5.1, "HIV Testing of Children in Custody and HIV Confidentiality."
  9. A child who is the victim of a person crime as defined in ORS 147.425, and who is

at least 15 years of age at the time of the abuse, may have a personal representative present during a medical examination. If a CPS worker believes that a personal representative would compromise the CPS assessment, a CPS worker may prohibit a personal representative from being present during the medical examination

10. When the CPS worker is making a determination of medical neglect, the CPS worker must consult with a health care professional.

### **I. Obtaining psychological and psychiatric evaluations during the CPS assessment**

#### **Procedure**

- The CPS worker should secure an assessment of the parent, caregiver, or child by a mental health professional to ensure child safety, determine treatment needs or assist in analyzing safety related information when, during the CPS assessment, the CPS worker identifies a specific condition or behavior that requires additional professional assessment. Examples include:
  1. Unusual or bizarre forms of punishment,
  2. Mental illness,
  3. Suicidal ideation,
  4. Homicidal ideation, and
  5. Unusual or bizarre child or parental behavior indicative of emotional problems.
- The CPS worker must obtain consent of the parent or caregiver prior to making a referral for a psychological or psychiatric evaluation of the parent, caregiver or child, unless the evaluation is court ordered.

### **J. When medical assessments, dental assessments and mental health assessments need to be completed for children in substitute care**

#### **Procedure**

- All children in substitute care must be referred for:

1. A medical assessment within 30 days of entering care,
  2. A dental assessment within 30 days of entering care, and
  3. A mental health assessment within 60 days of entering care.
- The assigned caseworker also will be responsible for ensuring that all covered medical treatment required as a result of assessments is received. Refer to I-C.4.1, “Medical Services Provided through the Oregon Health Plan.”

### **K. Children with special needs and the CPS assessment**

Children with special needs include those with physical, intellectual, developmental, emotional and/or mental disabilities.

#### **Procedure**

- When a child has special needs, the CPS worker should determine if the child has a Developmental Disability worker. If not, consider making a referral and/or referring the family to other community services such as ARC. These referrals can be made regardless of the decision to open a case for Child Welfare services. If the child has a DD worker, coordinate with that person on the interview and assessment of child abuse or neglect.
- When working with a child with specialized needs, view the child as an individual. A child with a disability has a condition(s) which impacts them in some way on a daily basis. Consider the following issues when working with the family to plan useful interventions:
  1. Does the child have a diagnosis or conditions and if so, describe them.
  2. How are the following areas impacted:
    - a. Communication – How does this child best communicate: verbally, visually, through a communication board, drawing, or are photos useful? Frequently receptive (receiving) skills are higher than expressive skills. Therefore it is important to consult with someone who knows the child’s skill levels.
    - b. Mobility – What are the child’s mobility capabilities? What is the level of freedom of movement? Is the child able to fight back physically, runaway or escape?
    - c. Dependency – Lifelong dependency may cause a child to be trusting and less likely to question care or requests. The child may have become accustomed to others providing personal care, therapies, or some type of assistance and being in a position of authority. The child may confuse exploitation with appropriate care.
    - d. Compliance – Children who require specialized care or supervision often are rewarded for being compliant. Assertiveness or self-advocacy may not be encouraged. Be aware that sexual interest and development for children in the mild and moderate ranges of developmental disabilities occurs at about the same time as typical peers. Lack of skills in protecting oneself from sexual abuse may place the child at risk.

- e. Cognition – Sometimes it may be difficult for a child to identify or understand a situation in a way that represents what has actually happened. The challenge may involve processing or language, or the child may not understand the nature of the situation (e.g., a child requiring personal care may have difficulty identifying exploitive touch).
- f. Isolation –The circle of friends and acquaintances may be limited and activity driven, thus limiting opportunity for the child to have people in whom to confide. If a child has been victimized by someone familiar, there may be fear of retaliation. If the child has few contacts, even the loss of someone who may have harmed him/her can be frightening.
- g. Behavior Control – Behavior is a means of communication. Some behavior controls are psychotropic medication, isolation from others, or the use of other types of restraints. If there are concerns or doubts about behavioral controls, gather more information about the intent/purpose of the used procedure from the psychiatrist, family and others who know the child, and a Child Welfare supervisor.
- h. Credibility – Sometimes symptoms of abuse and the disability overlap and may be overlooked. For instance, a child may be on medications that impact the child’s affect. As a result, when the child is communicating, his or her behavior and the way he or she is relating the incident may seem incongruent, thus leading the interviewer to doubt the child’s credibility. Sometimes the child may have some self-injurious behaviors which cause abrasions, so signs of abuse may not be evaluated as non-accidental trauma.

### L. Substance abuse

Substance abuse and addiction are often significant issues for the majority of family members who are involved in issues of child abuse or neglect. Parents who abuse substances are less likely to be able to function effectively in a parental role.

#### Procedures

- Every response by a CPS worker must consider alcohol or drug involvement as part of the assessment. By observing the environment and persons in the home, important indicators of alcohol or drug use may become apparent.
  - ☞ It is common and expected that any person will deny the excess use of alcohol, and any use of illegal drugs, on a routine basis.
    - In addition, when the use of substances is known and established it is common and expected that any person will minimize the amount of their use and the negative effect of their use.
    - People who abuse substances are generally poor reporters of their use history and inaccurate about the effect of that use on others.
    - Workers who display annoyance or frustration upon hearing inaccurate or incomplete answers about substance abuse only increase the likelihood of more

denial. Staying neutral and using engagement skills will increase the amount and accuracy of A&D information.

The CPS worker should check for the following indicators of alcohol and drug involvement:

1. A report of substance use is included in the referral.
  2. Paraphernalia is found in the home.
  3. The home or parent or caregiver may smell of alcohol, marijuana, or other drugs.
  4. A child reports alcohol or other drug use by a parent, caregiver or other adults in the home.
  5. A parent or caregiver appears to be actively under the influence of alcohol or drugs.
  6. A parent shows signs of addiction.
  7. A parent admits to substance abuse
  8. A parent shows or reports experiencing physical effects of addiction or being under the influence, including withdrawal.
  9. Observe persons who frequent the home, since actions of a parent's friends or associates can be indicators of behaviors and practices.
  10. Ask about their substance use to screen for alcohol or drug abuse.
- When a CPS worker suspects or has clear evidence of drug use by parents, the CPS worker should assess how the alcohol or drug use affects the parent or caregiver's ability to make sound judgments regarding the safety of the child and what behaviors are resulting or have resulted from the parent's or caregiver's alcohol or drug use that may present a threat to child safety and impact the ability to provide protection.
    1. Document this information in the assessment narrative.
    2. Refer clients to an appropriate alcohol and drug (A&D) treatment program for a formal evaluation of their alcohol and drug problem and a recommended course of action.
  - Offer a UA test to the client as an option to clarify their claim of no drug involvement. The following is the drug testing protocol for Child Welfare staff:
    1. If a client volunteers or is court ordered to participate in drug testing, the Child Welfare worker and/or the addiction recovery team in the individual local child welfare offices will assist the client in locating a professional drug testing process (e.g., contracted alcohol and drug treatment providers, hospitals, community programs).
    2. The DHS caseworker may not be involved in the collection, observation or transportation of a client's drug test for laboratory testing. Results of drug tests can impact critical child welfare and court decisions, and participating in the processing of drug testing creates a conflict of interest.
    3. Caseworkers cannot deny a client services because the client declines voluntary drug testing. This includes frequency or length of child visits. If the client demonstrates behavior that is immediately dangerous to the child, visitation can be interrupted.

4. In consultation with their supervisors, caseworkers will determine the impact of participating or refusing to participate in drug testing and the impact of drug use on case decisions, and inform the client of potential outcomes.
  5. The use of drug testing should be limited to those cases in which substance abuse issues appear evident, but not as routine screening for all clients.
  6. Limitations in drug testing:
    - a. Drug tests are either voluntary or court ordered. The caseworker has no authority to require or coerce the client to participate in drug testing.
    - b. Drug test results are “a snapshot in time” of a client’s use and should not be used as the sole indicator of progress, relapse, or protective capacity.
- CPS workers should always consult with the trained A&D staff within their local office when working with clients who have issues of substance abuse. Different drugs have different effects, and consulting with A&D staff will allow the worker to make informed decisions regarding issues from placement to removal, as well as develop strategies to assist clients in being successful.
  - Once clients enter A&D treatment it is essential case workers partner with treatment staff to obtain the most current information about the client’s progress, as well as to offer information that may increase the client’s ability to succeed in treatment. Workers need to ensure clients have signed the necessary authorizations to allow for information exchange. Collaboration between A&D treatment and Child Welfare is important to both client success and child safety. Federal law (42 CFR Part II) requires very specific and restrictive procedures regarding the information contained in alcohol and drug treatment records

### M. Domestic violence

#### Procedures

Domestic violence perpetrators can create situations that result in child abuse or neglect. Responding to domestic violence requires a specialized approach because our intervention can increase danger to the family.

#### **Critical note:**

The dynamics of domestic violence are based on the batterer’s maintaining power and control over his or her partner. Challenges to that power and control, including a CPS assessment, may increase the likelihood of escalating violence. The risk of being seriously harmed or killed may increase when an adult victim stands up to or leaves the batterer. Given this dynamic, plan your assessment carefully when domestic violence is known to be an issue and always consider that the assessment may increase the risk to the child and the adult victim.

For a complete set of guidelines on addressing domestic violence see the manual ‘Child Welfare Practices for Cases with Domestic Violence,’ DHS9200, <http://dhsforms.hr.state.or.us/Forms/>

Served/CE9200.pdf

For an excerpt of the guidelines focused on interviewing, see the manual 'Quick Reference Guide: Working with Domestic Violence'

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-ab4att6.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4att6.pdf)

- In conducting a comprehensive CPS assessment, the CPS worker always assesses for domestic violence, whether or not it is part of the initial report and further identifies other family issues and their interplay with domestic violence (e.g., substance abuse and domestic violence, which are often both present in the families assessed by Child Welfare). Some indicators might be:
  1. A report of domestic violence is included in the referral.
  2. There is a history of domestic violence related crimes or restraining orders against either parent by any party.
  3. Either parent uses controlling or blaming language
  4. Either parent exhibits controlling or coercive behavior
  5. Home shows signs of damage or unusual efforts at restraint or isolation.
  6. Physical injuries to a parent
  7. A child reports that a parent, caregiver or other adult in the home uses assaultive and/or coercive tactics.
  8. A parent admits to using a pattern of assaultive and/or coercive tactics.
  9. A parent discloses that their partner uses a pattern of assaultive and/or coercive tactics against them.
  10. Indications that a parent has experienced a traumatic incident or incidents
- There are situations in which there are allegations of domestic violence against both parents. Domestic violence victims may fight back and be charged with assault. Look beyond the initial incident to assess the dynamics in the family and to determine which party is the predominant aggressor. Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence, or where the adult victim has been arrested. Specifically look for the following:
  1. Are injuries defensive wounds (bite marks, scratches etc.)?
  2. Who is afraid of the other?
  3. What was the intent and level of the violence (was it self-defense or to punish/retaliate)?
  4. Who is effectively exerting control over the other?
  5. What is the impact of the violence? And
  6. Who has historically been the dominant aggressor regardless of who the first aggressor was in the current incident?

It is important to remember that it is common for the adult victim to claim responsibility for the violence.

- When a CPS worker suspects domestic violence, the CPS worker should
  1. Interview the victim first and alone if at all possible.
  2. Always inform the victim of CW actions so that safety plans can be made accordingly
  3. Consult with the victim whenever possible on CW actions to ascertain their assessment of the safety risk those actions might pose and to empower the victim
  4. Assess for patterns of assaultive and/or coercive tactics by the dominant aggressor
  5. Identify actions taken by the dominant aggressor to harm the child/ren
  6. Identify the adverse impact of the perpetrator's behavior on the child/ren
  7. Partner with the non-offending parent and identify the full spectrum of their efforts to promote the safety and well-being of the child/ren
- Document assessment information using unambiguous language. Do not lump batterer and victim together.
  1. Avoid phrases like: "Couple engages in violence", "Parents have a history of domestic violence", or "Parents both deny the violence"
  2. Be precise and descriptive: Avoid euphemisms or vague terms like "argued" if what you mean is "hit."
  3. Describe the pattern, i.e., "father has engaged in an escalating pattern of physical violence and intimidation that involved multiple incidents of physical assault, threats to kill the mother and her children."
  4. Affirm the batterer's role in harming the children through his actions, i.e., "These behaviors have isolated the mother from her support system, the children from relatives, and led to them moving school systems and residences twice in the past year (as a result of evictions.)"
  5. Avoid blaming the victim for the batterer's violence and abusive behavior. Do not use phrases like: "Dysfunctional" family, mother "allows" or "enables" the violence, mother "failed to protect" the children
  6. Use language that focuses on the batterer's role in creating harm or risk to the children, i.e., "Despite the mother's efforts to protect the children, the batterer is creating conditions injurious and harmful to the children."
- CPS workers should refer people they have determined to be domestic violence offenders to a batterer intervention program that meets the state standards [http://arcweb.sos.state.or.us/pages/rules/oars\\_100/oar\\_137/137\\_087.html](http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_137/137_087.html)
  - ⌚ Do not refer them to anger management.
  - ⌚ Never refer families to joint services like couples counseling.
- CPS workers can consult with the trained domestic violence advocates within their local office when working with domestic violence cases. Any services these advocates provide for victims are voluntary.
  - ⌚ Services for victims should be voluntary whenever they are related to the domestic

violence.

- Once a parent enters batterer intervention it is essential that caseworkers continue to partner with the intervention program and any other community partners that are holding the domestic violence offender accountable. Follow-up routinely with the domestic violence offender to make sure that they understand and are complying with all restrictions or commitments. At these contacts, reinforce appropriate messages and make it clear that all partners are working together.
  - Ⓒ For example, explain and/or reinforce any protective order provisions that may be in place or reiterate the information being covered in the batterer intervention group. Workers need to ensure that domestic violence offenders have signed the necessary authorizations to allow for information exchange. Collaboration between community partners and Child Welfare is important to both parent success and child safety.

## 22. Legal References

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- OAR 413-015-0300 to 413-015-0310 I-AB.3 Cross Reporting  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-ab3.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab3.pdf)
- OAR 413-015-1000 I-AB.5 The CPS Assessment Dispositions  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-ab5.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab5.pdf)
- ORS 147.425 (Personal representative of victim of crime)
- ORS 418.925 (Refugee child defined)
- ORS 418.937 (Placement of refugee child)
- ORS 419B.005 (Definitions for reporting of child abuse)
- ORS 419B.028 (Photographs of child)
- ORS 419B.035 (Confidentiality)
- ORS 419B.045 (Investigation on public school premises)
- ORS 419B.050 (Medical records)
- ORS 419B.171 (Report when child taken into custody)
- ORS 419B.183 (Shelter hearing within 24 hours)
- ORS 419B.809 (Petition for jurisdiction)

## 23. Family Engagement

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Child safety is what we do; family engagement is how we do it.

Oregon recognizes that families are experts on their own families and therefore need to be included in all aspects of decision making. Families are treated with respect and genuineness through the collaborative and partnering process of engagement. The intent of family engagement is to assist families in keeping their children safe and thriving in their identified communities.

Family engagement depends on a clear understanding and application of these core principles:

- Everyone desires respect
- Everyone needs to be heard and understood
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

Engagement is a professional helping process that occurs over time and proceeds developmentally. The phases can be defined as follows:

- Pre-engagement involves knowing your own strengths, challenges, and biases.
- Active engagement is the steps we take to empower families.
- Reaching mutual understanding is how we exchange information to decide how we can partner together.
- Taking action is partnering with the family, when child safety would not be jeopardized.
- The decision to continue to engage is the family's, and is often impacted by the relationship built with the practitioner.

Family Engagement can be enhanced and demonstrated through key practice skill sets. These skill sets offer an opportunity to allow dialogue for clinical supervision, to practice and refine these skills daily with families, and to create an avenue for dialogue and continuous improvement among and between community partners.

### **Practice Skill Sets**

Ten practices have been defined. All are equally important to successful family engagement.

### **Engaging**

- Engaging is the ongoing ability to establish and sustain a genuinely supportive relationship with the family while developing a partnership, establishing healthy boundaries and maintaining contact as mutually negotiated.

### **Assessing**

- Gathering information about reported concerns and the needs of the family, evaluating the relevance of that information, and identifying family strengths and community resources that may be applied to address any safety concerns and needs.

### **Partnering**

- Respectful and meaningful collaboration with families to achieve shared goals.

### **Planning**

- Setting goals, developing strategies, and outlining tasks and schedules to accomplish the goals derived from the engaging, assessing and partnering process.

### **Evaluating**

- Monitoring outcomes of plans and services to determine if the desired goals are being achieved, and if not, using this information to reconsider goals and strategies developed in the planning phase or services and resources identified in the implementation stage.

### **Implementing**

- Identifying and applying the most effective and culturally appropriate plans, services, resources and processes to meet the goals established in the planning stage.

### **Advocating**

- Recognizing individual or group needs, providing intervention on behalf of a client or client group, communicating with decision-makers, and initiating actions to secure or enhance a needed service, resource or entitlement.

### **Communicating**

- Effectively sending and receiving information within the appropriate cultural context. Methods include verbal, nonverbal, electronic, and written communication.

### **Demonstrating cultural diversity and competence**

1. Interacting with families without making assumptions;
2. Respecting and learning from the unique characteristics and strengths of the family while acknowledging and honoring the diversity within and across cultures; and
3. Applying these skills to the partnership with the family and the options made available to them.

### **Collaborating**

- Establishing and maintaining mutually beneficial and well-defined relationships with community partners to achieve the goals of safety, permanence and well-being for children and families.

Please refer to the Family Engagement Tool in the appendix.

## Chapter 2: Assessment, Section 24

### Report of Abuse in a Home Certified by Child Welfare, ODDS or OYA

This section describes the additional procedures required for screeners, CPS workers, permanency workers, Child Welfare (CW) certifiers, and supervisors when information is received involving a home certified by Child Welfare, the Office of Developmental Disabilities (ODDS) or the Oregon Youth Authority (OYA).

There are times when the department will receive information alleging abuse occurred or is occurring in a home certified by CW, ODDS or OYA, including in the home of a relative caregiver. When this happens, there are specific activities that are required for screeners, CPS caseworkers, permanency case workers, Child Welfare certifiers and supervisors. In addition to following Child Welfare administrative rules related to screening, CPS assessment, certification and case management. Additional requirements are outlined in Child Welfare administrative rule, “Department Responsibilities When a Report Involves a Home Certified by CW, ODDS or OYA” and further described in this procedure.

These extra responsibilities apply when:

- The current or past abuse is alleged to have occurred in a home certified by CW, ODDS or OYA (even if the alleged victim no longer lives in that home).
- The alleged perpetrator resides in or frequents the certified home (even if the alleged perpetrator is not a caregiver).
- The alleged abuse occurred while the child or young adult was under the care and supervision of a certified foster or relative caregiver (even if the reported incident occurred outside the actual house).

These extra responsibilities do not apply when a child or young adult discloses historical familial abuse while residing in a certified home.

### A. Screening Procedures

- The screener must:
  1. Follow screening administrative rules and procedure (see OAR 412-015-0200 through 0225) and Chapter 2). When there is an allegation of abuse in a home certified by CW, ODDS or OYA, the screener is responsible for all of the requirements in the screening rule in addition to completing the requirements outlined in this section.
  2. Determine the department's response. In order to decide if the report will be closed at screening or assigned, the screener needs to decide if the information reported meets the definition of abuse. As there are two definitions of abuse, the screener needs to know which definition or definitions to apply.
    - The definition of abuse in OAR 413-015-0115(1)(a) applies to children. This includes all children in foster care and the provider's own children.
    - The definition of abuse in OAR 413-015-0115(1)(b) applies to children and young adults placed in homes certified by CW or ODDS.
      - This definition does not apply to homes certified by OYA.
      - This definition does not apply to the provider's own children (or young adults)

See Chapter 2, Screening, Section 9 for the abuse definitions and guidance on how to apply the abuse definitions.

3. Consult with a CPS supervisor to determine the department's response (close at screening, refer for CPS assessment or document in case notes and/or provider notes.)
4. Notify the following staff of all information received and the department's response to the information:
  - The assigned caseworker for *each* child or young adult placed in the home and each assigned caseworker's supervisor.
  - The assigned certifier and the certifier's supervisor. Whether the assigned certifier is a CW certifier, ODDS certifier or OYA certifier depends on which entity certified the home.

The responsibilities of the assigned permanency worker, including required notifications, are outlined in Monthly Contact and Monitoring Child Safety Rules (See OAR 413-080-0051).

### Start tip box

To identify who the ODDS or OYA certifier and their supervisor are and how to contact them, go to the “CPS Notifications” tab on the DHS intranet at <https://inside.dhsoha.state.or.us/dhs/child-welfare/licensed-child-caring-agencies.html>

The assigned ODDS certifier will be responsible for notifying the County Developmental Disabilities Program (CDDP) service coordinator, if one is assigned, and others in ODDS that should be made aware of the report.

The assigned OYA certifier will be responsible for notifying the Juvenile Probation and Parole Officer and others in OYA that should be made aware of the report.

### End tip box

- If it is determined that the information received will be closed at screening, the screener must:
  1. Document the information in OR-Kids provider case notes.
  2. Notify the caseworkers for each child or young adult placed in the home, those caseworker’s supervisors, the assigned CW, ODDS or OYA certifier and that certifier’s supervisor that the information was closed at screening.

### The Supervisor’s Role

#### CPS/Screening Supervisor

- Consult with the screener to determine the department’s response.
- Ensure all required notifications occur.

### **B. Information That Does Not Require a CPS Assessment**

Once a screening decision has been made that the information will not be assigned for CPS assessment, the following additional procedures apply:

#### **Permanency Worker**

##### **Procedure**

- Review information received from the screener. If the information is about a child or young adult on your caseload (this may also apply to a CPS worker), consider the information in regard to that child's or young adult's vulnerabilities and individual needs to assess how the information affects the child or young adult. If the information is about another child or young adult in the home, review the information and assess if the information poses any concerns, both safety and well-being, for the child or young adult on your caseload, given their vulnerabilities and individual needs.

#### **CW Certifier**

##### **Procedure**

- When a certifier receives information which is information only (does not require a CPS assessment, and is not a 'closed at screening') the certifier must look at the information and identify any potential certification issues, training or support needed. Follow up as appropriate to ensure the safety of the certified family's home environment. This is critical communication since certifiers make decisions about the adequacy of homes certified by CW.
- When the certifier is notified by a screener that information regarding one of the certifier's homes was closed at screening, the certifier must:
  1. Assess the information and determine whether the information may be a certification concern, a violation of certification standards, or may indicate the certified family may need additional support.
  2. Assess whether any certification action should be considered, such as initiating a placement support plan, invoking inactive referral status, or making the decision to send a notice of intent to revoke the certificate of approval. Ways of doing this include talking to caseworkers, discussing with the foster parent, reading the screener's notes, and discussing with the screener.
  3. Staff the case with certification supervisor.

4. Determine if additional actions are necessary to ensure the safety of the environment in the certified home.
5. Arrange a home visit if a particular certification action will support the family toward mitigating identified concerns.
  - a. If additional supports would ensure the safety of the environment, implement a placement support plan. Remember that a placement support plan should be time limited, with specific actions or services in which the certified family will participate, as well as any actions the department will take or services it will provide to support the family in ensuring child and young adult safety. (See section 5, D of this chapter.)
  - b. If it is important to maintain the stability of the home with the children and young adults currently placed in the home, consider placing the certified family on inactive referral status. In determining if inactive referral status is appropriate, assess whether doing so will stabilize the family and will strengthen the family's ability to provide for the safety, health and well-being of children and young adults placed in the home. Be honest and forthright in your discussions with the family.
  - c. If, from the information received by the screener and your ongoing assessment of the certified family's ability to maintain safety and well-being of the children and young adults placed in the home, it is determined that neither a placement support plan or inactive referral status will provide enough support for the family to maintain certification standards, initiate the revocation process. (See section, section 10 of chapter 7).
  - d. To place a family on inactive referral status in the Department's information system, the certificate of approval must be placed "on hold." The placed on hold function is accessed by selecting additional certification actions from the options drop down menu on the certification window. On the "additional certification actions" window, choose "place on hold" as the "action," and complete the other fields as appropriate. Once all fields are completed, select approval from the options drop down menu and send for approval.

### The Supervisor's Role

#### Certification Supervisor

- Consult with the certifier regarding any necessary certification actions.

#### Ongoing Supervisor

- Ensure information reported regarding a young adult (anyone over 18 years old) is shared with APD and/or law enforcement as appropriate.
- Ensure notification of a report of abuse to appropriate individuals.

### C. Information that Requires a CPS Assessment

Once a screening decision has been made that the information will be assigned for CPS assessment, the following additional procedures apply:

One of the most important factors in completing an assessment in a home certified by CW, ODDS or OYA is clear communication among staff. Responsibility for ensuring a safe environment for a child or young adult in the home and contacting the certified family is shared by the CPS caseworker, the on-going caseworker, and the CW, ODDS or OYA certifier. Because all of these staff play a role, it is essential that cross communication and collaboration occur.

#### CPS Worker

##### Procedure

##### 1. Initial Staffing

The CPS worker must convene a staffing before making initial contact unless timing of the staffing will compromise child safety. Consult with your supervisor to determine if this is the case.

##### *Start tip box*

Suggestions for how to complete this meeting

Standing meetings

Consider having the staffing via telephone when staff are housed in different offices.

Examples of when delaying the response time will compromise child or young adult safety include:

- Family (including alleged perpetrator and alleged victim) is due to leave town within a few hours either permanently (to move or flee) or temporarily (vacation).
- It is nearing the end of the school day, and the alleged perpetrator is aware of the report being made and there is potential for coaching the child if the interview does not occur prior to the child's release from school.

### END OF TIP BOX

- Invite the assigned CW, ODDS or OYA certifier or the certification supervisor and the caseworker of each child in the home or that caseworker's supervisor.
- Consider inviting the CDDP service coordinator or Juvenile Probation and Parole Officer. The certifier from the respective agency can assist identifying who else may be working with the child or young adult.
- Consider inviting the Child Welfare Program Manager, CPS consultant and Foster Care Coordinator. Considerations include the nature of the referral, whether it is likely the case will be high profile or receive media attention, or if a serious injury to a child has occurred.
- At the staffing discuss:
  1. The nature of the referral.
  2. Coordination of the response to the referral. For example, if the presence of a permanency caseworker who has an established relationship with a child or young adult may be helpful in making them more comfortable during the CPS worker's interview, the two caseworkers could arrange an interview where they are both present.
  3. Any previous CPS assessments involving the home or the individuals living in the home.
  4. Information known by staff who have worked with the family and any other information known by the department (for example, special needs of any children placed in the home or previous certification concerns).

### **2. During the CPS assessment the CPS worker must:**

1. Follow Child Welfare administrative rule regarding completion of a CPS assessment, including CPS Assessment Dispositions rule. When there is an allegation of abuse in a home certified by CW, ODDS or OYA, the CPS worker is responsible for all of the requirements in the CPS assessment rule, CPS Assessment Disposition rule and "The Department's Responsibilities When a Report Involves a Home Certified by Child Welfare, ODDS or OYA."

2. If a child or young adult placed in the home is an alleged victim, provide the certified family with the Pamphlet 1537, "What You Need to Know about a Child Protective Service Assessment, Foster Care."
3. If a child of the certified family is an alleged victim (could be a biological child, an adopted child, or other child living in the home, not placed by the department), provide the family with Pamphlet 1536, "What You Need to Know about a Child Protective Service Assessment."
4. If both a child or young adult placed in the home and another child in the home, (could be a biological child, an adopted child, or other child living in the home, not placed by the department) are alleged victims, provide the family with both pamphlets.
5. Prior to conducting an interview with a child or young adult, the CPS worker must inform the child or young adult:
  - When the child or young adult is not in the custody of the Department or OYA, that they may have their parent or caregiver or attorney present.
  - When the child or young adult is in the custody of the Department or OYA, that they may have their attorney present.
6. Notify and interview the parent or caregiver of any child or young adult residing in a home certified by the Department, ODDS, or OYA who is not in the legal custody of the Department or OYA and gain permission to interview the child or young adult. If the CPS worker is denied permission to interview, but such interviews are needed to complete the assessment, the CPS worker should consult with a supervisor and seek the assistance of a district attorney or assistant attorney general.
7. If during the course of the CPS assessment it is determined that additional children or young adults are at a threat of harm or are victims of abuse ensure additional screening forms are generated as appropriate.
8. Consult with your supervisor before making the decision to remove any child or young adult from the home.
9. Provide on-going information to the assigned CW, ODDS or OYA certifier and to the caseworkers of each child placed in the home on the status of the CPS assessment. The status of the assessment may have an effect on what the caseworker or certifier is required to do.
10. Determine and document the basis for the determination of whether there is reasonable cause to believe that abuse occurred as outlined in CPS Assessment Dispositions rule.

11. Complete the CPS Assessment in OR-Kids including the selection of a safety threat when appropriate. Even if children or young adults were removed from the home, the appropriate safety threats are selected in order to document the existence of a safety threat in the foster home. The safety analysis will conclude that children are safe, and a parent/caregiver can and will protect the child from the safety threat. The parent/caregiver in this situation may be the Department or OYA, as the legal guardian of the child. In a home certified by ODDS, the child may have been privately placed by the parent.

### Ongoing Worker

#### Procedure

(These requirements may need to be done by the CPS worker if the case has not yet transferred to an ongoing worker.)

- When a report is received on an open case that alleges abuse (including third party abuse) in a home certified by CW, ODDS or OYA, the assigned caseworker for the child or young adult must make notifications within three business days. The responsibilities of the assigned permanency worker, including required notifications, are outlined in Monthly Contact and Monitoring Child Safety Rules (See OAR 413-080-0051).

Other notifications may be made as necessary to those who are involved in the case plan. Examples of others might include the child's therapist or sibling. If the child is in therapy, it would be appropriate for the therapist to have information about any new events surrounding that child. Also, if a child is having regular visitation with a verbal sibling, it is likely that the allegation will be discussed. Providing the information in a manner that reduces fear and answers questions may be helpful.

- Use the CF 988, Notification of Child Abuse, as the template for providing written notice. This is to be used both when the information is closed at screening and when the information is referred for a CPS assessment.
- When an allegation involves the provider's child, still complete the notifications to department staff and hold the meetings. The notification to legal parties is not necessary (unless there is a threat of harm allegation against a foster child), as the provider's child is not part of an open case. Again, all notifications to department staff and meetings are required to occur. When a report of abuse has been assigned for a CPS assessment on a child or young adult who is not in the care or custody of the Department, the ODDS or OYA certifier is responsible for any additional notifications required in SB 243 (2017).

### CW Certifier

#### Procedure

1. When the certifier for the family is notified that a report of abuse that involves a certified family has been referred for a CPS assessment, within one business day after the CPS worker has made initial contact, the certifier must provide the family with the following information:
  - a. That the certifier is available to answer questions related to certification, but is not able to discuss the specifics of the CPS assessment. For instance, the certified family may want clarification on what the assessment means to their certification, or whether children will be removed from their home;
  - b. That the certified family is immediately placed on inactive referral status;
  - c. That the certified family has the option of having a consulting foster parent or relative caregiver available for support during the assessment; and must provide
  - d. The names of foster parents and relative caregivers who have agreed to be consulting foster parents.
2. Also, within one business day, the certifier must:
  - a. Document in OR-Kids provider notes that a CPS assessment has been initiated and that the family is on inactive referral status; and
  - b. Notify all staff responsible for placing children or young adults in homes certified by CW that no additional children or young adults may be placed in the home.
3. As with any time the department initiates inactive referral status, the certifier must provide the family written notification to the certified family, within 14 days, that their home has been placed on inactive referral status.
  - a. Explain in the letter what inactive referral status means, and that anytime there is a CPS assessment, a family is placed on inactive referral status.
  - b. File the letter in the certification file, Section 1, Certification Actions.
4. The certifier must provide information regarding the family to the CPS worker as well as other caseworkers of children or young adults in the home.

### The Supervisor's Role

#### CPS supervisor

- Ensure that the staffings occur in a timely manner.
- Attend the staffings (or assign a designee) or ensure the CPS worker is in attendance.
- Determine whether the Child Welfare Program Manager, CPS Consultant and Foster Care Coordinator should be invited to the staffing.
- Ensure that all required notifications to the certified family have occurred in a timely manner.

#### Ongoing Supervisor

- Attend the staffing (or assign a designee) or ensure the ongoing worker is in attendance.
- Staff the case with the ongoing worker as appropriate.

#### Certification Supervisor

- Attend the staffing (or assign a designee) or ensure the certifier is in attendance.
- Staff the case with the certifier as appropriate.

### D. Conclusion of the CPS Assessment

#### CPS Worker

##### Procedure

The CPS worker must convene a staffing within five business days of completing the CPS assessment and invite the CPS supervisor, the CW, ODDS or OYA certifier or certification supervisor, and the caseworker for each child or young adult placed in the home or the supervisor for each caseworker. It is good practice to notify the supervisor for the certifier and the supervisor for each child's or young adult's caseworker even if they are not invited.

- During the staffing:
  1. Share information gathered during the CPS assessment process, including the disposition.
  2. Determine who needs to be notified of the disposition of the CPS assessment and determine which staff will provide notification.
  3. Discuss certification actions that have been taken, will be taken and whether any additional actions are appropriate.
    - a. This is a general discussion of possible certification actions that may need to occur.

### Ongoing Worker

(These requirements may need to be done by the CPS worker if the case has not yet transferred to an ongoing worker.)

#### Procedure

- When the disposition involves a *child* or *young adult* in the care and custody of the Department, the assigned caseworker must, within 10 days of the determination of the disposition, must make required notifications. The responsibilities of the assigned permanency worker, including required notifications, are outlined in Monthly Contact and Monitoring Child Safety Rules (See OAR 413-080-0051). When the disposition involves a *child* or *young adult* who is not in the care or custody of the Department, the ODDS or OYA certifier is responsible for any additional notifications required in SB 243 (2017).

### CW Certifier

#### Procedure

The certifier must do the following within five days of the staffing at the conclusion of the CPS assessment:

1. Staff the case with the supervisor and review all information gathered during the CPS assessment.
2. Determine whether any additional contact with the certified family is appropriate and whether any certification actions should be taken. This is a follow-up to the staffing that occurred with other Department staff. During this meeting discuss the specifics of what was decided at the staffing, for instance, the particulars of a placement support plan, or documenting the specific facts for a notice of intent to revoke a certificate of approval.
3. Discuss the need for any specific training. For example, should the certified family attend a behavior management training, or a training on parenting a child with an attachment disorder? Discuss the certified family's willingness to attend particular trainings, and their ability to use the information gained at the training.
4. Discuss the need for respite care. Does the certified family have natural supports to give them needed breaks. Is a respite resource needed?
5. Discuss the need for additional contact to provide support for the certified family and to verify safety in the home.

- a. If the determination is made to seek revocation of the certified family's certificate of approval, see section 10 of this chapter, "Certification Actions."
  - b. If the determination is that inactive referral status should continue, summarize the outcome of the CPS assessment and the reasons for continuing inactive referral status in a letter and deliver to certified family within 10 days of receiving the completed CPS assessment. File the letter in the certification file, Section 1 Certification Actions.
  - c. If the CPS assessment was founded/substantiated or unable to determine/inconclusive and the decision is made to continue certification, obtain management approval from Program Manager on the CF 117. Be clear in the documentation on how the certified family is able to meet the safety and well-being needs of a child or young adult placed in the home, maintain conditions in the home that provide safety, health and well being for the child or young adult, despite the issues in the CPS assessment.
  - d. If no certification actions will be taken, send written notification to the certified family that the inactive referral status is no longer in effect. File a copy of the letter in the certification file, section 1, Certification Actions and notify the appropriate staff that the family is no longer on inactive referral status. This may be the case if the assessment disposition was unfounded/unsubstantiated, and the assessment and the staffings did not reveal any certification concerns.
6. Document the results of this staffing in OR-Kids provider notes and in the certification file.

### **Final Action**

The CPS worker and the Child Welfare certifier must:

The final action in this process is for the CPS caseworker (or supervisor) and the certifier (or supervisor) to request a meeting with the certified family within 10 days of the completion of the CPS assessment to explain the disposition and any certification actions that will be taken. The intent of this meeting is to provide closure for the certified family. Be honest with the family regarding concerns the department has, and why the department has made the decisions it has made.

- a. When the decision is to continue certification, the certified family may need assistance to address concerns and feelings regarding the assessment process. Provide additional contact, including telephone contact to the family. If the family has not been working with a foster parent mentor, provide the family with information regarding support groups or an experienced foster parent to help support the family.

### **The Supervisor's Role**

CPS Supervisor

- Ensure that the staffing occurs
- Determine whether the Child Welfare Program Manager, CPS consultant, and Foster Care Coordinator should be invited to the staffing

Ongoing Supervisor

- Ensure that the required legal parties receive notification of the disposition

Certification Supervisor

- Discuss with certifier the appropriate certification actions that need to occur and ensure appropriate follow through on all actions.

### **E. CW Foster Home Review Committee**

- Each District is responsible for the development of a local protocol to ensure that there is a formal review structure for Foster Homes certified by the Department when an issue of concern, allegations, or rule violations occurs. This review provides a foundation for increased communication among staff and the consistency of a multidisciplinary review.

It is intended to assist in the documentation and coordination of follow-up action by the Department.

- The local structure includes a regularly scheduled time a minimum of 2 times per month in which the committee meets. The purpose of having a regular scheduled time is intended to minimize the workload of coordinating a review committee among multiple individuals and to provide time for a more proactive review of foster homes. The structure will allow for a staff person to request a review of a foster home and prepare any materials that need to be presented and provided to the review team prior to the committee. *This schedule is not intended to replace current administrative rule requirements and timelines pertaining to Child Protective Services.* The local structure includes:
  1. A review process that is not incident based but considers prior issues, concerns and allegations that have been reviewed.
  2. A process to gather and provide review materials to committee members prior to the committee so a comprehensive review may occur.
  3. Inclusion of the standing members of the Foster Home Review Committee and the certifier for the foster home and caseworkers who have children placed in the foster home being reviewed.
  4. A person assigned to take notes/minutes of the review committee, to document action items and assignments from the review and to disseminate these notes/minutes to the members of the committee.
  5. Documentation of the review committee notes for the individual family are kept in the OR-Kids Provider record
  6. A process by which the foster home being reviewed receives a written notice from the branch as to the purpose of the staffing and any follow up action they need to be aware of by the committee, after they have been notified verbally.

To ensure objectivity in the review process these reviews require the inclusion of individuals who have no relationship to the foster family or to the child welfare staff responsible for the foster home's certification or the foster children in the family's care. The staff persons involved with the foster homes are necessary participants in the review but are not the sole participants in the review committee.

Standing Committee Members include;

1. Child Welfare Program Manager or designee
2. CPS/Screening Supervisor or designee
3. Certification Supervisor or designee
4. Person assigned for notes/minutes and documentation of review
5. Person(s) involved with the foster home under review; certifier and caseworkers

Others who may be considered;

1. Culturally Appropriate Representation – Tribal worker or other representative should be invited if the foster home or foster child(ren) in the home have special cultural considerations.
2. Social Service Assistant – when the persons have information to share or action that will require follow-up
3. Foster Parent Representative - A certified foster parent who can provide input on the review but who is not involved in the actual case being reviewed nor has a personal relationship with the foster parent. This person should be selected by the Child Welfare Program Manager and not someone who just assumes the role due to other responsibilities in local associations, or support groups.
4. Program Consultants – Central Office consultants; Foster Care, CPS, Adoption, Residential Treatment, ICPC, or Field Administration may be utilized in complex cases, or cases which have been reviewed previously, or when the District/Branch requires additional review participants.