

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 child abuse and/or neglect.
 2. **Mental health personnel** may be involved in assessing the effects of any alleged child abuse and/or neglect 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 and/or neglect 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 neglect, and the assessment of risk and safety.
 6. **Designated Medical Professional (DMP)** must be consulted per (ORS 419B.022, ORS419B.023 and ORS 419B.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 CAIC's (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 or neglect. 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 parent's 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 LEADS information on the alleged perpetrator, as well as adults living in and frequenting the home. If the individuals were provided with notice (LEADS notice, DHS 9004), the CPS worker may request a LEADS 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.