

9. Determination of the Department Response

As outlined in OAR 413-015-0210, once it is determined the information gathered should be documented and is CPS-related, all critical information from the reporter and collateral sources has been gathered, and any additional screening activities have been completed, the screener must determine the Department's response. The Department's response will be "CPS assessment required" or "close at screening."

A. CPS assessment required

Procedure

- One of the primary decisions in the screening process is whether to refer a report for a CPS assessment. The screener will refer a report for CPS assessment if:
 1. The information constitutes a report of child abuse or neglect as defined in ORS 419B.005 (see definition below), and the information indicates:
 - a. The alleged perpetrator is a legal parent of the alleged child victim;
 - b. The alleged perpetrator resides in the alleged child victim's home;
 - c. The alleged perpetrator may have access to the alleged child victim, and the parent or caregiver may not be able or willing to protect the child; or
 - d. The alleged child abuse occurred in a day care facility, the home of a Department certified foster parent or relative caregiver, or a private child caring agency that is not a Children's Care Provider (CCP).
 5. A tribe or LEA requests assistance from the Department with an investigation of child abuse or neglect and a CPS supervisor agrees that assistance from the Department is appropriate.

Definition

"Abuse" is defined in Oregon Revised Statute 419B.005(1) (2013) as:

- (a)(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.
- (B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.
- (C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.
- (D) Sexual abuse, as described in ORS chapter 163.
- (E) Sexual exploitation, including but not limited to:
 - (i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined

- in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and
- (ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to patronize a prostitute as described in ORS 167.008.
- (F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.
 - (G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.
 - (H) Buying or selling a person under 18 years of age as described in ORS 163.537.
 - (I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.
 - (J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.
 - (b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

B. CPS assessment response timeline

Once it has been determined a CPS assessment is required the screener must determine how quickly CPS must respond. The screener will use reported information, as well as additional information gathered during the screening process, to determine which response time to assign. 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.

Procedure

In determining the CPS assessment response, the screener must choose between two response timelines: "within 24 hours" and "within five calendar days." The timeline 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. The screener must take into account the location of the child, how long the child will be in that location, and access that others have to the child.

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 child abuse or neglect as defined in ORS 419B.005.
- (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.

Examples

The following are examples to assist the screener in interpreting the safety-related information and determining the need for a “within 24 hours” response:

- Police have served a search warrant and find children living in a household where their parents are manufacturing methamphetamine.
- Parents have taken their toddler to the emergency room with head injuries and report the child fell off the couch. Medical staff report the explanation is not consistent with the injury and the injury is suspicious for child abuse.
- Current allegations of sexual abuse, where the alleged perpetrator has access to the victim and the caregiver is either not protective or it is not known whether the caregiver will be protective.
- Physician reports the parent has failed to follow through with medical care for a condition that is serious and if left untreated will likely have a severe impact on the child’s health.
- Access to a child by a person who has seriously harmed or abused a child in the past, an individual who has had their parental rights terminated, or an alleged, previously convicted, founded, or untreated sexual offender.
- Serious physical injuries that 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, neck 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.
- Abuse or neglect such as failure to thrive, malnutrition, poisoning, or ingestion of or exposure to a noxious substance in which the child’s safety is immediately threatened.
- Serious illness or life-threatening medical condition 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).
- The caregiver is reported to be dangerous and violent and the child has no access to a protective adult.
- 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, access of an alleged perpetrator who has seriously harmed or abused a child in the past).
- Police request immediate response.

Within five calendar days

- This response timeline must be used as identified above. The screener’s judgment must take into account:
 1. The location of the child,
 2. How long the child will be in that location,
 3. Access others have to the child’s location, and
 4. Whether an intentional delay to allow for a planned response is less likely to compromise the safety of the child.

Examples

The following example is to assist the screener in interpreting the safety-related information and determining the need for a “within five calendar days” response:

- A child currently in a foster or relative home reports child abuse by a parent and the allegation has not been previously assessed by the Department.
- A child is reported to have extensive bruising reported to be inflicted by a relative in a home they were visiting.
- The reporting party is the caregiver of the child who states they will not allow contact between the child and the alleged perpetrator until the allegations can be assessed by CPS.
- A child’s currently in the hospital and is diagnosed with non-organic Failure to Thrive. The hospital is concerned that the parents don’t appear to have the mental capacity to adequately care for the baby. The baby will not be released from the hospital for about a week.

D. Documentation of reports requiring CPS assessment

The screener must complete an OR-Kids screening form (307a) immediately when a “within 24 hours” response timeline is assigned or the same day when a “within five calendar days” response timeline is assigned, unless a CPS supervisor grants an extension as provided in OAR 413-015-0220.

E. Closed at screening

If the screener decides to record the CPS-related information in OR-Kids and to not refer the information for CPS assessment, this is a decision to “Close at Screening.” When information is closed at screening it means the Department intervention closes or ends when the screening process is complete.

Procedure

- As outlined in OAR 413-015-0210(4), a report is closed at screening when the screener

determines the information received:

1. Does not constitute a report of child abuse or neglect as defined in ORS 419B.005, and the screener determines the information describes family conditions, behaviors, or circumstances that pose a risk to a child.
 2. Is a report of third-party child abuse or neglect that does not require a CPS assessment because the alleged perpetrator does not have access to the child, and a parent or caregiver is willing and able to protect the child.
 3. Is a report that there are no children in the home and:
 - a. An expectant mother is abusing substances during her pregnancy;
 - b. An expectant mother or a household member has had his or her parental rights to another child terminated; or
 - c. An expectant mother or household member is known to have conditions or circumstances that would endanger a newborn child.
 4. A report also is closed at screening when the screener, after extensive efforts, is unable to obtain sufficient information to locate the child. If the child's location is known, the child's name and exact address are not necessary before a report can be referred for a CPS assessment and the report cannot be closed at screening. The child's location need not contain an exact street address.
- When a screener completes a closed at screening related to an expectant mother, consider sending a hospital alert letter. The alert letters:
 1. Include information to identify the woman;
 2. State that the woman's newborn may be subjected to child abuse, and in particular, threatened harm to a child, which means subjecting a child to a severe risk of harm to the child's health or welfare; and
 3. Explains why the newborn may be subjected to danger.
 - As outlined in OAR 413-015-0210(5), after deciding the report will be closed at screening the screener must:
 1. Document, in the OR-Kids screening form (307a), the current information that supports the decision to close the report at screening and why the report does not require a CPS assessment.
 2. Decide whether other services are appropriate and make service or resource referrals as



Hospital alerts are directed to “public” or “private officials” at hospitals. These “officials” include licensed practical and registered nurses, psychologists, licensed clinical social workers, licensed professional counselors, and physicians, including interns, residents, and naturopathic physicians. The Department sends the letters to provide information to officials at the hospital where the child may be born so these officials can determine whether to make a mandatory or voluntary report to the Department.

necessary. Screeners should maintain a current list of resources offered within their community to support families. Document, in the OR-Kids screening form (307a), what service or resource referrals were made. Services or resource referrals for “close at screening” referrals may include:

- a. Self-Sufficiency services
 - b. Family support and connections
 - c. Community parenting support groups
 - d. NA or AA contact numbers
 - e. Legal Aid contact numbers
 - f. Homeless shelters
 - g. Food banks
 - h. Day care resources
 - i. Service or faith-based organizations
 - j. Domestic violence programs
3. If contact information was provided, make diligent efforts to contact the reporter and inform him or her of the decision when the reporter was not informed of the decision prior to completing the report:
 - a. Whether contact with the child was made
 - b. Whether the Department determined child abuse occurred
 - c. Whether services will be provided.
 4. Complete the OR-Kids screening form (307a) no later than the next working day after the screening determination is made. A CPS supervisor may grant a one-day extension up to two times, although screening activities may not exceed two days beyond the day the information alleging child abuse is received by the Department. Remember, when the screener has enough information to determine the Department’s response or has information that a child is unsafe, no extension is allowed.