

Nancy Keeling  
Authorized Signature

Number: CW\_IM\_08\_001  
Issue Date: 01/23/2008

Topic: Protective Services

Subject: Screening Activities

Applies to (check all that apply):

- |                                     |                               |                          |                                      |
|-------------------------------------|-------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/>            | All DHS employees             | <input type="checkbox"/> | County Mental Health Directors       |
| <input type="checkbox"/>            | Area Agencies on Aging        | <input type="checkbox"/> | Health Services                      |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/>            | County DD Program Managers    | <input type="checkbox"/> | Other (please specify):              |

Message:

OAR: 413-015-0211

**Additional Screening Activities**

**(3) When a screener receives information related to the home of a Department certified foster parent or relative caregiver, the screener must notify and document that the screener has notified each assigned case worker, assigned certifier, and their respective supervisors of all information received** (see Child Welfare Policy I-B.2.2.3, "Department Responsibilities During Screening and Assessment of a Child Abuse or Neglect Report Involving the Home of a Department Certified Foster Parent or Relative Caregiver," OAR 413-200-0404 to 413-200-0424).

*\*Please note that I-B.2.2.3 has been revised and is posted as a temporary rule.*

The above information was added to the OAR on December 5, 2005. The intent of this OAR language was to ensure that all workers of children in department certified foster parent of relative placements have information about the behavior of other children in the placement; have information about the care of children in the home and are made aware of any certification issues and/or allegations of child abuse in the placement. This memorandum is to provide clarification to all field offices regarding the requirement and intent of the OAR.

- *"Information"* – means an allegation of child abuse or neglect provided to Child Welfare that the screener evaluates to determine if it constitutes a report of child abuse or neglect involving a certified family home **or** information received by a screener that is not a report of child abuse or neglect, but must be documented in FACIS case notes involving a certified family home.

- *“related to the home of a Department certified foster parent or relative caregiver”* - means information involving a *certified family*. The *"Certified family"* means an individual or individuals who hold a Certificate of Approval from the Department to operate a home to provide care, in the home in which they reside, to a child or young adult in the care or custody of the Department. This would include information related to the behavior, care, supervision and/or protection of a child or children while they are residing in the certified family home.
- *“the screener must notify and document that the screener has notified each assigned case worker, assigned certifier, and their respective supervisors of all information received”* – means that the screener must identify and notify the caseworker of every child living in the certified home. The screener must also identify and notify the assigned caseworkers’ supervisors, the certifier of the home, and the certification supervisor. (Notification can be done in a group e-mail to the above individuals.) Documentation of the above notifications is to be made by the screener in FACIS provider notes for the certified home.

*If you have any questions about this information, contact:*

|                    |                           |             |              |
|--------------------|---------------------------|-------------|--------------|
| <b>Contact(s):</b> | Una Swanson               |             |              |
| <b>Phone:</b>      | 503-945-6696              | <b>Fax:</b> | 503-378-3800 |
| <b>E-mail:</b>     | Una.m.swanson@state.or.us |             |              |