

	<b>Department of Human Services</b> <b>CHILDREN, ADULT &amp; FAMILIES</b>	<b>NUMBER: I-AB.5</b> <b>OAR: 413-015-0100 to 1030</b>
	<b>CLIENT SERVICES MANUAL I</b>	<b>SECTION: AB</b> Child Protective Services
	<b>ISSUED BY: Office of Self-Sufficiency and Child Safety</b>	<b>SUBSECTION:</b>
<b>EFFECTIVE DATE: July 1, 2003</b>		
<b>SUBJECT: Child Safety Assessment and Child Safety Planning - Oregon Administrative Rule</b>		

**REFERENCES:** The Guided Assessment Process  
 Tools for increasing Child Safety...  
 Child Protective Service Assessment Policy I-B.2.2  
 Family to Family Tools for Rebuilding Foster Care: Team Decision Making  
 Annie E. Casey Foundation  
 I-AB.1 Introduction to CPS, 413-015-0100 through 0125  
 I-AB.2 Screening, 413-015-0200 through 0225  
 I-AB.3 Cross Reporting, 413-015-0300 through 0310  
 I-AB.4 CPS Assessment, 413-015-0400 through 0410  
 I-AB.6 Working with Other Entities, 413-015-0600 through 0615  
 I-AB.7 Interviewing, 413-015-0700 through 0740  
 I-AB.8 Photographing and Documenting, 413-015-0800  
 I-AB.9 Medical Examination, 413-015-0900 through 0905  
 I-AB.10 CPS Assessment Dispositions, 413-015-1000

**PURPOSE**

**413-015-0500** The purposes of these rules, OAR 413-015-0500 through 0510, are to:

- (1) Describe a child safety assessment and a child safety plan.
- (2) Establish when a child safety plan must be developed.
- (3) Establish when a child safety plan is no longer required.
- (4) Describe the use of team decision meetings (TDM) in making placement decisions for a child.

**CHILD SAFETY ASSESSMENTS AND TIME FRAMES**

**413-015-0505 (1)** To complete a child safety assessment, the CPS worker must:

(a) Have face-to-face contact with the child who is the subject of the referral.

(b) Have face-to-face contact with the primary parent or caregiver, if possible.

(c) Determine if other children in the home are safe.

(d) Utilize the GAP and interviewing guidelines set out in OAR 413-015-0700 through 0740 to:

(A) Identify safety threats;

(B) Assess risk influences; and

(C) Assess parents' or caregivers' protective capacity.

(2) After the screener determines the department response and assigns the referral to a CPS worker, the CPS worker must complete a child safety assessment within the following time lines:

(a) Immediate Response: The CPS worker must complete a child safety assessment on the same working day the report alleging child abuse is received by the Department.

(b) Impending Response: The CPS worker must make face-to-face contact with the child within 24 hours of the time the report alleging child abuse is received by the Department or document why attempted contacts have been unsuccessful. The CPS worker must complete the safety assessment and safety plan without undue delay.

(c) Response Required: The CPS worker must make a face-to-face contact with the child within 5 days of the day the report alleging child abuse is received by the Department and must complete the safety assessment and safety plan without undue delay.

(3) Exceptions:

(a) Any exception to the time lines given in section (2) of this rule requires CPS supervisor approval and written justification of how the child's safety needs have been considered.

(b) If the screener has been granted an extension, the CPS supervisor may adjust the child safety assessment and safety planning time line accordingly.

## **CHILD SAFETY PLAN**

**413-015-0510 (1) Safety Plan.** The CPS worker must develop and document a child safety plan when a safety threat has been identified as a result of a child safety assessment.

**(2)** Use GAP. The CPS worker will utilize the GAP to consider safety threats, risk influences, and parent's or caregiver's protective capacity in developing a child safety plan.

**(3)** Use of TDMs. The CPS worker must develop a child safety plan with family participation whenever possible. If the CPS worker knows or has reason to know the case involves an Indian child, the CPS worker shall involve the Indian child's tribe when developing the child's safety plan. When a safety plan involves considering an out-of-home placement, a TDM must be held.

**(a)** In order to involve the family in the out-of-home placement decision, the TDM should be held prior to the decision to make an out-of-home placement. If it is not practicable to hold the TDM prior to placement, the TDM must be held prior to the shelter hearing.

**(b)** The CPS worker retains final responsibility for assessing child safety and approving the child safety plan.

**(c)** If a TDM is not held, supervisory approval and supporting documentation is required.

**(d)** Local department offices must develop protocols for scheduling, facilitating, and documenting TDM's.

**(4)** The child safety plan may contain one or both of the following components depending on the individual safety needs of children in the family:

**(a)** An in-home child safety plan. An in-home safety plan must be developed:

**(A)** When the protective capacity of the parent or caregiver can be enhanced or supported to create safety for the children; or

**(B)** When a safety threat can be temporarily or permanently eliminated and protective capacity of the family or non-offending parent or caregiver is sufficient to provide safety for a child.

**(b)** An out-of-home child safety plan. An out-of-home safety plan shall be developed:

**(A)** When existing protective capacity of the caregiver cannot be enhanced or supported to provide for the child's safety; or

**(B)** When there is no parent or caregiver to provide for the child's safety needs.

**(C)** When reasonable efforts or active efforts (if applicable) have been made to prevent the removal of the child from the home.

**(5)** Documentation requirements. The CPS worker must document a child safety assessment and a child safety plan using the GAP Child Safety Assessment within three working days following face-to-face contact with a child.

**(6)** Closing a Child Safety Plan. The CPS worker will close the child safety plan when identified safety threats have been eliminated, the parent or caregiver protective capacity can manage identified safety threats, or another plan has been established for the safety of the child.