

Child and Family Services Policy Manual: Investigation/Assessment Investigation/Assessment of Report

Response

Reports of suspected child abuse, neglect, or abandonment are received by Centralized Intake as set forth in Section 202-2. All reports indicating reasonable cause to suspect that a child is abused, neglected, or abandoned by a person responsible for the child's care must be assessed and the immediacy of the timeframe for response by the Child Protection Specialist which is deemed appropriate will be determined by Centralized Intake.

In situations where Centralized Intake makes a determination that an immediate response is necessary, the person designated to receive that information in the field will be notified by telephone. The Child Protection Specialist Supervisor may aggravate or mitigate the response time based on their information or knowledge of the situation. In cases involving CFS reports with allegations of third party abuse or neglect, where the alleged perpetrator is not a person responsible for the welfare of a child as defined by Montana law, and therefore require an investigation by law enforcement, the Centralized Intake Specialist shall immediately forward the report to the appropriate law enforcement agency for investigation in accordance with Montana state statute 41-3-205(4)(a)&(b).

Reasonable cause to suspect means cause that would lead a reasonable person to believe that child abuse or neglect may have occurred or is occurring, based on all the facts and circumstances known to the person.

Person responsible for a child's welfare means the child's parent, guardian, foster parent or an adult who resides in the same home in which the child resides; a person providing care in a day-care facility; an employee of a public or private residential institution, facility home, or agency; or any other person responsible for the child's welfare in a residential setting.

Child abuse or neglect means either actual physical or psychological harm to a child **OR** substantial risk of physical or psychological harm to a child **OR** abandonment. The term includes actual harm or substantial risk of harm by the acts or omissions of a person responsible for the child's welfare. The term does not include self-defense, defense of others, or action taken to prevent the child from self-harm that does not constitute physical or psychological harm to a child.

If the Centralized Intake Specialist receives a report of child abuse or neglect for input into the CAPS system and/or the

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Mandatory Cross-Reporting

Child Protection Specialist is assigned a report of child abuse or neglect for investigation/assessment, and the Centralized Intake Specialist or Child Protection Specialist believes that there is reasonable cause to suspect any of the following has occurred:

- The death of the child as a result of child abuse or neglect;
- A sexual offense, as defined in 46-23-502, against the child;
- Exposure of the child to an actual and not a simulated violent offense as defined in 46-23-502; or
- Child abuse or neglect, as defined in 41-3-102, due to exposure of the child to circumstances constituting the criminal manufacture or distribution of dangerous drugs.

The Centralized Intake Specialist and/or Child Protection Specialist shall promptly refer these matters to law enforcement for concurrent investigation. If there is an agreement in place, pursuant to Mont. Code Ann. § 52-2-211, for a County Interdisciplinary Child Information Team in that county, cases of suspected child abuse or neglect shall also be referred to this team or to law enforcement, in accordance with the local protocols defining which types of cases the team may review and how referrals shall be made in these jurisdictions.

Under Mont. Code Ann. § 41-3-201, professionals who are mandated to report when they know or have reasonable cause to suspect, as a result of information they receive in their professional or official capacity, that a child is abused or neglected by anyone regardless of whether the person suspected of causing the abuse or neglect is a parent or other person responsible for the child's welfare, must report the information to Centralized Intake. Centralized Intake will assess the report and, if sufficient facts exist to make it reasonable to suspect child abuse or neglect has occurred by a person who is not a person responsible for the welfare of a child, as defined above, then the report shall be entered into CAPS as a CFS or a CFS 8, in accordance with the definitions set forth in section 202-2 of this policy manual, and sent to the appropriate law enforcement agency, school superintendent, or CPS Supervisor or designee for further referral to the appropriate investigating agency.

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Although Centralized Intake is legally mandated to receive calls from mandatory reporters who know or have reasonable cause to suspect, as a result of information they receive in their professional or official capacity, that a child is abused or neglected by anyone regardless of whether the person suspected of causing the abuse or neglect is a parent or other person responsible for the child's welfare, **the Division does not have legal authority to investigate alleged abuse or neglect when the alleged perpetrator of the abuse or neglect is not a person responsible for the welfare of the child who is the subject of the alleged abuse or neglect.** In regards to reports of abuse or neglect by persons not responsible for the welfare of the child(ren), the appropriate investigating agency may be law enforcement, the school district, or the Office of Public Instruction depending on the facts set forth in the report.

Documentation of Cross-Reporting

Upon receipt of this type of report, the Centralized Intake Specialist, CPS Supervisor, or designee shall promptly make a referral to the appropriate investigating agency to ensure that an investigation may be completed at the discretion of the appropriate investigating agency within a timeframe that ensures the safety of the child(ren) and that the investigation of the suspected abuse or neglect occurs without the loss of any evidence that may be present at the time of the report.

If the report is cross-reported by a staff member at Centralized Intake, it must be documented on the Intake Assessment and RRD1.

If the report is cross-reported by field staff as part of information obtained during an ongoing investigation, then the Child Protection Specialist or Child Protection Specialist Supervisor shall document the date, time, and information cross-reported in the case file. If a form is used, pursuant to a local protocol, the form and any supporting documentation must be uploaded to Doc Gen under the report number or child's CAPS ID.

CPS History

A search of the CAPS system must be completed to find a person's CAPS identification number; any prior CAPS CPS history; and/or address information. If the person is found in CAPS, the Centralized Intake Specialist will provide the Child Protection Specialist with that information.

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The Child Protection Specialist shall also conduct a search in CAPS. To find a person in CAPS, use person search (PERS). If the person is known to the CAPS system, a CAPS number will be displayed. At that time the Child Protection Specialist can search for prior CPS history. By entering the assigned CAPS ID # on RRRL, all reports associated with that person will be displayed. The search of prior history should also indicate if this person is currently involved in an investigation or open CPS case. SEAL (See All Client Information) screen will show which CAPS screens have information on a client.

If it is known that the family has moved from another state, a background check by the Centralized Intake Specialist is extended to other states where the family lived. If the family was a client prior to conversion to the CAPS system, the Child Protection Specialist shall contact the county where the family formerly resided to obtain any information not on the CAPS system.

If the person is also a provider (identified on PERL), the provider number will be added on CID1 by the Centralized Intake Specialist. This will alert the Family Resource Specialist that a referral was received on the provider/provider employee.

The Child Protection Specialist should regularly update the person's address (ADDD) and relationship lists (RELL) with any new information received.

The Child Protection Specialist may also conduct a search in CJIN. CJIN can only be conducted on persons suspected or alleged to be perpetrators of abuse or neglect that could impact the current investigation / case plan

NOTE: The Investigation Start Date is the date and time the call is received by Centralized Intake.

Prioritization of CPS Reports

All CPS reports must be prioritized as one of the following categories defining a timeline for a repose, based on the Intake Assessment of the report completed by the Centralized Intake Specialist and approved by the Centralized Intake Specialist Supervisor:

Priority One:

A priority one report requires that contact be made with the

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child(ren) who are alleged to have been abused and/or neglected or at who are alleged to be at substantial risk of abuse and/or neglect by the Child Protection Specialist assigned to the report within a time not to exceed 24 hours from the date of the receipt of the report by Centralized Intake. Any time face to face contact with the child cannot be made within seventy-two hours; the exception to this policy must be approved by a CPS Supervisor and documented in the Family Functioning Assessment.

Priority Two:

A priority two report requires that contact be made with the child(ren) who are alleged to have been abused and/or neglected or at who are alleged to be at substantial risk of abuse and/or neglect by the Child Protection Specialist assigned to the report within a time not to exceed 72 hours from the date of the receipt of the report by Centralized Intake. Any time face to face contact with the child cannot be made within seventy-two hours; the exception to this policy must be approved by a CPS Supervisor and documented in the Family Functioning Assessment.

Priority Three:

A priority three report requires that contact be made with the child(ren) who are alleged to have been abused and/or neglected or at who are alleged to be at substantial risk of abuse and/or neglect by the Child Protection Specialist assigned to the report within a time not to exceed 10 days from the date of the receipt of the report by Centralized Intake. Any time face to face contact with the child cannot be made within 10 days; the exception to this policy must be approved by a CPS Supervisor and documented in the Family Functioning Assessment.

Priority Four:

A priority four report requires that the report be fully investigated and assessed, and a written report documenting the determination, be completed within sixty (60) days from the receipt of the report.

Anonymous Reports

An initial investigation of alleged abuse or neglect may be conducted when an anonymous report is received. However, the investigation must within 48 hours result in the development of independent, corroborative, and attributable information in order for the investigation to continue. Without the development

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of independent, corroborative, and attributable information, a child may not be removed from the home. The 48 hours begins at the time that the Child Protection Specialist initiates the investigation according to the response time assigned by Centralized Intake. The 48 hours excludes holidays and weekends.

Persons Contacted The investigating must follow the SAMS FFA Interview Protocol that is set forth in the FFA field guide.

THIS INTERVIEW PROTOCOL REQUIRES FACE TO FACE CONTACT AND INDIVIDUAL INTERVIEWS WITH ALL MEMBERS OF THE HOUSEHOLD IN WHICH THE ABUSE AND/OR NEGLECT HAS ALLEGEDLY OCCURRED. THE PROTOCOL ALSO DEFINES THE ORDER THAT THESE INTERVIEWS MUST OCCUR. If the interview protocol cannot be followed, then the reason must be documented.

Contact with Child(ren) and Parent(s) Once contact with the child and/or parent has been made, the FFA interview protocol must be completed unless the report is determined to be unfounded OR it is an anonymous report and if independent, corroborative, and attributable information is not established within 48 hours of initiating the investigation.

Reporter Contact Contact with the reporter is strongly recommended. If the reporter is a mandatory reporter, the Child Protection Specialist is required to contact the mandatory reporter and document this in the contacts section of the Family Functioning Assessment. This allows the Child Protection Specialist the ability to gather more information that would assist in the investigation. All reporters should be told that their identity will be confidential except in cases where the identity of the reporter may be shared with a county attorney, peace officer, or attorney who is hired by or represents the Department, if necessary for the investigation or prosecution of a case involving child abuse or neglect, or in cases where a court permits disclosure, in accordance with Mont. Code Ann. § 41-3-205.

Collateral Contacts In the course of an investigation, the Child Protection Specialist must gather information from collateral sources if such sources have information relevant to a safety determination. The Child Protection Specialist may not give information collected in the course of the investigation to collateral sources; however, it is often necessary to ask such sources if they have relevant information to ensure an accurate assessment is completed.

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If the Child Protection Specialist makes contact with collateral source(s) and the reporter to confirm the facts set forth in the report **prior to making contact with the child or parent(s) to begin the FFA interview protocol**, and based on the information provided by the collateral source(s) the Child Protection Specialist may request that the report be closed without completing the FFA interview protocol. This request must not exceed 10 days from the date of the report. The CPS Supervisor must then obtain approval from the Regional Administrator to close the investigation without completing the FFA interview protocol and conduct no further investigation. If this occurs, the reasons for closing the investigation, and the approval from the Regional Administrator, must be documented in the "Out of Policy Action" section of the FFA and noted on RRD1. A determination of IIW (Insufficient Information to Warrant an Investigation) will be entered on RRD2. The partially completed FFA must be uploaded to Doc Gen under the report number and signed by the CPS and CPS Supervisor.

- Other Professionals** It is helpful for the Child Protection Specialist to request information regarding the family assessment from other professionals. This is usually done with the knowledge and consent of the family. Sometimes the family will not give its consent, or the other person for whom information is being requested will not release information. In such instances, if the Child Protection Specialist believes the information is vital to the assessment, the Specialist will ask the county attorney to file a petition for temporary investigative authority and protective services, asking the court for release of the information to the Department.
- Information Sharing with Reporters and Collateral Contacts** Information may be shared with reporters, mandatory reporters, and other collateral contacts in accordance with the provisions set forth in Section 501-1 et seq. of the CFSD Policy Manual.
- Home Visits** Home visits are required pursuant to the SAMS Family Functioning Assessment field guide. If circumstances related to the report make it impossible for the Child Protection Specialist to complete a home visit, this must be documented in the Family Functioning Assessment and the CPS Supervisor must note their approval of the absence of a home visit in the Family

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Functioning Assessment.

Child Protection Specialist Risk

In cases where Child Protection Specialists are concerned about their safety or safety of others in the home when doing a home visit, law enforcement may be requested to accompany the Child Protection Specialists to the home. However, law enforcement may not conduct the investigation on behalf of the Child Protection Specialist in these cases.

When responding to a methamphetamine lab, the Child Protection Specialists should never enter the contaminated environment. The Child Protection Specialists should refer to the statewide protocol for children found in drug labs for instructions on safely receiving and transporting children removed from methamphetamine labs contained at the end of this policy section on pages 18 and 19.

Consent to Enter

As a general rule, the Child Protection Specialist may not enter the family home without the consent of the parents or the adult who is responsible for the care of the child. Under current Montana law, the following principles apply to the issue of consent:

- 1) Consent may be limited, for example:
 - a) the person giving the consent has the right to not have pictures taken. Unless the Child Protection Specialist has a court order allowing the Child Protection Specialist entry and access to the child's home for the purposes of investigation, the Child Protection Specialist does not have the right to take pictures inside the home if the parent or adult caring for the child(ren) objects;
 - b) the person giving the consent has the right to restrict the Child Protection Specialist to one area of the home;
- 2) consent may be withdrawn at any time meaning that if the person that consented asks the Child Protection Specialist to leave, s/he must do so;
- 3) consent must be freely and voluntarily given. Consent obtained by coercion or threat (such as a threat to take physical custody of a child) is not considered to be

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consent;

- 4) The only exception to the general rule is when exigent (emergency) circumstances exist. An example of exigent circumstances which would justify a Child Protection Specialist's entry into a private home without a court order or consent would be when the Child Protection Specialist has:
 - a) reasonable cause to suspect that abuse or neglect has occurred; **AND**
 - b) a reasonable belief that immediate entry is necessary to prevent imminent danger to a child.

NOTE: Assistance from law enforcement personnel should be obtained if the Child Protection Specialist determines that exigent circumstances are present when investigating a report of suspected child abuse or neglect

When Refused Entry

If the Child Protection Specialist conducting the investigation is refused entry by the parent and the Child Protection Specialist has reason to believe the child is in danger of being abused or neglected, the Child Protection Specialist should contact the county attorney and request that he or she seek an order to gain entry into the home.

If there is immediate or apparent danger of harm to the child, see Section 302-1, Immediate Protection and Emergency Protective Services, for procedures to be used for emergency removal of the child from the home.

The Investigation/ Assessment

In conducting the investigation and assessment of a report, the Child Protection Specialist must collect information and proceed in accordance with the SAMS Family Functioning Assessment Field Guide.

The Family Functioning Assessment forms and field guide shall be used as the Child Protection Specialist's guide to the investigation and assessment.

The Child Protection Specialist may not inquire into the financial status of the child's family or custodian except for the purpose of determining eligibility for federal assistance programs.

If the Child Protection Specialist identifies that any child(ren)

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is/are in Immediate Danger at any point during the investigation and assessment, a Protection Plan must be put in place before the Child Protection Specialist leaves the location of the child(ren).

The partially completed FFA must be uploaded to the FFA repository on the Division's share point site within three days of the initiation of the investigation/assessment, and at the additional times set forth in the below supervisory review timelines.

Supervisory Review of Investigations/ Assessments

Supervisory consultation must be completed within 24 hours of the first face- to- face contact with all children in the family and documented in the contacts and nature sections of the FFA..

If immediate danger is identified, Supervisory consultation should occur prior to leaving the situation if possible to assure the protection plan is adequate. If legal custody is being sought due to a child being in Immediate Danger, supervisor consultation must occur prior to removal of the child if at all possible. This consultation can be completed by phone or in person.

The Child Protection Specialist Supervisor must also document that supervisory review took place at 3 days, 15 days, and 30 days after initiation of the investigation/assessment. The review must be documented within the FFA repository on the Division's share point site.

Consultations may also be required by the CPS Supervisor at any time during the life of a case and should be recorded in the FFA.

Supervisory Reassignment of Investigations / Assessments

When a Child Protection Specialist leaves during an open investigation/assessment, the Child Protection Specialist Supervisor shall reassign all open investigations prior to the Child Protection Specialist's final day of employment as a Child Protection Specialist. Reports shall be assigned to another Child Protection Specialist or to the Supervisor if the only thing left to do is complete the documentation of the Family Functioning Assessment.

The Child Protection Specialist Supervisor will not assign any new reports to the Child Protection Specialist after receiving

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notice of the resignation. Furthermore, the Child Protection Specialist shall develop a report closure plan for all open reports at the time of receiving notice of the resignation.

Protection Plans

A Protection Plan may not be in place for longer than 30 days if a child is placed outside of the home. Therefore, the Child Protection Specialist may be required to complete the Family Functioning Assessment within the 30 days when a protection plan is implemented that requires out-of-home placement of the child(ren) by the department unless Court action has been filed and a Court order sanctioning the placement of the child by the department has been obtained. During the time that the Protection Plan is in place, the Child Protection Specialist shall have weekly consultations with their CPS Supervisor.

Unlicensed Emergency Kinship Placements

If a child is placed out of the home in an unlicensed kinship home or with the noncustodial parent, a home visit must be completed within 48 hours of the placement. If the noncustodial parent refuses to allow access to his or her home, and the parent has no CPS history or relevant criminal history, the Child Protection Specialist shall document on the Protection Plan, Part A, that a home visit was attempted. Refusal to allow a home visit by a noncustodial parent who has no CPS history or relevant criminal history may not be used as a reason to deny placement of the child with the noncustodial parent.

The written FFA must be completed and the written report uploaded to Doc Gen within 60 days of receipt of the report.

When Families Move During the FFA

When a CPS worker begins an investigation in one county and the family relocates to another county while an investigation/assessment is being completed, the CPS Supervisor is required to contact the CPS Supervisor in the county where the family relocates. After discussing the current status of the investigation, the CPS Supervisor in the county where the report originated shall transfer the report to the CPS Supervisor in the county where the family has relocated using the AXED function in CAPS. Any assessments and/or documents, including completed or partially completed, Protection Plans, and Family Functioning Assessments, shall be uploaded into Doc Gen. This includes any documents obtained from collateral sources.

The reasons for transferring the case shall be noted on the partially completed Family Functioning Assessment prior to

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uploading it to Doc Gen. The CPS assigned to complete the investigation/assessment shall contact the necessary parties to the investigation upon assignment to confirm that the information in the partially completed Family Functioning Assessment is accurate and complete. The newly assigned CPS worker shall also complete the interview protocol and make a safety determination in order to close the report within 60 days.

Due to the time sensitive nature of investigations, it is required that county offices and CPS Supervisors work cooperatively to ensure that this transfer process occurs without delay to ensure the safety of the children named in the report.

Recorded Interviews

Under Montana law, if the interview is audio or video taped, an unedited audio or video tape with audio track must be made available, upon request, for unencumbered view by the family (subject to Mont. Code Ann. § 41-3-205. Confidentiality). Upon completing the audio or video taped interview, the tape should be given to the county attorney's office or office of the attorney representing the Division when a petition has been filed regarding the case in which the interview was conducted.

Urinalysis

If the Child Protection Specialist suspects that the parent may be using drugs, the Specialist may not:

- absent a court order, require the parent to submit to a urinalysis;
- coerce the parent into submitting to a urinalysis by making the completion of a urinalysis as a condition for not removing the child from the parental home; or
- take action based on the results of an over-the-counter test.

Under Montana law, if interview is audio taped or videotaped, an unedited audiotape or videotape with audio track must be made available, upon request, for unencumbered view by the family [subject to 41-3-205(3), Confidentiality]. Upon completing the audio taped or videotaped interview, the tape should be given to the county attorney's office.

Examination of The The child should be examined by a physician when there is

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Child reason to believe the child is a victim of serious physical or sexual abuse, has been removed from a methamphetamine lab or there is reason to believe the child may have drugs in their system due to actions by the parent, unless the child is of a mature age and refuses, no evidence of abuse can be gathered because the incident occurred too long ago, or a physician is not available. If child is removed from a meth lab, Child Protection Specialist should follow the statewide protocol for medical evaluation of children found in drug labs.

Developmental Screening and Assessment The CPS must refer a child who is under age 3 to the local Developmental Disability Part C Program for screening for developmental disabilities within 5 working days of completion of a FFA if the child was:

- A. Determined to be unsafe and an in-home or out-of-home safety plan was put into place **OR**
- B. The subject of a CA/N substantiation

Children ages 3 and older must receive a developmental assessment through one of the following methods:

- Headstart assessment (preferred for ages 3 to 5)
- Neuro-psychological evaluation
- Educational evaluation
- Assessment by the Developmental Disability contractor for the region.

Request a copy of the assessment of the child for the case file.

If the developmental assessment indicates that the child requires services for a developmental disability or requires further assessment, the CPS is responsible to make referrals to the appropriate services to the local developmental disability provider, and ensure that the child receives the services as available.

Cases Involving Domestic Violence In cases involving domestic violence, the Child Protection Specialist must consider the situation of the victimized adult in addition to the safety of the child.

If the Child Protection Specialist determines that an adult member of the household is the victim of partner or family member assault, the Specialist shall provide the adult victim with a referral to a domestic violence program. The form of the

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referral will depend on the circumstances and will consider the safety of both the child(ren) and the adult victim.

If the Child Protection Specialist determines, after investigation/assessment, 1) that the child is in danger because of the occurrence of partner or family member assault against an adult member of the household; and 2) that the child needs protection as a result of the occurrence of partner or family member assault against an adult member of the household, the Specialist shall take appropriate steps for the protection of the child. The steps taken by the Child Protection Specialist may include:

1. making reasonable efforts to protect the child and prevent the removal of the child from the parent or guardian who is a victim of alleged partner or family member assault;
2. making reasonable efforts to remove the person who allegedly committed the partner or family member assault from the child's residence if it is determined that the child or another family or household member is in danger of partner or family member assault; and
3. provide services to help protect the child from being placed with or having unsupervised visitation with the person alleged to have committed partner or family member assault until the Child Protection Specialist determines that the alleged offender has met conditions considered necessary to protect the safety of the child.

NOTE: See Section 302-1, Immediate Protection and Emergency Protective Services, for procedures to be used for emergency removal of the child from the home. See Section 402-1 for Placement Procedure

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Written Report Required

A written report, in the form of a completed Family Functioning Assessment (FFA), must be completed and approved by the CPS Supervisor **within 60 days** from the date that Centralized Intake received the report. A copy of the FFA shall be furnished to the family, upon request, with the name and identity of the referent deleted. If a court grants Temporary Investigative Authority to the Division, the timeline for completion of the Family Functioning Assessment may follow the timeline established in the order granting Temporary Investigative Authority.

A copy of the completed Family Functioning Assessment must be uploaded to Doc Gen by the Child Protection Specialist Supervisor **within 60 days** from the date that Centralized Intake received the report.

If necessary, the Child Protection Specialists must expedite the completion of an FFA in cases where Immediate Danger is identified, and a Protection Plan that includes an out-of-home placement by the department is implemented as a Protection Plan may be in place for only 30 days if child is outside of his/her home.

Completion of Investigation / Assessment

Upon completion of the Family Functioning Assessment, the Child Protection Specialist must make a determination regarding the safety of the child and the outcome of the report as set forth in policy Section 202-4: Documentation of Investigation and Opening a Case. If a child is determined to be unsafe, further action must be taken by the Child Protection Specialist, in accordance with Montana law and Division policy to ensure the safety and health of the child.

Written documentation must be provided to all parents and/or legal guardians or custodians at the conclusion of an investigation/assessment indicating the final determination made regarding the report, as set forth in policy Section 202-4.

References

Mont. Code Ann. § 41-3-201, 41-3-202, 41-3-204 through 41-3-207, 41-3-302, 41-3-427.
42 U.S.C. §5106a (b)(2)(A)(ii, iii, iv, xviii and xix).

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PROTOCOL FOR CHILDREN FOUND IN DRUG LABS

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES – CHILD & FAMILY SERVICES SOCIAL WORKER WILL

IMMEDIATELY	WITHIN 24 HOURS	WITHIN 48 HOURS	FOLLOW-UP
Respond to law enforcement referral for Child Protective Services (CPS)	Coordinate with law enforcement to determine if there are other children in the family who were not present at the time of the initial incident and locate their whereabouts	File an abuse and neglect petition through the court system within two working days of placement of children	Ensure that children are seen for follow-up medical examinations as recommended by physician (additional medical testing may be necessary once toxicology results are received)
Arrive at the scene but <u>WILL NOT</u> enter a contaminated environment (protective gear required).	Follow the same decontamination process guidelines for the other children who were located and the home where they stayed		Ensure children receive developmental assessments within 30 days
Receive children delivered by law enforcement <i>after</i> decontamination has occurred and protective suits put on children (use children clothing packets from law enforcement or social worker). Absolutely NO clothing, toys, blankets, food, drink or other items may be taken from the scene due to contamination.	Transport other children to local hospital ER or Children's Advocacy Center. Law enforcement will accompany children and CPS worker. Present ER physician or Children's Advocacy Center with <i>medical protocol kit</i> . Law enforcement is responsible to pick up specimens from hospital ER or Children's Advocacy Center (<i>follow medical protocol</i>).		Provide mental health referrals as appropriate or recommended
Transport children immediately to local hospital ER or Children's Advocacy Center for medical evaluation. Law enforcement will accompany children and CPS worker. Present ER physician or Children's Advocacy Center with <i>medical protocol kit</i> . Law enforcement is responsible to pick up specimens from hospital ER or Children's Advocacy Center (<i>follow medical protocol</i>).	Place children in a safe setting. If children are potentially to be placed with unlicensed kin home, conduct a CPS check and sexual and violent offender registry check prior to placement. Follow-up with fingerprints and motor vehicle check within three days. Request law enforcement to conduct a statewide law enforcement background check of the relative home. Provide caregiver with completed CFS 206.		
Place children in a safe setting. If children are potentially to be placed with unlicensed kin home, conduct a CPS check and sexual and violent offender registry check prior to placement. Follow-up with fingerprints and motor vehicle check within three days. Request law enforcement to conduct a statewide law enforcement background check of the relative home. Provide caregiver with completed CFS 206.			

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PROTOCOL FOR CHILDREN ENDANGERED BY NATURE OF EXPOSURE TO DRUGS

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES – CHILD & FAMILY SERVICES SOCIAL WORKER WILL:

IMMEDIATELY AND/OR WITHIN 24 HOURS	WITHIN 48 HOURS	FOLLOW-UP
Respond to Law enforcement referral for Child Protective Services	If required to protect the safety of the child, file the appropriate petition within two working days of placement. If the child is not placed, it may be necessary to file a petition for Temporary Investigative Authority or to provide voluntary protective services.	Ensure that children are seen for follow-up medical examination as recommended by physician (additional medical testing may be necessary once toxicology results are received). Ensure EPSDT screens/services are identified.
Coordinate initial home visit with law enforcement. Investigate potential neglect/abuse of children. Determine if other children in the family are not present during the home visit and locate their whereabouts. Continue investigation and interviews.	Follow-up with fingerprints and motor vehicle check within three days.	Follow medical protocol
Ensure children are evaluated by primary care provider or Children's Advocacy Center (follow medical protocol). Provide primary care provider with medical protocol kit. Law enforcement is responsible to pick up specimens from the primary care provider. (Follow steps outlined in medical protocol).		
Law enforcement alters CPS worker if urinalysis tests positive for drugs. CPPS takes necessary steps to ensure safety of children. If children are removed, provide written notification to parents/guardians.		
If necessary, place children in a safe setting and provide parents or guardian with written notification regarding investigation or placement. If children are potentially to be placed in unlicensed home, conduct a CPS check and sexual and violent offender registry check prior to placement. Request law enforcement to conduct a statewide law enforcement background check of the relative home. Provide caregiver with completed CFS 206.		