

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 640-01. The revision to this policy manual are shown in red/underlined.

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after **10/01/2023** unless otherwise indicated.

Par. 3. **Issued By** – Changes included in this manual letter are initiated by Children and Family Services. If you have questions or concerns, please contact Kirsten Hansen at krhansen@nd.gov.

### **[Policy Chapter 640-01]**

## **Receiving a Report of Suspected Child Abuse and Neglect 640-01-01-05**

- North Dakota Century Code 50-25.1-04 mandates that all persons mandated or permitted to report cases of known or suspected child abuse or neglect shall cause oral or written reports to be made.
- A report of suspected child abuse or neglect may come to the attention of Child Protection Services by phone, mail, electronic mail, facsimile transmission, in person, or by other means.
- When a report is received verbally (by phone or in person) the Intake worker will complete the Child Protection Services Intake Form, which is then considered to be a report of suspected child abuse or neglect.
- Recording information provided by an individual making an oral report by an intake worker does not identify the intake worker as “the reporter”. The reporter is the person who provides the information to the CPS Intake Worker.
- Reports received verbally shall be accepted the same as reports received in writing.
- When reports which are initially received by phone are followed by a subsequent written report, the written report will be combined with the

completed Child Protection Services Intake Form and treated as a single report.

- When reports are received in writing, the reporter will be contacted by a CPS Intake Worker within 24 hours and an intake interview completed and documented on the Intake form. The Child Protection Services Intake Form will be attached to the written report and treated as a single report.
- Any report which indicates present danger to a child must be forwarded to an Intake Supervisor or CPS Supervisor immediately with additional Intake tasks to follow
  - If the reporter cannot be reached within 24 hours and the information in the report indicates impending danger to the child, the written report should be referred to the Intake supervisor to discuss with the CPS supervisor.
  - If the reporter can't be reached within 24 hours, and it is not clear whether the written report contains sufficient information to determine whether criteria for a report of suspected child abuse or neglect is met, the report must be staffed with the Intake Supervisor, who may consult the CPS Supervisor or Field Service Specialist to determine whether the report is sent for assignment or held until the reporter can be contacted.
- When a reporter is not able to be contacted within 24 hours, contact will be attempted each 24 hours for three days regardless of whether the report has been sent for assignment. If a reporter cannot be contacted within 3 days, the report will be processed according to policies contained in this section and further attempts to contact the reporter will be made by the assigned CPS Worker.
  - The assessment process shall not be delayed waiting to secure a written report on a SFN 960 Form or due to inability to contact the reporter.
- North Dakota law NDCC 50-25.1—05 requires that an assessment or alternative response assessment be initiated concerning "... any report of child abuse or neglect...". For this reason, it is not allowed to "screen out" any reports of suspected child abuse or neglect at intake. Reports

determined not appropriate under NDCC 50-25.1 for a full assessment for a child abuse and/or neglect determination will be processed according to the procedure for administrative assessments or administrative referrals.

- Reporters submitting a report of suspected child abuse and neglect concerning a person who is not responsible for a child's welfare should not be re-directed to law enforcement or any other entity. The Intake Worker should complete the Child Protection Services Intake Form and process the report according to policies for administrative assessments and referrals.
- It is important to differentiate between a report of suspected child abuse and neglect and other types of information or concerns a caller or reporter might submit.
- If a reporter makes an oral report which is determined during the intake not to fall within the scope of the definition of abused child, sexually abused child as stated in NDCC 50-25.1 or the definition of neglected child as stated in NDCC 50-25.1-02(20), the process for administrative assessments should be explained to the reporter.
- The Intake Worker may provide information about alternative solutions to counsel a caller away from the child welfare system.
- If the reporter affirms their intention to make a report after an explanation is given and counsel provided, the report shall be recorded on the Child Protection Services Intake Form and processed according to the appropriate policy and procedure.

### **Special Considerations for Intake 640-01-01-15**

- In addition to reports of suspected child abuse or neglect, CPS intake is responsible for accepting, recognizing, and processing reports of:
  - Abandoned Infants - Baby Safe Haven
  - Child Sexual Behaviors
  - Domestic Violence

- Human Trafficking
- Pregnant women misusing alcohol
- Pregnant women using controlled substances
- Substance exposed infants
- Suspected Institutional abuse or neglect
- Withholding Medically Indicated Treatment from Disabled Infants (Baby Doe)
- Child fatality

## **Report of Pregnant Individuals Misusing Alcohol 640-01-01-15-20**

- Information that is important to collect and document when receiving a report that an individual who is pregnant has misused alcohol includes:
- The name, age, telephone number and permanent address of the pregnant individual
- Gestational age of the fetus
- The point in time the individual discovered she was pregnant
- The individual's awareness of possible effects of alcohol misuse on the fetus
- The nature and extent of the alcohol misuse:
- What are the health risks to the individual that are associated with the misuse of alcohol?
- When and how often is the alcohol being misused?
- Is the individual currently under the influence of alcohol?

- The present location of the individual
- The location where the reported concerns occurred if different from a permanent address
- The individual's history of past treatment for alcohol dependence
- Any current treatment for alcohol misuse the individual is receiving
- The location/facility where past or current treatment is/was received
- The name of parent, guardian, or custodian if the individual is an unmarried child
- The family composition (e.g., names, sex, ages of children and other adults normally present). If there are children in the home who may be abused or neglected as a result of the alcohol misuse, then the procedures for reports of suspected child maltreatment must be followed.
- Names of persons present when alcohol is being misused
- Any indication of violence in the home
- Any prior or current legal issues
- Any action taken by the reporting source
- The reporter's name, telephone number, and address. (If the reporter is reluctant to provide their name and contact information, the reporter needs to be informed that a report of a pregnant individual who has misused alcohol cannot be assessed if the reporter does not provide the reporter's name and address.)
- The relationship of the reporter to the pregnant individual (e.g., mental health personnel, addiction staff, law enforcement officer, family member, etc.)
- The willingness of the reporter to share with the individual his/her role in initiating the report

- The willingness of the reporter to allow the CPS Worker to use the reporter's name when interviewing the individual
- The willingness of the reporter to participate further in the assessment process, if appropriate
- The motives of the reporter, if possible, to evaluate
- The names of persons who may have information or direct knowledge concerning the suspected misuse of alcohol by the individual who is pregnant
- Any pre-natal care received by the individual and the name of the treating physician
- If the reporter is a medical professional, request verification of the pregnancy (copy of the pregnancy test record) and the medical indications of the suspected misuse of alcohol (e.g., obstetrical complications that indicate misuse of alcohol, results of toxicology screenings, etc.)

## **Analysis and Triage of a CPS Intake 640-01-05**

### **Criteria For a Report of Suspected Child Abuse and Neglect 640-01-05-01**

Following an interview with a reporter of suspected child abuse or neglect, the intake information must be analyzed to determine whether the intake meets the statutory requirements for a report of suspected child abuse or neglect.

For a CPS Intake to be considered to be a report of suspected child abuse and/or neglect, the information received at intake must:

1. involve a child under the age of 18 years as a victim of suspected child abuse and/or neglect

2. include information that, if found to be supported by the facts and evidence in an assessment, may meet a definition of Abused Child; Sexually abused child, or neglected child as defined by NDCC 50-25.1.
3. include a child victim that is currently physically located within the geographical boundaries of North Dakota and not in a tribal jurisdiction (physical location, NOT where the child resides)
4. contain sufficient information to identify or locate the child victim(s) of the report
5. name a subject of the report (person suspected of abusing or neglecting a child) who is a "person responsible of a child's welfare" as defined in NDCC 50-15.1-02 as, "an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster care provider; or an employee of, or any person providing care for the child in, a public or private school or child care setting" (emphasis added)

Proceed with analysis of the Intake with the following steps:

- If the Intake does not involve a child under the age of 18 years as a victim of the report (child who is suspected of being abused or neglected) (50-25.1-02).
- If an Intake involves an individual over the age of 18 years, consider whether the reporter may be referred to Protection and Advocacy (P&A receives reports of alleged abuse, neglect, and exploitation of individuals with disabilities. While P&A's authority to provide protective services focuses primarily on adults, P&A protective services may also be provided to children with disabilities when Child Protection Services has determined that the situation or incident is not within CPS criteria.)
- Consider whether the reporter should be directed to Adult Protective Services if the concerns involve a victim over age 65.
- An administrative assessment or referral must be completed when a CPS Intake does not involve a child in North Dakota who is under the age of 18.

- If the Intake does not contain information that, if found to be true by the facts gathered in an CPS assessment, may meet a definition of Abused Child; Sexually abused child, or Neglected child as defined by NDCC 50-25.1. An administrative assessment must be completed when an Intake does not contain reported child abuse or neglect concerns that may meet a definition of Abused Child (N.D.C.C. 50-25.1-02); Sexually Abused Child N.D.C.C. 50-25.1-02, or Neglected child N.D.C.C. 50-25.1-02.

If a child victim of the CPS Intake is not currently physically located within the geographical boundaries of North Dakota an administrative referral must be completed to the jurisdiction (state/tribal/international) where the child is physically present, if known. (State law cannot be applied to a child who is not in the state.)

If the child victim of the report resides within a tribal jurisdiction, it must be determined whether the child is a member or eligible for membership in a federally recognized Indian tribe. (See THE INDIAN CHILD WELFARE ACT 640-01-10-70)

If a CPS intake does not contain sufficient information to identify or locate the child victim(s) of the CPS Intake, perform the following due diligence to attempt to identify or locate:

- Perform a search of the Master Client Index if sufficient information is available
- Perform a search of FRAME if sufficient information is available
- Check with available public resources such as the local public-school system, TANF benefits program, utility company, etc. (2-3 resources is sufficient for this purpose)
- Re-contact the reporter if possible, to request any additional information which could assist in locating/ identifying the child
- Attempt a site visit to an address or location if provided by the reporter

The person suspected of abusing or neglecting a child (the 'subject' of the report) must be a "person responsible for a child's welfare" (N.D.C.C. 50-25.1-02-1.

- To determine whether a person reported to be the subject of a CPS report is a “person responsible for a child’s welfare” as defined in NDCC 50-25.1-02, apply the following criteria:
  - The person has/had responsibility for the care and supervision of the child at the time the suspected child abuse and/or neglect occurred. (See Determining Responsibility for Care and Supervision.
    - Unless a person was responsible for the care and supervision of the child, that individual cannot be considered as the subject of a report of suspected child abuse and neglect

**and**

- The person is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster care provider; or an employee of, or any person providing care for the child in, a public or private school or child care setting.

**Both criteria above must be met in order to consider an individual to be the subject of a CPS assessment.**

If the CPS Intake names a subject of the report (person suspected of abusing or neglecting a child) who is NOT a “person responsible for a child’s welfare”, consider whether the report should be referred to a law enforcement agency for investigation and disposition (report contains information which is a potential criminal violation that endangers the child e.g. physical abuse/assault/sexual abuse/sexual assault/drug involvement, etc.)

### **Exceptions 640-01-05-01-01**

State law requires certain types of reports to be accepted by CPS, which are not required to meet the criteria for a report of suspected child abuse or neglect. These types of reports are:

- Reports of pregnant women using controlled substances are accepted.

- N.D.C.C. 50-25.1-16 states, "A report under this section must be made as described in section 50-25.1-04 and must be sufficient to identify the woman, the nature and extent of use, if known, and the name and address of the individual making the report."
- Reports of pregnant women misusing alcohol are accepted.
  - N.D.C.C. 50-25.1-18 states, "A report under this section must be made as described in section 50-25.1-04 and must be sufficient to identify the woman, the nature and extent of use, if known, and the name and address of the individual making the report."
- Reports of Abandoned Infants (Baby Safe Haven) are accepted.
  - N.D.C.C. 50-25.1-15(2)) states, "A parent of an infant under the age of one year, or an agent of the parent with the parent's consent, may leave the infant with an on-duty staff member at an approved location. Neither the parent nor the agent is subject to prosecution under sections 14-07-15 and 14-09-22 for leaving an abandoned infant."
  - N.D.C.C. 50-25.1-15(6) states, "Within twenty-four hours of receiving an infant under this section, the approved location shall report to the department, as required by section 50-25.1-03, that an infant has been left at the approved location. The report may not be made before the parent or the agent leaves the approved location."
  - North Dakota Administrative Code 75-03-19.2 names the following approved locations:
    - Local public health units
    - Human service zones
    - Regional human service centers
    - Long-term care nursing facilities
    - Children's advocacy centers

- Emergency medical services operations
- Criminal justice agencies.
- Reports of child sexual behaviors are accepted (one child sexually perpetrating against another child)
  - N.D.C.C. 50-25.1-05,3 states, "If law enforcement determines a minor committed an act in violation of sections 12.1-20-01 through 12.1-20-04, section 12.1-20-07, sections 12.1-20-11 through 12.1-20-12.2, or chapter 12.1-27.2 against another minor, law enforcement shall provide the report to the department. Law enforcement shall conduct a criminal investigation and shall coordinate with the department for the provision of services to the minors, parents, custodians, or other persons serving in loco parentis with respect to the minors.

## **Determining a Subject Who is Out-Of-State 640-01-05-01-15**

A subject is considered an out-of-state subject when any of the following criteria is met:

- When the reported abuse or neglect occurred in North Dakota and the subject also resided in North Dakota at the time of the abuse or neglect, but subsequently left North Dakota, and is currently residing in another state, a report can be assigned for assessment and a decision of "Confirmed" can be made if supported by the facts of the assessment.
- If the subject is an out-of-state resident but comes into North Dakota and child abuse or neglect occurs while the subject is within North Dakota, but the subject subsequently leaves North Dakota, a report can be assigned for assessment and a decision of "Confirmed" can be made if supported by the facts of the assessment.
- For reports where the subject is an out-of-state resident, the maltreatment occurred in another state and the children suspected of being abused or neglected are now present in North Dakota, assess for present danger. When a child is determined to be unsafe, protection of

the children must be provided according to North Dakota law. Children who are determined to be unsafe may be placed in protective custody by order of the Juvenile Court as in any other case.

- Reports concerning children who were abused or neglected in another state, but who now reside in North Dakota should be referred to the state where the abuse or neglect occurred with an offer of assistance to interview the child/non-subject parent and any other necessary collateral interviews or additional information available.
  - In some of these situations, depending on the family arrangements for care and considerations of custody, or joint custody, contact will need to be made with CPS staff in another state (if the family has moved or the child travels between parental homes). This is a decision and process that should include consultation with a supervisor. The Field Service Specialist may also be consulted.
  - Children abused or neglected in another state should also be screened for trauma and referred for appropriate services.
- When the subject of a report of suspected child abuse or neglect is an out-of-state resident and the abuse or neglect occurred outside of North Dakota, the state of North Dakota has no jurisdiction over this subject. Therefore, an intake that names a subject who is an out-of-state resident and the maltreatment also occurred out of state must be administratively referred to the appropriate agencies in the other state (child welfare and/or law enforcement).

## **Jurisdiction for Assessments 640-01-05-25**

For Child Protection purposes, the zone responsible for the CPS assessment is the zone where the suspected child victim is currently physically present, regardless of the child's temporary or permanent residence, represents the Human Service Zone responsible for the CPS assessment

- This is where the child can be protected using the Juvenile Court where the child is.

- If a suspected child victim in a non-criminal case is in Zone A and the subject of report is in Zone B, Zone A will request Zone B to interview the subject of the report.
- The CPS Workers in Counties A and B will coordinate the assessment process as necessary. The CPS Worker in Zone A (where the child is) will take the lead. The need to coordinate will continue through the decision-making process and the provision of any services.

For reports that are of a criminal nature, law enforcement where the child maltreatment (crime) occurred has jurisdiction for any criminal investigation and will direct the nature of any interviews with the subject or suspected child victim of the report. However, the protection of the child will still need to occur in the zone where the child is physically present.

This is true, except when:

- The suspected child victim is a resident of an institution or residential facility, and the subject of a report of suspected child abuse or neglect is the facility (maltreatment suspected by employees or volunteers of the facility)
  - the report must be immediately forwarded to the CFS Institutional CPS Unit as a report of suspected institutional child abuse or neglect
- The human service zone is the legal custodian, the suspected child victim is a resident of an institution or facility, but the subject is a caregiver other than the staff of the facility (the child's parent, an adult family member of the child, any member of the child's household, the child's guardian):
  - The zone for the assessment is the zone with custody of the child (zone with Juvenile Court jurisdiction).
  - The zone where the facility is located will conduct any necessary interviews with the alleged child victim if requested to do so by the zone with custody of the child.

- CPS Workers from the two zones will coordinate the assessment process as necessary. The need to coordinate will continue through the decision-making process and the provision of any services.
- The suspected child victim is a resident of an institution or residential facility, but the subject is a caregiver other than the staff of the facility (the child's parent, an adult family member of the child, any member of the child's household, the child's guardian) and the legal custodian is not a human service zone (DJS, parental custody),
  - the zone with responsibility for the assessment will be the zone where the victim child resided prior to placement or where any siblings reside, who may also be in need of protection.
- The suspected child victim is placed in family foster care outside of the human service zone with legal custody (zone with Juvenile Court jurisdiction) and the subject is (the child's parent, an adult family member of the child, any member of the child's household, the child's guardian)
  - the zone with legal custody over the child will be responsible for the assessment.
- When the suspected child victim is present at the time of the initiation of the assessment and is placed in an out of home plan due to present danger, the human service zone where the subject resides is responsible to complete the assessment.
- If a child is involved in shared parenting times where one parent resides out of state, jurisdiction for the assessment will occur where the subject resides, however if the child is currently, physically present in North Dakota, present danger must be assessed and referred to the appropriate jurisdiction of the subject.
- If the subject of the report is out-of-state, refer to section [640-01-05-01-15](#), "Determining a Subject Who is Out-of-State."

## **CPS Assessment 640-01-10**

## Introduction 640-01-10-01

North Dakota Century Code (N.D.C.C.) requires that all reports of suspected child abuse and neglect be reported to the department of Human Services and allows the duties of Child Protection Services to carry out the mandates on the law through the use of an "Authorized Agent, defined as "Human Service Zones".

All reports of suspected child abuse and neglect are required to be reported through the Department of Human Services through its authorized agent and requires that "any report" must be accepted:

"The department, in accordance with rules adopted by the department, immediately shall initiate a child protection assessment, alternative response assessment, or family services assessment or cause an assessment, of **any** report of child abuse or neglect including, when appropriate, the child protection assessment, alternative response assessment, or family services assessment of the home or the residence of the child, any school or child care facility attended by the child, and the circumstances surrounding the report of abuse or neglect."  
(N.D.C.C. 50-25.1-05(1)) (emphasis added.)

State law limits Child Protection Services actions to reports involving a "person responsible for a child's welfare", defined as:

"an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster care provider; or an employee of, or any person providing care for the child in, a public or private school or child care setting. (N.D.C.C. 50-25.1-02(1)). Reports which do not meet statutory definitions mandated to Child Protection Services but which may be a potential violation of criminal law are to be "disposed" through referral to law enforcement(N.D.C.C. 50-25.1-05.3).

Throughout this manual, A 'person responsible for a child's welfare' may be referred to as a "parent", "non-subject parent", "non-offending parent", or "caregiver". A person suspected of abusing or neglecting a child or confirmed as a person who has abused or neglected a child is referred to as a "subject".

State law defines three types of assessments which may be carried out in response to a report of suspected child abuse and neglect:

1. "Alternative response assessment" means a child protection response involving substance exposed newborns which is designed to:
  - a. Provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn; and
  - b. Develop a plan of safe care for the substance exposed newborn. (N.D.C.C. 50-25.1-02(4))
2. "Child protection assessment" means a factfinding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child and an evidence-based screening tool. (N.D.C.C. 50-25.1-02 (6))
3. "Family services assessment" means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department and an evidence-based screening tool. (N.D.C.C. 50-25.1-02(10))

The Child Protection Assessment (CPS Assessment), sometimes referred to as a 'standard' assessment or "full" assessment is the traditional response to a report of suspected child abuse and neglect and results in a decision or determination whether a child has been abused or neglected based on a preponderance of factual information obtained in the assessment process.

The Family Services Assessment is a variation of the Child Protection Assessment in which the report indicates a type or level of child abuse or neglect that indicates a child is not in danger, but the family may need services to remediate family behaviors, attitudes, motives, emotions, and/or situations which may develop into abusive or neglectful situation if not addressed. Family Services Assessments do not result in a decision or determination whether a child has been abused or neglected.

The Alternative Response Assessment is specific to reports of substance exposed newborns whose caregivers agree to provide safety for the infant and seek treatment for substance use or other services needed for the safety and well-being of their infant. Alternative Response assessments do not result in a decision or determination whether a child has been abused or neglected.

State law also mandates action from Child Protections Services for other types of reports concerning the welfare of a child. These include:

- Institutional child abuse or neglect (N.D.C.C. 50-25.1-02(11))
- Abandoned infants (N.D.C.C. 50-25.1-15)
- Prenatal exposure to controlled substances (N.D.C.C. 50-25.1-16)
- Prenatal exposure to alcohol abuse (N.D.C.C. 50-25.1-18)
- Child sexual behaviors (50-25.1-05.3.)

It is imperative that all CPS assessments contain sufficient factual information to enable a correct determination whether a child has been abused or neglected. The assessment determination, however, does not establish safety for the child. Securing safety for the child is the primary goal and requires more than facts surrounding a particular incident or incidents.

The CPS assessment is more than simply fact-finding. It is a way to establish rapport with family members and engage them in the safety intervention process. Child safety is the ultimate focus of any CPS assessment. Effective family engagement enhances the quality of the CPS assessment.

The Safety Framework Practice Model overlies and is incorporated into the CPS assessment process and documentation from the point of intake through referral to In Home services or out of home placement and closure of the assessment. Please reference the Safety Focused Child Welfare Practice Policy Manual 607-05.

North Dakota's practice model clearly outlines duties of all Child Welfare workers to ensure child safety through the life of the case. The CPS assessment is crucial to identify:

- Present danger safety threats, and
- Impending danger safety threats.

The CPS assessment process is necessary to assure child safety through development, monitoring and updating of:

- Present Danger plans,
- Initial safety plans, or
- Ongoing safety plans.

## **Response Time Decision 640-01-10-10-01**

The Supervisor must take into consideration whether the reported concerns would indicate a child is in present or impending danger to determine the appropriate plan for initiating the assessment. In determining response time for a CPS assessment, the CPS Supervisor must consider the following response time timelines:

- Emergency - Immediate
  - No protective caregiver available.
  - Critical incident (serious injury, death, sexual abuse, etc.)
  - Certain abandoned children (Safe Haven, young child)
  - Medical neglect of a disabled child (Baby Doe)
  - Law enforcement requesting emergency contact
  - Within 24 hours response required

- Present danger safety threats reported
- Within 3 calendar days (72 hours) response required
  - Potential impending danger
- Within 14 days
  - Suspected maltreatment, no report of present/impending danger
- **Response Time A -Within 24 hours response required.**

An Immediate Response is required if the report contains indication of Present Danger, or serious injury, or near death or death caused by suspected child abuse or neglect. If the child is with a responsible adult/protective caregiver that is clearly documented in the record, the CPS Worker may respond within the day if child safety will in no way be jeopardized.

- Initiation of the assessment is face-to-face contact with all reported child victim(s)
- CPS response time will be within and no later than 24 hours from the date and time the report was received.
- The harm reported can reasonably lead to severe injury, disability, severe trauma, or death.
- Family behaviors, conditions or circumstances that threaten a child's safety right now.

Reports containing any of the following factors require a plan for intervention and safety as soon as possible (within 24 hours):

- Serious physical injuries that create a substantial risk of death, disfigurement, or impairment. Serious injuries include fractures, subdural hematoma, dislocation, sprains, internal injuries, burns
- , retinal hemorrhage, etc.
- Physical abuse to children 5 (five) years of age or younger (injuries need not be visible).

- Substance exposed infants
- Current non-accidental injury to any child such as welts, bruises, lacerations, and abrasions. If the injuries are to the head, neck, or face, it would most likely fall into the immediate response timeframe.
- Current concerns of sexual abuse, where the alleged perpetrator has access to the victim.
- A young child (ages 5 or under) or a child with disabilities or other special needs is currently left unsupervised and/or inadequately supervised for any period of time or left in the care of an inappropriate caregiver to the extent that the child's immediate needs go unnoticed or unmet.
- Abuse/neglect such as failure to thrive, ingestion of, or exposure to, noxious substances, failure to provide adequate food to meet nutritional needs (malnutrition), failure to provide clothing consistent with climatic conditions, and failure to provide medical care. Immediate response is recommended if the report alleges that the condition is immediately life threatening.
- Cruel, unconscionable, intimidating, or terrorizing acts or statements (e.g., deliberate threats to the child's life or safety, or intimidating acts with firearms or animals, etc.).
- 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, or access of an alleged perpetrator who has seriously harmed or abused a child in the past).
- Reports of unsafe or unsanitary living conditions where children age 5 (five) or under are present. Conditions include feces on the floor that young children could crawl in or put in their mouth, or moldy food accessible to them, guns, tools, exposed wiring, etc.
- Reports of domestic violence and the alleged batterer still has access.
- No protective caregiver available.

- Police request immediate response.

The CPS Supervisor shall determine the appropriate response time within 24 hours (immediate, same day, following day).

- **Response Time B - Within 3 calendar days (72 hours) from the date and time received from intake, the agency is required to initiate the report.**
  - Initiation of the assessment is face-to-face contact with all reported child victim(s)
  - For reports in which there is identified impending danger, the CPS response time will be within and no later than 3 days from the date and time the report was received
  - Consider the best approach to contact the family and consider scheduling a visit when appropriate.
  - If mail is the only means to arrange a visit, a letter should be sent quickly to allow time to receive a response and make contact within the 3 days.
  - Any exception to the assigned time frame must be documented in the Case Activity Log in FRAME.

When the 3-day response timeline is assigned, the CPS Supervisor will decide how soon within the 3 days to respond based on an assessment/identification of impending danger (1 day, 2 days, 3 days).

- **Response Time C - Within 14 days response.**
  - Assigning the 14-day response time is only permitted when conditions in which there is a suspicion of maltreatment and no indication of present or impending danger.
  - A Family Services Assessment Response may be assigned to Response Time C when criteria are met. See Family Services Response for guidance on the assessment process for these reports.

- Initiation of the assessment is face-to-face contact with all reported child victims for a standard assessment
- When the 14-day response timeline is assigned, the CPS Supervisor will decide how soon within the 14 days (1 day to 14 days) to respond based on an assessment/identification of child vulnerability. The younger the child, or the presence of a child disability, diagnosis, or condition, the sooner the response should be.

## **Timeliness and Workflow 640-01-10-10-20**

When the CPS Supervisor receives a new intake from the CPS Intake Unit, the new report will be reviewed by the supervisor for additional administrative assessment options to determine whether the Intake is as complete as possible (Full Kit) or ready for assignment to a CPS Worker.

### Batching

Each CPS Supervisor shall develop a schedule for rotation of CPS Workers to receive assigned reports on a predictable interval. Batching schedules may vary across agencies dependent upon the number of CPS Workers in the Zone and the numbers of reports received. However, the CPS Supervisor must assure that each worker is allowed predictable time, 2 days per week, in which to complete the assessments assigned to the worker.

### Task Analysis Board

Each Supervisor shall manage a Task Analysis Board (TAB) and monitor the workflow of each CPS Worker assigned to that supervisor using the TAB. The TAB measures work that has started, in process and work that is completed. Use of the TAB communicates the workflow between the CPS Workers and CPS Supervisors and measures timeliness of assessments.

TABS Keep track of reports assigned, provide visual guidance for balancing and leveling workloads, track flow and movement of assessments, and identify bottlenecks in the assessment process. TABs also contribute to assuring quality through visual awareness of timeliness and regular

monitoring by a supervisor and assist the supervisor in monitoring a CPS Worker's skillset.

### Entering and assessment on the Task Analysis Board

- When a new Intake is received from the Central CPS Intake Unit, the CPS Supervisor may enter the report on the TAB in the "In Queue" column to prioritize on the batching schedule and to be assigned within the first working day following receipt of the report or immediately for emergencies.
- Each Supervisor will coordinate a daily meeting with the CPS Workers, as a group, daily to assign assessments, set expectations, determine response times, and monitor workflow, assisting the worker to prioritize tasks for each day.
- These daily meeting should be kept short, within 15-20 minutes.
- CPS Workers are responsible for moving their assessments in a timely fashion and providing daily updates to the CPS Supervisor.
- When an assessment is assigned to a CPS Worker, the worker enters the assessment on the TAB, if the supervisor has not already done so, in the "In Queue" column, indicating that the assessment has been assigned, but not yet initiated. The supervisor determines the response time based on assessment of the reported danger to the child.

### Quality Assurance Staffing

- When the tasks of initiating the assessment are complete, the CPS Worker updates the TAB to the "Quality Assurance Staffing" column.
- The Supervisor meets individual with the CPS Worker to discuss a newly assigned assessment and plan the assessment, identifying the key participants, first steps and a response time.
- The Supervisor schedules a Quality Assurance Staffing with each worker for each assigned assessment every 7-10 days at a minimum. The purpose of this staffing is to review the Present Danger Assessment and Plan (if needed), identify the next steps in the assessment and identify

any additional information needed for a quality assessment and assure that assessment documentation is completed timely.

### Initiate Assessment

- The CPS Worker enters updates the TAB to the "Initiate Assessment" column.
- The CPS Worker initiates the assessment by making face-to-face contact with suspected child victims according to assigned response times and completes the Present Danger assessment and any needed Present Danger Plan. The CPS Worker continues the assessment tasks as described in Conducting A Child Protection Services Assessment 640-01-10-15.

Timeframe for initiation is as determined by the CPS Supervisor.

### Gathering Additional Information

- Following the Quality Assurance Staffing, the CPS worker the CPS Worker updates the TAB to the "Gathering Additional Information" column.
- The CPS Worker continues the process of gathering assessment information following the process described in Conducting A Child Protection Services Assessment 640-01-10-15.
- During this time, the CPS Supervisor monitors the assessment workflow through the daily TAB meetings to assure that the assessment continues to be timely and assist the CPS Worker in overcoming any roadblocks encountered.
- This process is estimated at 3-15 days from the date of assignment.

### Pending

- With approval from the supervisor, the CPS worker place an assessment on the TAB to the "Pending" column when an assessment involving law enforcement investigation or that requires extensive record requests or other unavoidable delay outside of the CPS Worker's control in the while

waiting for information or action that it necessary to complete the assessment.

- The CPS Supervisor must monitor assessments placed in this column and assure that the CPS Worker is following up with any collateral source or entity controlling the needed information.
- If excessive delay occurs, the Supervisor may need to step in to help resolve any roadblocks.
- Reason for placing an assessment in the "Pending" column must be documented in the CAL in FRAME.
- Estimated time for cases in "Pending" is 15 days from the date of assignment until the assessment can be moved forward with the required information or until it is determined that the awaited information will not be forthcoming and the assessment must move forward.

#### Staffing and Decisions

- When the CPS Worker and Supervisor agree that the assessment is complete, there must be a staffing scheduled with the Supervisor.
- The purpose of this staffing is:
  - to determine the assessment decisions whether the information in the assessment meets a definition of "abused child, sexually abused child, or neglected child in statute.
  - Review the Safety Assessment and Safety Determination Analysis and any Safety Plan developed with the family for sufficiency, feasibility, and sustainability.
  - Review the quality, sufficiency, and accuracy of the assessment documentation.
- The Field Service Specialist may be consulted for any questions regarding assessment staffing decisions.

- When the supervisor and CPS Worker believe the maltreatment decision for the assessment may be Confirmed or Confirmed with an Unknown Subject, the assessment is staffed with the CPS Field Service Specialist.
  - The Supervisor must review the assessment with the worker and determine whether a “full kit” assessment has been prepared for a “Warm Handoff” to a case manager for any assessment where a child is determined to be in Impending Danger (See Service Chapter 607-05).
- The estimated time to staffing is 30-40 days from the date of assignment.
- The assessment may be considered complete when the case has been staffed and the decision has been made, the subject and parent(s) have been notified, and the written report is completed, attached to the assessment in FRAME and submitted for approval.

#### Full Kit Review and Submission

Following the staffing and decisions, the CPS Worker completes the closing documentation, sends required notifications, and makes necessary referrals. The supervisor reviews the completed assessment documentation to assure that all of the necessary information is included in the CPS Assessment form, Case Activity Log and that all other documents are attached to the assessment.

When the quality assurance review is complete, the CPS Worker submits the assessment for approval in FRAME.

The estimated timeframe for this step is within 40-45 days from the date of assignment.

While timely completion of assessments is key to managing and controlling workflow, case variables must also be considered. Complex assessments, assessments with a large number of child victims or subjects, assessments conducted in conjunction with law enforcement criminal investigations, etc. may require additional time for completion.

North Dakota Administrative Code 75-03-19-04. Time for completing assessments requires:

*Assessments of reports of suspected child abuse or neglect must be completed, a decision made, and a written report completed and submitted to the individual designated by the department within sixty-two days from the date of receipt of the report unless an extension of the time is requested of and granted by the department.*

- On the rare occasion when an assessment exceeds a 62-day time period, a 30-day deadline extension must be requested.
- The reason for delay must be staffed with the CPS Worker's immediate Supervisor and this staffing documented in the Case Activity Log.
- No more than one (1) deadline extension may be requested for a single assessment except in an extreme circumstance beyond the worker's and agency control (ex: law enforcement request, exceptional short staffing situation, etc.).
- Request for a deadline extension must be made prior to the 62-day deadline. Late requests, such as multiple requests at the time of submission, are not allowed. Any exceptions are at the discretion of the Field Service Specialist reviewing the late request.

Additional time for the following is not accepted as rationale for delay.

- Completing documentation
- Contacting collaterals
- Waiting to staff the assessment for a maltreatment decision

Acceptable reasons include:

- Coordinating with law enforcement investigation.

- Waiting to receive requested documentation necessary for decision-making (ex: forensic interviews, courtesy interviews, medical records, etc.).
- Unable to locate caregivers, child, subject (due diligence is required).
- Monitoring substance exposed infant(alternative response assessments).
- Attending mandatory training/child welfare certification training.
- Court involvement (example: caregiver/subject being charged criminally and advised not to speak with cps).
- Received additional concerns or report of maltreatment

CPS Zone Supervisors are expected to monitor worker timeliness and extension requests. If there is a pattern developed for any particular Zone or CPS Worker having an excessive number of assessments not completed within the 62-day timeframe, the CPS Supervisor will notify the Zone Director and CPS Field Service Specialist to determine if there is need for training, increased monitoring, or other coaching which can be provided to assist with the timeliness.

## **Physical Examinations and Observation 640-01-10-15-01-25**

When it has determined that the child will not be referred to a Children's Advocacy Center and a physical examination is necessary to verify the concerns, the CPS Worker may offer the following options:

- The caregiver can take the child to a clinic, walk-in or urgent care clinic, well baby clinic, physician's office or hospital emergency room for a physical examination.
  - If the caregiver agrees to take the child to a physician, a time and day should be established before the CPS Worker leaves the home.

- The CPS Worker should follow up after the scheduled visit to assure that the caregiver complied with the agreement.
- If the caregiver did not follow up after the scheduled visit, the CPS Worker should locate the child, reassess for safety and take appropriate action.
- When the child has a known medical condition, the doctor or hospital physician who is treating the child is the appropriate examiner.
- The caregiver or another adult, such as a teacher or childcare provider, and the CPS Worker can jointly conduct a cursory physical observation of the child. This may necessitate the child to adjust clothing with some assistance as appropriate for age and physical limitations.
- When a child has been seriously harmed and requires immediate medical attention, the CPS Worker may call for emergency medical assistance.
  - If the CPS Worker believes that the child is injured and requires medical treatment, immediate arrangements should be made for a medical examination. Consider the following conditions of the child when determining whether immediate medical attention is necessary:
    - Difficulty in breathing
    - Unexplained seizure
    - Appears seriously ill/injured and is unresponsive
    - Patterned injuries
    - Unusual or severe bleeding
    - Prolonged vomiting
    - Loss of movement in an extremity
    - Symptoms of failure to thrive
    - Unusual burns or bruises
    - Untreated medical conditions or infections

- Injury to the sclera (white area of eyeball)
- Sunken fontanel (infant soft spot)
- Dehydration or malnourishment
  
- Suicidal youth
  
- The CPS Worker should make all possible attempts to contact the caregiver or parent in this situation before medical treatment is sought if there is sufficient time.
  
- When immediate and intensive medical diagnosis and treatment are indicated, medical intervention should receive priority over other parts of the assessment process.
  
- Medical tests such as imaging studies, laboratory tests, X-rays, colposcopies and other medical tests may be authorized only by a physician as part of the physical examination of an allegedly abused child.
  
- If a CPS Worker suspects or knows of previous abuse which the doctor or investigator may not be aware of, the CPS Worker should notify the investigator and the doctor and suggest that x-rays or other medical testing may be beneficial in the medical analysis.

### **Physical Evidence 640-01-10-15-01-35**

- The purpose of gathering physical evidence is to corroborate the information collected via interviewing and observations.
  
- Physical evidence relevant to abuse and neglect reports can include clothing worn by the victim, weapons, body charts/photographs, x-rays and other medical tests.
  
- **It is not the role of a Child Protection Services Worker to collect or preserve physical evidence in a criminal case. It is essential not to touch or take control of evidence, especially drugs, paraphernalia, and weapons.**
  
- In a criminal case, photographs of the child, the implements used to injure the child or other items connected with an injury, as well as the

home conditions, particularly the exact location where the incident occurred, can and should be photographed by law enforcement or medical personnel.

- N.D.C.C. 50-25.1-03.1 Allows, "Any person or official required to report under this chapter may cause to be taken color photographs of the areas of trauma visible on a child who the person or official has knowledge or reasonable cause to suspect is an abused or neglected child and, if indicated by medical consultation, cause to be performed imaging studies, laboratory tests, colposcopies, and other medical tests of the child without the consent of the child's parents or guardian. All photographs and other visual images taken pursuant to this section must be taken by law enforcement officials, physicians, or medical facility professionals upon the request of any person or official required to report under this chapter. Photographs and visual images, or copies of them, must be sent to the department or the department's designee at the time the initial report of child abuse or neglect is made or as soon thereafter as possible."
- A CPS Worker involved in a situation where physical evidence is present and criminal charges may be brought must immediately contact a law enforcement officer or the States Attorney.
- The CPS Worker's responsibility is:
- Not to touch any physical evidence
- To contact law enforcement as soon as possible
- To record observations on the physical evidence in the assessment notes, giving specifics of date, time, location, description of the object, how it may have been used, and the action taken to assure law enforcement was immediately contacted.

However, in a non-criminal assessment, it is often helpful to consider whether physical evidence is available that may corroborate information gathered during interviews.

- For example:

- If a child talks about being struck with an object, ask what the object looks like and where it is kept in the home. When interviewing the caregivers, ask whether an object meeting the child's description is in the home and where the object is kept. Ask to see the object and describe in any documentation of the maltreatment.
- Clothing worn by the victim, showing that the child's clothing hasn't been changed for an overly long period of time (many layers of food stains, etc.) and may have a distinctive odor, and weapons such as belts or paddles used to discipline the child, unsanitary home conditions and other inanimate objects may be photographed by the CPS Worker and attached to the assessment.
- Photographs should be taken with a camera or phone owned and controlled by the Human Service Zone agency and not the CPS Worker's personal device in order to maintain confidentiality and avoid having the CPS Worker's personal items subpoenaed for an Juvenile Court action or CPS appeal hearing.

## **Child Abuse and Neglect Near Deaths 640-01-10-15-01-40**

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires each state receiving CAPTA funds to have in place "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality". North Dakota receives CAPTA funds.

North Dakota Century Code Chapter 50-25.1-02 provides a definition: "Near death" means an act that, as certified by a physician, places a child in serious or critical condition. (50-25.1)

State law requires that the annual reports of the Child Fatality Review Panel involving child abuse and neglect deaths and near deaths must include the following:

- The cause of and circumstances regarding the death or near death

- The age and gender of the child
- Information describing any previous child abuse and neglect reports or assessments that pertain to the child abuse or neglect that led to the death or near death
- The result of any such assessments; and
- The services provided in accordance with section N.D.C.C 50-25.1-06, unless disclosure is otherwise prohibited by law. (50-25.1-04.5)

For these reasons, Child Abuse and neglect near-deaths must be recognized, documented, and reported.

#### Reporting and Review of Child Abuse and Neglect Near Deaths

- When, during an assessment, a child is hospitalized, the CPS Worker must inquire of the treating physician whether the child is in serious or critical condition.
- When a physician certifies (by verbal statement, agreement, or in writing) that a child is in serious or critical condition, the CPS Worker must note this certification in the case activity log in FRAME.
- When the assessment decision is Confirmed, and a child has been certified by a physician as having been in serious or critical condition, the CPS Worker will need report a child abuse or neglect near-death to the Field Service Specialist.
- The Field Service Specialist will then notify the CFRP Presiding Officer and CPS administrator that a child abuse and neglect near-death has been identified.
- The CPS Worker must indicate a child abuse or neglect near-death in the "Notifications" section for the CPS assessment in FRAME.
- All documents related to the assessment, including all CPS Intake forms, SFN 960s, medical records, police reports, photographs, notification letters, etc. must be scanned and attached to the assessment in FRAME.

- Preparing the case for review of the near-death by the Child Fatality Review Panel will be the responsibility of the Children and Family Services Division, Central Office, however, when there is a need for additional information in possession of a Human Service Zone, a CPS Supervisor or CPS Worker and/or Field Service Specialist may be requested.
- Child abuse and neglect near deaths are reviewed by the Child Fatality Review Panel to inform strategies for prevention of future near deaths from child abuse and neglect.

## **Present Danger Safety Threats 640-01-10-20**

At the first contact, and whenever present danger is suspected, complete the Present Danger Assessment instrument and Present Danger Plan as directed in the Child Welfare Practice Policy Manual 607-05. Use the Present Danger Hard Card for guidance in completing this document.

If there is sufficient information to support a safety threat to a child and you are unable to locate to ensure safety of the child, a protective services alerts (SFN 298) shall be completed immediately. Protective services alert shall be sent to [jjgrabar@nd.gov](mailto:jjgrabar@nd.gov).

## **Temporary Protective Custody 640-01-10-25**

Under N.D.C.C. 27-20.2 Juvenile Court Act, Juvenile Court Director shall "Issue a temporary custody order concerning a child who is referred to the director's supervision or care as a delinquent, unruly, or deprived child."

Under N.D.C.C. 27-20.2-05 (h) Juvenile Court Act, states, a Juvenile Court Director shall "Make such temporary order not to exceed ninety-six hours for the custody and control of a child alleged to be deprived as may be deemed appropriate. The order must be reduced to writing within twenty-four hours, excluding holidays and weekends.

If the caregivers are unwilling, unable, or unavailable to cooperate in the protection of the child, a temporary custody order should be considered and discussed with the Juvenile Court Director in the Judicial District with jurisdiction. When the Human Service Zone is granted an emergency temporary custody order by the juvenile court and is prepared to remove the child or to place a child, a law enforcement officer must be involved. **CPS Workers must not attempt to exercise a court order to remove a child without involvement of law enforcement or a juvenile court officer.** The CPS Worker must make reasonable efforts to notify the child's custodian(s).

When a child is taken into temporary custody and placed in shelter care, the juvenile court must hold a shelter care hearing (to determine probable cause to detain or retain custody) within 96 hours (NDCC 27-20.5-05). Temporary custody orders must be put in writing by the juvenile court within 24 hours of the issuance of the order (NDCC 27-20-06). The judge (or referee) at the shelter care hearing can issue an order for the child to remain in shelter care for up to 60 days, however, if court intervention is sought beyond a temporary custody order (petition for a child alleged to be in need of protection) a petition must be filed with the juvenile court within 30 days. Appropriate extensions of the order may be requested by the State's Attorney, based on the facts of an individual case.

The Juvenile Court Act (NDCC 27-20.2) authorizes Juvenile Court Officers, law enforcement officers, physicians treating a child, or otherwise by order of the juvenile supervisor or pursuant to a court order under this Act, to take temporary protective custody of a child without the consent of the person(s) responsible for the child's welfare, if they have reasonable grounds to believe that:

- The child is suffering from illness or injury
- That the child is in immediate danger from the surroundings
- That the child's removal is necessary
- That the child has run away from parents or another custodian

- By order of the Juvenile Court Officer (i.e., if the child is in need of protection, the child is in need of services, or delinquent, as found in NDCC 27-20.2).

**A CPS Worker has no authority to remove a child from the custody of parents.** Removal may only be accomplished by court order, with the assistance of the Juvenile Court Officer, or law enforcement officer (NDCC 27-20.2).

#### Law Enforcement Removal

27-20-.3-06(1)(b).- Taking into custody. By a law enforcement officer or designee if there are reasonable grounds to believe the child:

- Is suffering from illness or injury or is in immediate danger from the child's surroundings, and the child's removal is necessary.

#### Medical Hold

NDCC 50-25.1-07 allows a physician to keep a child in custody in a hospital or medical facility, "Any physician examining a child with respect to whom abuse or neglect is known or suspected, after reasonable attempts to advise the parents, guardian, or other person having responsibility for the care of the child that the physician suspects has been abused or neglected, may keep the child in the custody of the hospital or medical facility for not to exceed ninety-six hours and must immediately notify the juvenile court and the department in order that child protective proceedings may be instituted."

### **Terminating an Assessment in Progress 640-01-10-40**

When the information found during the assessment process through contact(s) with collaterals, family members, the child(ren), or the subject(s) leads the CPS Worker to believe that ALL the reported concerns fall outside the definitions in the Child Abuse and Neglect law, (NDCC 50-25.1) the assessment may be terminated in progress (AT). Examples include:

- A report of suspected neglect which expresses concern that a six-year-old child is home alone unsupervised. The CPS Worker goes to the home and finds a teenager supervising the child. Upon interviewing the teenager and the neighbor, the CPS Worker receives verification that

shows the child has been receiving regular supervision while the parent is at work. Consideration should be given to whether there is a safety reason to continue with the full assessment.

- A report received states concerns that a child has bruises on his buttocks. The spots look like bruises, but it is confirmed that the child has similarly located "Mongolian spots." Consideration should be given to whether the concerns in the report been assessed or whether there are safety reasons to continue with the full assessment.
- An assessment is initiated and corroborated information is obtained in the assessment process (from an individual outside of the family) indicates that the family has left the state's jurisdiction (moved to another state or tribal jurisdiction, the assessment may be terminated in progress and referred to the jurisdiction where the family is located (if known).

If the CPS worker believes the information acquired in the partial assessment meets the circumstance for an assessment to be terminated in progress, the worker will review the case with the Zone CPS Supervisor. If the CPS Supervisor agrees that the assessment should be terminated, consultation with the CPS Field Service Specialist may take place. After discussion of the circumstance of the assessment and if everyone agrees, the assessment may be terminated in progress. If there is a difference of opinion as to the appropriateness of terminating the assessment, the CPS Field Service Specialist has the responsibility for making the final decision.

When the child(ren) is contacted, the parent must be contacted, informed about the concerns in the report, the actions taken by CPS and Present danger assessment completed. Contact with the parent must be documented in the Case Activity Log in FRAME.

Reports concerning a pregnant woman who has used a controlled substance for a non-medical purpose or who has misused alcohol are recorded on FRAME as Assessments terminated in progress, since there is not yet a child as defined by 14-10-01 and no decision can be made that meets the definition of "abused child" or "neglected child" as defined in 50-25.1-02.

## **Documentation for Assessments Terminated in Progress**

**640-01-10-40-01**

Assessment activities shall be documented in the Case Activity Log in FRAME. Assessment Summary, including basis and rationale for terminating the assessment shall be documented using the Child Protection Services Assessment form (Tool 3.2) and attached to the assessment in FRAME. All Assessments Terminated in Progress must be approved by the Family Service Specialist.

**Foster Care Provider Assessment 640-01-10-75-01**

A foster care provider is, in essence, a family home setting, with similar dynamics to biological homes, with one or two parents or adults in a household caring for a few children. Foster care providers are expected to provide a standard of care that is adequate to provide basic health and safety for the foster children and to promote normalcy in their lives. Foster parents may not be held to a higher standard of care by CPS than biological or adoptive parents. Therefore, Child Protection assessments in foster care homes are conducted under the same policies and processes as all other Child Protection assessments.

However, the increased vulnerability of foster children must be carefully assessed. Foster children who entered foster care because of child abuse or neglect in their biological home have already experienced the trauma of child maltreatment as well as separation from their primary caregiver and may be much more strongly impacted by actions or inactions of foster care providers. The impacts of these events on the child should be documented in the Child Vulnerability section of the Child Protection Assessment form.

**Determining a Childcare Setting 640-01-10-75-05-01**

All programs that are licensed, self-declared, or registered under N.D.C.C 50-11 are "childcare settings" for the purposes of CPS reports and assessments.

For reports that do not concern a program licensed, self-declared, or registered under N.D.C.C 50-11, it must be established whether the reported circumstance meets criteria to be considered as a "childcare setting".

Evaluate the following:

- Is care being provided in the child's home by an individual engaged by the parent to provide care for their child at least two hours per day for three or more days per week in their home (such as a paid nanny)? If so, this is not a childcare setting. The setting is the child's home.
  - If the person providing care is the child's parent, an adult family member, a member of the child's household, the child's guardian, or the child's foster care provider, follow the process for a CPS assessment as described in 640-01-10-15.
  - If the person providing care is not the child's parent, an adult family member, a member of the child's household, the child's guardian, or the child's foster care provider, this is a report of non-caregiver abuse or neglect. Follow policy as described in 640-01-05-05 Determining A Person Responsible for A Child's Welfare for the disposition of a report not implicating a person not responsible for the child's health or welfare (N.D.C.C. 50-25.1-05.3).
- Is care being provided in the family home, by an individual engaged by the parent to provide care for their child on a one-time, occasional, or unscheduled basis (such as a 'Saturday night babysitter')? If so, this is not a childcare setting and is considered babysitting, regardless of whether there is an exchange of money, goods, or services. If the person providing care is the child's parent, an adult family member, a member of the child's household, the child's guardian, or the child's foster care provider, follow the process for a CPS assessment as described in 640-01-10-15. If the person providing care is not the child's parent, an adult family member, a member of the child's household, the child's guardian, or the child's foster care provider, this is a report of non-caregiver abuse or neglect. Follow policy as described in 640-01-05-05 Determining A Person Responsible for A Child's Welfare for the disposition of a report implicating a person not responsible for the child's health or welfare (N.D.C.C. 50-25.1-05.3).
- Is care being provided on a one-time, occasional or unscheduled basis by an individual engaged by the parent to provide care for their child in a

location that is not the child's home and by an individual who is not the child's parent, an adult family member, a member of the child's household, the child's guardian, or the child's foster care provider (such as a friend or neighbor providing care in the friend or neighbor's home)? If so, this is not a childcare setting. Situations such as this are "babysitting". Follow policy as described in 640-01-05-05 Determining A Person Responsible for A Child's Welfare for the disposition of a report implicating a person not responsible for the child's health or welfare (N.D.C.C. 50-25.1-05.3).

- Is care being provided for at least two hours per day for three or more days per week in exchange for money, goods or services in a location that is not the child's home and by an individual who is not the child's parent, an adult family member, a member of the child's household, the child's guardian, or the child's foster care provider? If so, this is an unregulated childcare setting and childcare assessment should proceed.

When triage of a report is complete and a determination is made that the report has met the criteria for assignment, the report will be assigned to a CPS Worker by a CPS Supervisor.

A determination will be made by the CPS Supervisor as to the response time for initiation of the assessment according to ASSIGNMENT OF A REPORT TO A CPS WORKER 640-01-10-10.

### **Notifications at the Conclusion of an Assessment in Early Childhood Services Programs 640-01-10-75-05-10-20**

- When the childcare is an Early Childhood Services Program participant and the assessment involves the owner, operator, holder of a self-declaration, or in-home provider; or involves an adult or minor staff member or adult or minor household member of the early childhood program, self-declaration, or in-home provider, who is providing care to the child, provide notification to the owner/operator of the childcare, and the parents of children who are receiving childcare services at the time the notice is sent, of the maltreatment decision for the assessment.

- Notifications required at the time of determination
  - Notification of parents of the children attending an Early Childhood Services program is required when:
    - the subject of an assessment is an owner, operator, holder of a self-declaration, or in-home provider; or is an adult or minor staff member or adult or minor household member of the early childhood program, self-declaration, or in-home provider, and who is providing care to the child at the time the decision is made.
    - Notifications are required when a notice was provided to the parents of children in the childcare at the onset of the assessment, regardless of the determination of the assessment
    - When an assessment determination of Confirmed is made, regardless of whether notification of parents was made at the onset of the assessment
  - Written notice is required to the owner, operator, holder of a self-declaration, or in-home provider
  - Written notice is not required if the subject of the report:
    - is no longer an owner, operator, or holder of a self-declaration, (e.g. License has been revoked or expired; etc.)
    - is no longer an adult or minor staff member or adult or minor household member at the time the notice is prepared (staff member has left employment or has been terminated or household member has left the household)
  - Written notices must contain the name of the subject(s), a brief summary of the facts and the determination of the assessment.
    - It is recommended that information concerning the initial concerns reported not be discussed as part of the notification, but a summary of the factual evidence supporting the decision be provided.

- Under the provisions of N.D. Administrative Code section 75-03-18-02, the subject of a report of suspected child abuse or neglect who is aggrieved by the result of the assessment may file an appeal. For this reason, written notice of the determination shall contain information indicating that an appeal of the determination is possible and may have the effect of reversing the assessment determination. Notice of a reversed determination is not provided.
- Any parent, owner, operator, holder of a self-declaration, or in-home provider who makes a request for additional information, should be informed that the only information that will be provided is the determination (result) of the assessment, a brief summary of the facts and the name of the subject
  - A parent requesting information over the phone should be requested to provide their contact information so it can be verified that the requesting parent may receive the information prior to providing information over the phone or by email.
- Notification to parents of the result of the assessment shall take place prior to submission of the assessment to the CFS Field Service Specialist
- Copies of the notifications provided to parents or a list of the persons and the contact information used to provide notice must be attached to the assessment in FRAME.
- The CPS Worker shall draft the written notice to the parents.
- The licensor shall provide contact information for all parents with children attending the childcare at the time the written notice is prepared.
- In order to provide consistent information to parents, the CPS Worker should prepare a written notice to the early childhood licensor to be placed in the licensing file for the licensor's reference which contains the results of the assessment, a brief summary of the facts and the name of the subject. Identifying information must be redacted prior to public examination of the licensing file.
- The protocol for answering telephone calls regarding the notice will be decided locally based on zone resources.

The assessment information will be provided to the county licensing worker for use in determining any licensing violation or to support any licensing action.

## **Substance Exposed Infants 640-01-10-80-05**

**“Substance Exposed Infant”** NDCC 50-25.10-02 (24) defines a substance exposed infant as an infant younger than 12 months of age at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder.

**“Prenatal exposure to a controlled substance”** means use of a controlled substance as defined in Chapter 10-03.1 by a pregnant woman for nonmedical purpose during pregnancy as evidence by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects or developmental delays during the child’s first year of life that medically indicate prenatal exposure to a controlled substance.

**“Alcohol misuse”** means a pattern of drinking that results in harm to one’s health, interpersonal relationships, or ability to work (NDCC 50-25.1-02(3)).

**“Neglected child”** means a child who, due to the action or inaction of a person responsible for the child’s welfare (f) was subject to prenatal exposure to alcohol misuse or any controlled substance as defined by section 19-03.1-01 in a manner not lawfully prescribed by a practitioner. Furthermore, including any amount of marijuana (NDCC 50-25.1-02(19g)).

Medical marijuana is not a prescribed drug as medical marijuana is illegal under federal law. The FDA has not approved medical marijuana as a prescription drug. Although a person may meet the criteria for issuance of a medical marijuana card, there is no lawful “prescription” for marijuana.

## **Analyzing a Report & Determining the Assessment Type Decision**

Reports should be analyzed according to the policies contained in CPS Assessment 640-01-10 to determine whether the report meets criteria in statute for a CPS response. Alternative Response Assessment should be considered whenever a report meets AR criteria. Reference Alternative Response Assessment 640-01-10-80-06 for offering AR.

### **When an Alternative Response Assessment is determined not appropriate for Substance Exposed Infants:**

#### **Complete a Standard Assessment**

- The information gathered at Intake and the Initial visit is analyzed and a decision made that a family is not eligible to participate in an Alternative Response; a standard CPS assessment shall be completed as outlined for CPS Assessments in SC 640-05.
- When a standard CPS assessment is completed concerning a substance exposed infant, federal law requires:
  - the development of a Plan of Safe Care for the infant which addressed the health and substance use disorder treatment needs of the infant and affected family or caregiver
  - making referrals and delivering appropriate services to the infant and affected family or caregiver,
  - Monitoring the Plan of Safe Care and taking appropriate steps to assure the safety of the infant.

#### **Time for Completing Assessments**

North Dakota Administrative Code Chapter **75-03-19-04. Time for completing assessments** applies to Alternative Response Assessments. NDAC 75-03-19-04 states, "Assessments of reports of suspected child abuse

or neglect must be completed, a decision made, and a written report completed and submitted to the regional child protection service supervisor or other person designated by the department within sixty-two days from the date of receipt of the report unless an extension of the time is requested of and granted by the department. Assessments of reports of suspected child abuse or neglect must be completed, a decision made, and a written report completed and submitted to the regional child protection service supervisor or other person designated by the department within sixty-two days from the date of receipt of the report unless an extension of the time is requested of and granted by the department.”

Assessments of reports of substance exposed infants must be completed within sixty-two days from the date the report is received by the assessing agency unless an extension of the time is requested and granted by the Department.

### **Due Date Extensions**

A request for extension must be provided to the Field Service Specialist through FRAME, giving the reason an extension is needed and a statement addressing child safety.

- Only one 30-day extension is recommended. Any additional extensions are discouraged.
- If there is not significant progress to close the assessment after the 62 day assessment period and one 30 day extension period, there should be discussion with a supervisor and/or Field Service Specialist whether to move to a standard assessment, open an In-Home service case, petition the Court identifying a Child in Need of Protection (CHIPS), or close the assessment, giving responsibility for the Plan of Safe Care to the parents and support team.

### **Notification to another Human Service Zone or State if Family Moves**

If a substance exposed infant is identified, a referral for an assessment shall be made to the Human Service Zone where the family has moved. The referral shall be made to a county within North Dakota or to any other state where the family has moved.

**Decision Making**

If the department determines a person responsible for the child's welfare has not complied with the referred services and plan of safe care, a standard assessment of the initial report of child abuse or neglect must be completed.

A decision of Confirmed may not be made if the person responsible for the child's welfare complies with the resulting referred services and plan of safe care for the substance exposed infant. The department shall determine whether a person responsible for the child's welfare has complied with the referred services and plan of safe care for the substance exposed infant.

**Terminating the Assessment in Progress**

An Alternative Response Assessment in progress may be administratively assessed as "Assessment Terminated in Progress" (AT).

If the information found early on in the assessment process through contact(s) with collaterals, family members, the child(ren), or the subject(s) leads the CPS Worker to believe the concern falls outside the definitions in the Child Abuse and Neglect law, (NDCC 50-25.1) an AR or Substance Exposed Infant assessment may be terminated in progress (AT). Examples include:

- An infant has been affected by medical use of a substance, which causes withdrawal symptoms in the infant. Medical use has been verified and the parent declines Alternative Response.
- The baby is released for adoption and parental rights are terminated
- Information gathered during the assessment indicates the infant was not substance exposed (confirmatory test results vs screening test results, for example)

If the CPS Worker believes the information acquired in the partial assessment meets the circumstance for an assessment to be terminated in progress, the Social Worker will review the case with the Human Service Zone CPS Supervisor. If the CPS Supervisor agrees that the assessment should be terminated, consultation with the Field Service Specialist may take place.

## **AR Assessment/ Closure**

Prior to submission of the assessment to the Field Service Specialist, CPS workers should communicate with the parents(s), other caregivers, Safety Support persons and service providers regarding their willingness and readiness to ensure the ongoing safety and well-being of the infant. Social Workers should review the safety plan, and Plan of Safe Care with the caregivers. Document **this review in the staffing notes**, and address questions such as:

- Is the child safe?
- Do the current protective capacities warrant case closure?
- What changes, if any, have occurred with respect to the conditions and behaviors contributing to child safety?
- Plan of Safe Care development and
- Worker monitor Plan of Safe Care for at least 30 days.
- Worker reviewed Safe Sleep, Period of Purple Crying, and Sudden Unexpected Infant Death (SUID) prevention.
- CAPTA referral
- Document Chemical Dependency Evaluation and follow through with recommendations.
  
- Well-child medical checks.

At the time of closure, a case closing note must be added to the Team Staffing/Decision section of FRAME outlining the questions above. The worker, supervisor and Field Service Specialist must be in agreement that the case is ready to be closed. CPS supervisors should document supervisor agreement with closure in the staffing notes.

The assessment decision in an AR Assessment will be automatically entered in FRAME. Submit the assessment to the Regional Supervisor when the documentation is complete, including all attachments.

Suspected maltreatments entered into FRAME will appear also in the "Maltreatments" section of the assessment. In an AR assessment, no additional information regarding maltreatments may be entered.

## **Documentation**

### **Case activity Log:**

- Initiation of an assessment, using one of the "CPS assessment initiated by..." codes.
- Document monitoring the Plans of Safe Care in the FRAME case activity log using the selection, "Monitor Plan of Safe Care".
- All assessments with a Plan of Safe Care must include monitoring documentation.

### **Plan of Safe Care**

- Document completion of the "Plan of Safe Care" in FRAME under the "Plans" tab
- Upload Plan of Safe Care (SFN 485) under documentation.

### **Team Staffing Notes**

- Document the decision to revert to a Standard Assessment and agreement of worker, Human Service Zone supervisor and Field Service Specialist in the Team Staffing Notes section of FRAME/Tool 3
  - Documentation should address questions such as:
    - Is the child safe?
    - Do the current protective capacities warrant case closure?
    - What changes, if any, have occurred with respect to the conditions and behaviors contributing to child safety?
    - Plan of Safe Care development
    - Worker monitored Plan of Safe Care for at least 30 days.
    - Worker reviewed Safe Sleep, Period of Purple Crying, Car Seat Safety, and Sudden Unexpected Infant Death (SUID) prevention
    - CAPTA Referral

- Document Chemical Dependency Evaluation and follow through with recommendations.
- Well-child medical checks.

## **Alternative Response Assessment 640-01-10-80-06**

**Alternative Response Assessment** NDCC 50-25.1-02(4) defines an Alternative response assessment means a child protection response involving substance exposed infants, which is designed to:

- a. Provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed infant; and
- b. Develop a plan of safe care for the substance exposed infant.

An Alternative Response Assessment focuses on assessing the health and treatment needs of the infant for safety and healthy development and assessing the health and substance use disorder or alcohol misuse of all the caregivers to the infant (not only the parents).

Alternative Response is the preferred response to reports of substance exposed infants and **should be offered whenever the following are present:**

- There has been a previous Pregnant Woman assessment and the mother engaged in service planning and development of a Plan of Safe Care for the infant
- The initial report concerns an infant within the first 12 months of life
- The concerns reported involve only prenatal exposure to misuse of alcohol or use of a controlled substance and there are no other children involved where there are concerns of abuse or neglect
- The initial report indicates that this is the first birth to this mother

- There is no previous CPS history concerning the mother or other caregivers; or
- There is a history of previous CPS reports involving the mother or other caregivers that were administratively assessed, or terminated in progress or determined no services required or unconfirmed
- There was a previous services required or confirmed determination for neglect and the parent followed through with protective services working successfully with the case manager
- The infant, or other siblings or household members, are not currently in the care and custody of a Human Service Zone
- The parent has no intellectual limitations that may impair the parent's ability to nurture or physically care for the child;
- The parent has no major psychiatric illness not currently controlled with medication;
- There is no current or recent (within 6 months) history of domestic violence in the home with the current partner

Alternative response ***shall not be used*** when:

- The initial report contains abuse or neglect concerns for the infant or other children in the home in addition to substance exposure
- The infant affected by substance exposure is over 12 months old
- There is a current open assessment involving abuse or neglect concerns other than prenatal substance exposure
- There is a history of previous CPS assessments with services required or confirmed determination related to:
  - physical abuse
  - sexual abuse
  - medical neglect
- There is a history of failure to thrive or death of a child from abuse or neglect or undetermined injury or death of an infant
- The infant, or other siblings or household members, are currently in the care and custody of a Human Service Zone, tribal jurisdiction, or an out-of-state child welfare jurisdiction
- The parents/caregivers within the same household refusal

**When the criteria for an Alternative Response Assessment are met, the worker can offer the AR Assessment at the time of the initial visit.**

**When the criteria are met, but the family is uncertain, the decision**

**for an AR assessment can be postponed 24 hours so the family can think about their decision.**

**When the worker is uncertain after the initial visit, the offer of an AR assessment can be postponed for 24 hours, to allow for consultation with a supervisor or Field Service Specialist.**

### **When to revert to the Standard Assessment Type**

When it has been determined that the parent(s) have not complied with referred services and plans of safe care, this decision should be documented in the Team Staffing Notes section of FRAME. This decision can be made at any time during the assessment, while the assessment remains in DRAFT form in FRAME, but cannot be made after approval or denial of the Field Service Specialist.

Consideration for reverting to a Standard Assessment type should be given for the following reasons:

- Violation of AR Agreement placing the infant in danger
- Violation of Plan of Safe Care
- When the assessment necessitates contact with law enforcement
- Parental / Caregiver Protective Capacities are inadequate to ensure child safety
- Lack of participation in services as confirmed by the service provider
- Lack of cooperation and / or refusal to participate in the Alternative Response Assessment
- When additional reports are received during an AR assessment the CPS Worker is to follow guidance around Number of Assessments Needed 640-01-10-05-10. When a subsequent report is related to the report of the substance exposed infant (ex: Relapse while following the plan of safe care) continue the Alternative Response Assessment.
  - When the subsequent report is not related to the report of the substance exposed infant and contains additional concerns for abuse or neglect of the infant only and information gathered to support alleged maltreatment or

- danger, change assessment type to a standard assessment.
- When the subsequent report is received regarding other children in the assessment home, change assessment type to a standard assessment.
- The infant, or other siblings or household members have been taken into protective custody.

## **Plan of Safe Care 640-01-10-80-07**

**A plan of Safe Care is required for all full assessments of substance exposed infants whether participating in an alternative response assessment or a standard CPS assessment.**

Federal law (CAPTA) requires the development and monitoring of a Plan of Safe Care for all substance exposed infants that address the health and substance use disorder treatment needs of the infant and affected family or caregiver following the release from the care of health care providers. The Plan of Safe Care ensures the safety and well-being of infants by providing supports and services for caregivers and families to reduce or eliminate risks to infants.

A Plan of Safe Care (at a minimum) is an action plan to address the health and safety needs of the substance exposed infant and the health and substance abuse treatment needs of the infant's caregivers. The Plan of Safe Care will consist of a combination of the "Plan of Safe Care" as constructed in FRAME in conjunction with a list of identified needs and services and the Service Outcomes for the assessment, also in FRAME.

A Plan of Safe Care is intended to provide knowledge, services and supports to sustain safety and health that begins during the CPS assessment, and continues after the CPS intervention ends. The Plan of Safe Care is not a Safety Plan.

A Plan of Safe Care may be approached through the use of a family team,

Family Centered Engagement (FCE) meeting, or through individual contacts or a combination of these. Use of a team approach that includes service providers, Safety Support persons and other informal supports is encouraged but not required. It is crucial, however, that all persons participating in the Plan of Safe Care have a clear understanding of the expectation of safety for the infant, their role in assuring safety and the expectation to contact the agency in the event of safety breach which places the infant in danger, both during the assessment and continuing after the CPS intervention ends.

### **Developing the Plan of Safe Care**

The Plan of Safe Care should begin at the time of the initial visit and **must be in place within 30 calendar days of the initial visit** to allow for **at least 30 calendar days of monitoring prior to closing the assessment.**

The Plan of Safe Care **must include**, but is not limited to:

### **Services and supports for the infant**

- Any needed medical care for the infant including acute services for treatment of NAS or symptoms and routine medical follow up (provide the parent with well-baby clinic information, immunization schedules, verify pediatrician, help establish a medical home)
- Safe housing (must protect infant from environmental exposure to substances, individuals under the influence of substances)
- A general day-to-day plan for caring for the infant, including the caregiver's understanding of the special care needs of the infant and ability to provide such care (this can be written with the parent and attached to FRAME).
- Verify that the parent has received the Period of Purple Crying (shaken baby syndrome prevention) materials at the hospital. If not, contact the local hospital or Prevent Child Abuse North Dakota and provide the material
- Provide the parent with infant safe sleep information (North Dakota Department of Health) and assure safe sleep arrangements in the home and for all infant-caring supports. (Consider a referral to

North Dakota Cribs for Kids-

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Cribs For Kids Partners.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Cribs%20For%20Kids%20Partners.pdf)) for information concerning safe sleep for infants and to obtain a crib kit if the mother/caretaker doesn't have other safe sleep options)

- Referral for Child Less than 3 Year of Age to Regional DD Administrator (SFN 486) for developmental evaluation

### **Services for the caregivers**

- A referral for the parent to substance use disorder evaluation and compliance with recommendations
- Referral/follow up to any needed physical health services (related to the birth or any acute or chronic health concerns).

### **Safety Supports**

- Caregivers will identify at **least three safety** supports who agree to providing or summoning emergency care for the infant.
  - Safety Support persons must consent to a limited background check including a child abuse and neglect index check (SFN 433) as well as a check of the Court (ND, other states and tribal as necessary) records.
  - Safety support persons must also sign an agreement (SFN 497) to work with the caregivers and the agency and to report any occasions of danger to the human service zone (worker).
  - Safety supports must not be actively using substances or misusing alcohol.
  - Safety Support persons in recovery from substance use disorders must have one year of recovery in order to serve as a safety support
  - Help with parenting support
- Develop a crisis/relapse plan inclusive of safe care for the infant:
  - A list of phone numbers and contacts for the parent to call as a resource during a time of relapse and/or crisis or for general help with parenting.

**Consider also including:**

- Referral to Women, Infant and Children (WIC) (if appropriate)
- Referral for any needed public assistance programs: Medicaid, SNAP, LIHEAP, Healthy Steps, etc. (if appropriate)
- Referral to lactation consultants if the mother chooses to breastfeed
- A referral for the parent to other behavioral health services including mental health evaluation for postpartum depression, trauma screening, mental health screening, parental capacity, etc.
- Referral to Early Head Start (where available)
- Referral to Nurturing Parent programs or other attachment based parenting programs (Contact ND Parent Resource Centers)
- Need for child care / shelter care/ respite care
- Review of infant developmental ages and stages
- Car Seat safety education

**Monitoring the Plan of Safe Care**

CPS workers must monitor the "Plan of Safe Care" as required by the Child Abuse Prevention and Treatment Act (CAPTA) when an infant has been identified as a substance exposed infant.

Ensure implementation of the Plan of Safe Care by following up with service providers and collateral contacts including the family and other parties involved in the plan. Releases of Information are required for Alternative Response Assessment participants. If a mother refuses to sign necessary releases, complete a standard assessment.

**The Plan of Safe Care shall be monitored through a *minimum* of:**

- Following hospital discharge, weekly contacts, every other week must be face to face, with the parents/caregivers and the infant. (AR Assessments only)
- Any other children in the home must be assessed for safety throughout the assessment.
- At least one face-to-face, or via electronic means (i.e. video calling), visit with each Safety Support who agrees to act as a resource for emergency care of the infant in the Plan of Safe Care. (AR Assessments only)
- Follow up contacts with Safety Support persons and other informal supports can be made by phone, email, in writing, text message, etc. to verify follow through with the plan.
- Contacts (email, text, etc.) with each Safety Support at least every other week. (AR Assessments only)
- Contacts with service providers (i.e.. Medical, SUD providers, Early Intervention)

Document monitoring the Plans of Safe Care in the FRAME case activity log using the selection, "Monitor Plan of Safe Care".

All assessments with a Plan of Safe Care must include monitoring documentation.

Plans of Safe Care must be **monitored for a minimum of 30 days from plan development date prior to closing the assessment.**

### **Relapse Planning**

- The CPS worker, in collaboration with drug and alcohol treatment providers, can assure that safe care for the infant is included in any relapse plan developed with the treatment provider
- Relapse is a component in the recovery process. Relapse is a challenge in determining whether the caregiver is making progress in treatment, and in determining whether the child's safety is being maintained.
- CPS workers must anticipate and plan for the potential of a relapse and can also help parents accept the possibility of relapses and create a safety plan for the infant.
- The CPS worker, in collaboration with drug and alcohol treatment providers, can assist parents in using relapse episodes to learn what factors trigger their cravings to use substances.

- CPS workers should communicate with mothers and caregivers that the infant will not be removed from their care due to a relapse so long as safety plans are followed and the infant is not placed at risk during a relapse or threatened relapse.

## **Family Services Assessment 640-01-10-80-15**

### **Background**

While all CPS reports require a comprehensive assessment to assure that children are safe and protected, not all need an assessment determination for the family to receive services. In fact, these determinations may interfere with service provision by creating an atmosphere that feels adversarial for families. To develop the most appropriate, most effective, and least intrusive response to reports of child abuse or neglect, the legislature has authorized a Family Services Assessment response approach to child protection services.

Reports assigned to receive a Family Services Assessment are reports of suspected child abuse and neglect that need to receive the same prompt and active attention as a Child Protection Assessment. These are not low priority cases; rather they can be served more effectively with a supportive, collaborative approach.

North Dakota Century Code Chapter 50-25.1 specifically as identified below addresses Family Services Assessment and provides the legal basis for initiating and conducting these assessments:

NDCC Chapter 50-25.1-02(14) "Family services assessment" means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department.

50-25.1-05. Child protection assessment - Alternative response assessment - Family services assessment. (emphasis added)

1. The department or authorized agent, in accordance with rules adopted by the department, immediately shall initiate a child protection assessment, alternative response assessment, or family services assessment or cause an assessment, of any report of child abuse or neglect including, when appropriate, the child protection assessment, alternative response assessment, or family services assessment of the home or the residence of the child, any school or child care facility attended by the child, and the circumstances surrounding the report of abuse or neglect.
2. According to guidelines developed by the department, the department or authorized agent may initiate an alternative response assessment or family services assessment if the department or authorized agent determines initiation is appropriate.

50-25.1-22. Family services assessment - Compliance. If a family services assessment is initiated as a result of a report of child abuse or neglect, a decision that a child is confirmed abused or neglected may not be made if a person responsible for the child's welfare complies with the resulting referred services for the child. The department or authorized agent shall determine whether a person responsible for the child's welfare has complied with the referred services. If the department or authorized agent determines a person responsible for the child's welfare has not complied with the referred services for the child, a child protection assessment of the initial report of child abuse or neglect may be completed.

50-25.1-23. Family services assessment - Services.

1. In response to a family services assessment, the department shall provide appropriate referral services to the person responsible for the child's welfare and the children under the same care as may be necessary for the well-being and safety of the children. 2. The department may discharge the powers and duties provided under this section through an authorized agent.

## **Assigning a Family Services Assessment 640-01-10-80-15-01**

For reports that have been sent to a CPS Supervisor for assignment, there are a number of factors to consider before a Family Services Assessment is appropriate to be assigned. Any of the following would **rule out** assignment to a Family Services Assessment:

- Open child protection assessment
- Reported Present Danger Threat
- Reports concerning a foster child, or a child placed in relative or kinship care or with an alternate caregiver
- A Human Service Zone has had prior custody of a child living in the home and that case was closed within the last two years
- Reports of suspected sexual abuse, sex trafficking, physical abuse (includes excessive physical discipline), medical neglect
- Reported concerns involve manufacturing or distribution of illegal substances or involve an active drug raid
- Report includes a weapon (gun, knife, or other potentially deadly weapon) and has been used to threaten or harm anyone in the home
- Suspected child victim under age 5
- Any history of fatal abuse or fatal neglect
- Any unexplained / undetermined child fatality
- Suspected child abuse/neglect near death
- Subject of a previous Services Required / Confirmed CPS decision in the last two years (date of decision to date of received report) – exception if the only maltreatment type was educational neglect
- Subject currently on the Index for physical or sexual abuse
- Multiple previous reports indicating an escalating pattern of abuse or neglect
- Subject of a previous Unable to Determine decision
- Suspected victim has been the confirmed victim in an assessment with a determination of Confirmed with an Unknown Subject
- A current household member is a registered offender (sexual or/and offender against children)
- Child(ren) at risk of removal; active safety plans to control danger threats
- The family has previously refused to participate in services necessary for the safety of the child.
- The family currently declines to participate in the Family Services Assessment.

- The family was non-compliant with or did not successfully complete a previous Family Services Assessment within the last two years.

Any of the following may indicate a report to be considered for a Family Services response:

- When the reported maltreatment is unlikely to create a state of present or impending danger, for example, reports of **educational neglect**, environmental neglect - home conditions when the child is not vulnerable to the conditions, supervision concerns for children over age 12, etc.
- All suspected victims in the home are age 5 and older.
- Food, clothing, and shelter needs are inconsistently met by parents/caregivers (with no rule outs)
- Services and supports are available to assist the family in managing the problem
- Parent / caregivers have sufficient protective capacities to assure basic child safety and supervision
- The family successfully completed a Family Prevention Plan

## **Family Services Assessment 640-01-10-80-15-05**

When it is determined that a report is appropriate for a Family Services Assessment, the report may be assigned to a CPS Worker to arrange an initial visit with the family. When no present or impending danger is identified by the worker during the initial visit, a Family Services Assessment may be offered to the family at that time or may be postponed for consultation with a supervisor if the worker has concerns that the family is unwilling or unable to participate. When present or impending danger is identified the Family Services Assessment is no longer appropriate, and a child protection assessment must be completed.

In order to fulfill the CPS role of assuring children are safe and protected, a comprehensive assessment is required for the Family Services Assessment in order to:

- assess and analyze present and impending danger threats to child safety,
- take action, when necessary, to control threats to child safety, and
- engage families in providing protection for their children.

For reports that receive a Family Services Assessment, the worker's role focuses on engaging with a family to help identify supports or services they may need. The reported suspected child abuse and neglect concerns are only used initially to explain why the family has come to the attention of CPS and a beginning point to understand the situation and struggles a family is facing. A Family Services Assessment is a comprehensive assessment of child safety, and parent/caregiver protective capacities resulting in a conclusion of whether a child and family is in need of services that can be provided outside of the child welfare system. The CPS role in the Family Services Assessment is to assess child safety and caregiver protective capacities and to collaborate with parents and formal and informal supports to assure children are safe by enhancing parent/caregiver protective capacities so that children are protected without further CPS intervention.

A thorough assessment is necessary to identify and understand any impending danger threats, child vulnerability, adult functioning and parenting practices that may exacerbate or escalate to the point of maltreatment. Parent/caregiver protective capacities need to be assessed to determine whether the parent/caregiver possesses sufficient physical, emotional, and cognitive capacity to move forward with a plan on their own and benefit from community services.

Once the report is assigned to a CPS Worker for a Family Services Assessment, the worker must:

- Make contact with the reporter.
- Initiate the assessment within 72 hours by making contact with the parent/caregiver/family.
  - Initial contact may be made with the parent/caregiver by phone or a visit if no phone is available (or phone calls are not answered) to schedule a time for the worker to meet with the family, to include all the children in the home.
  - During the initial contact:
    - Let the family know who you are and why you are contacting them.

- Ask the parent to set a time to meet with the parent and all members of the household, including all children in the home within the assigned response timeline (14 days unless a shorter time was assigned).
  - Be respectful and collaborative with the family. When possible, allow the family to decide when to meet, as long as it is reasonable and within your assigned timeframes.
  - The meeting should be held in the family home whenever possible but can occur elsewhere at the family's request unless the worker needs to assess the conditions of the home.
  - Try very hard not to have this visit in your office. This is a place that represents your power and authority, and it may be difficult to engage the family using a family-engagement approach.
  - Try to schedule this initial face-to-face contact with the entire family. However, sometimes only part of the family is available to meet with you. You want to be flexible and work with that situation, but make sure you schedule to see all the children within the assigned time period.
  - If it is necessary to see one or more of the children in school, explain to the parent/caregiver that it is necessary that the worker see the children within the assigned time and ask whether the parent/caregiver can offer an alternative time or place to meet with the child.
  - If a visit cannot be arranged within three days, the worker may need to make an unannounced visit to initiate the assessment.
  - Unannounced visits should be rare in the family services response, but when you make an unannounced visit to a home, the goals are the same as for the initial phone call. Introduce yourself and ask to set up an appointment to meet with the family. If they invite you in right then to meet with the family, that is ideal, but this is likely to be an exception, not the rule.
- During this initial visit, the CPS Worker must advise the parent/subject of a report of suspected child abuse and neglect and of the reported concerns. (Required under NDCC 50-25.1-19)
    - Proceed with the visit by:

- Establishing rapport with the family.
  - Discuss the issues that have brought them to the attention of CPS, reported concerns
  - N.D.C.C. 50-25.1-19, "Child protective services duties - Training requirements" applies to the Family Services Assessment.
    - The department or authorized agent, at the initial time of contact with an individual subject to a child abuse or neglect assessment, shall advise the individual of the specific complaints or allegations made against the individual.
  - Provide an opportunity for family members to talk about their family and to ask questions.
  - Observe and assess the family's interactions with each other.
  - Explain the Family Services Assessment in more detail:
    - Give the family the [Family Services Assessment Parents Guide](#)
  - Ensure the family wants to participate in the Family Services Assessment and does not prefer the standard child protection assessment
  - Determine how the family likes to communicate (text, email, telephone, face-to-face, etc.) for future correspondence.
  - Discuss collateral contacts. The CPS Worker will need to follow up with referral sources, supports or collaterals (e.g. school, therapist, etc.).
  - Ensure the children are safe. Safety is still the number one goal of CPS involvement.
- Interview and observe (face-to-face contact):
    - All Household members (Parents, children, other adults residing in the home).
      - The initial meeting can begin by meeting with parents first or all family members together.

- The focus of the Family Services Assessment is to engage the family in a non-adversarial, non-legal, strengths-based partnership in order to identify needed change.
  - On occasion, the CPS Worker may need to meet with a child alone to meet response times or to assure child safety. Explain to the parent why there is a need to speak with the child alone and seek the parent's agreement. If the parent refuses, this may indicate that the parent is not willing or not able to participate in a Family Services Assessment.
- Information must be gathered and analyzed in the following areas:
    - Presenting Suspected Maltreatment
    - Family Strengths and Needs
    - Child Functioning and Vulnerability
    - Adult Functioning (including both enhanced and diminished parent/caregiver protective capacities)
    - Disciplinary Approaches
    - Parenting Practices (including both enhanced and diminished parent/caregiver protective capacities).
    - If present or impending danger is identified, if safety planning must be completed to control danger threats, discontinue the Family Services Assessment and revert to a child protection assessment.
  - It is important to remember that the Family Services Assessment is not the fact-finding process used in a Child Protection Assessment to gather information to support or refute reported child abuse or neglect.
    - The CPS role in the Family Services Assessment is still to assess child safety and to assure children are safe.
    - To talk with the family about any concerns identified in the report, by the parents, or by the worker.
    - To provide direction and information, to help articulate needs, and assist the family to access community services and supports that will enhance parent/caregiver protective capacities and support the children's healthy development so that children are protected without further CPS intervention.
    - For each child, the CPS worker should ask about the child's health, mental health, behavior (including any behaviors that are difficult for the parent), and education (how is the child doing in school/preschool/childcare). Use the Child Protection Services Assessment Guide for factor #3, Child Functioning. Note any

difficulties mentioned by the caregivers or the child(ren) and observations.

- For each adult, ask about parenting, discipline, and adult functioning. Use the Parent/Caregiver Protective Capacities Guide to assess Cognitive, Behavioral and Emotional Capacities. Note any areas of possible diminished capacity and discuss with the parent whether these might be areas they would like some help with.
- Ask whether the family has needs for economic assistance programs
- Ask about assistance with finding childcare and offer referral to Child Care Aware, ECS Licensing, etc.
- Ask about the need for a referral for behavioral / mental health services or respite services for the children/adults/family. Provide contact information or offer to make a referral.
- If there are school issues with the child, ask whether the parent needs assistance communicating with the school or accessing school resources. Assist with school contact when requested.
- Discuss available resources and ask whether the parent needs assistance to access these services. Offer referral information and make a referral or warm hand off if the parent needs this level of assistance.
  - Parenting assistance is available through the Parent Resource Centers, Nurturing Parenting Program and other local parenting programs.

When service needs are identified, offer information and assistance to the parent in accessing services. Sometimes a call from a CPS Worker is useful in obtaining resources that parents have difficulty articulating and a referral or phone call from the CPS Worker can smooth the way.

When the CPS Worker has observed child behaviors, adult functioning or family interactions that are concerning, or information provided by the family indicates there may be issues out of their conscious awareness, but the family hasn't recognized these dynamics themselves, the CPS Worker must be transparent about sharing their observations with the family. For Example: The caregivers indicate that both of their children are "good kids", but the worker has observed the caregiver making disparaging comments about the younger sibling throughout the visit, the worker needs to share this observation and suggest that the caregiver may want to address this

difference in talking about their children and how it might be affecting the child observed to hang his/her head when hearing the caregiver's comments.

- In conjunction with the family, the CPS Worker must make the following decisions and share the information with the parent/caregiver:
  - Whether there are any concerns about family behaviors, attitudes, motives, emotions, and/or situations that may escalate to the level of an impending danger, but which are not currently active.
  - How the concerning family behaviors, attitudes, motives, emotions, and/or situations are related to the parent/caregiver protective capacities (parent/caregiver role in the behaviors, attitudes, motives, emotions, and/or situations).
  - Offer resources and encourage parent/caregiver to engage in community services to address concerns and prevent escalation of areas of concern.

## **Family Prevention Plan 640-01-10-80-15-10**

When a family remains eligible and interested in participating in a Family Services Assessment, a family prevention plan may be developed and implemented by the family.

A family prevention plan is an informal document that lists concerns/problems identified by the family, services, and resources available to address the issues, who will contact the resource and when. This can be simply written on plain paper and signed by the family and the CPS Worker. A template of a Family Prevention Plan is located in the Appendix.

## **Family Services Assessment Follow Up 640-01-10-80-15-15**

Leave the family with resources and set a date and time to reconnect within 10 days. Use the family's preferred form of communication. Let them know you are available for their questions or further information.

If you have committed to making contacts on behalf of the family request that they sign release of information forms. While this is not strictly necessary when conducting a CPS assessment, it is respectful and builds trust and cooperation with a family when using the authority of CPS law is unnecessary. An informal written plan may also be made to provide clarity around expectations. Also let the family know that you will be following up with referral sources and/or family supports to document progress or help overcome barriers.

Contact the family at the agreed date and time. Update the family on any contacts you have made on their behalf. Request an update on how things have gone since your initial visit. Offer any additional resources or information. If the family indicates that they are comfortable with the current plan and are getting their needs addressed, the CPS Worker should offer the family to contact them again, or leave the door open for the family to contact the worker if they encounter barriers in accessing services.

### **Closing Family Services Assessment 640-01-10-80-15-20**

If the CPS Worker, CPS Supervisor, and the family agree that the areas of need and concern have been addressed and the family is ready to move forward, the Family Services Assessment can be closed.

- If the family prefers a second contact, set a date, time and method for that contact and allow the assessment to remain open for that next contact.
- If a family requests a third follow up, arrange to meet with the parent/caregiver to discuss the need for more intensive services or whether a full assessment is appropriate.
- If the assessment is going to be closed with CPS, assure that the family knows how to access community resources, if needed.

When it is determined that the Family Service Assessment can be closed, document this determination in the Case Activity Log in FRAME.

- Send the family a closure letter to let them know the Family Services Assessment is closed and thank them for working with you. (Sample FSA Notification Letter is located in the Appendix)

## **Documentation Family Services Assessment 640-01-10-80-15-25**

- Use the [CPS Family Services Assessment \(Tool 3.1\)](#) to document the Family Services Assessment
- In the Case Staffing section, document:
  - A description of the reported concerns
  - The caregiver's response to the reported concerns
  - Immediate needs identified during the Family Services Assessment
  - Family Prevention Plan and efforts made to connect the family with community-based resources and services.
- Attach any documentation (SFN 960/CPS Intake form, releases of information, family prevention plan, notification letter, etc.) to the Assessment Tab Documents
- Document the assessment decision by selecting "Family Services Assessment"

## **Present or Impending Danger in Family Services Assessment 640-01-10-80-15-30**

If present or impending danger is identified at any time during the Family Services Assessment, or there has been a disclosure of child maltreatment, the Family Services Assessment is no longer appropriate and a Child Protection Services Assessment must take place.

- The CPS Worker will need to be honest and transparent in expressing to the caregivers the reason the children aren't safe and the need for a present danger plan or safety plan.
- Use the procedures for the child protection assessment.
- Utilize the What Happens Next brochure to help explain the Child Protection Assessment process

- Before leaving the home, any identified danger must be addressed, a present danger or safety plan must be in place, as appropriate.

## **Child Sexual Behavior Intervention 640-01-10-90-20**

CPS intervention for reports of child sexual behaviors (CSB) is required by N.D.C.C. 50-25.1-05.3(2). The law requires law enforcement to cross-report to CPS when law enforcement receives reports that a minor (child under age 18) has committed an act in violation of one of the statutes in Section 12.1 of the criminal code for sex offenses listed in the law against another minor.

The intent of the law to require CPS involvement in these situations is to intervene in potentially abusive and harmful sexual behaviors between minors by engaging with the parents/caregivers to provide safety and treatment for the minor children involved. This is inherently different than the fact-finding process required for a standard CPS assessment.

The law requires CPS to provide risk assessment, safety planning and appropriate evidence-based screening for the children involved in the report and any other children in the home of a child involved. CPS is also responsible to refer the children involved, any other children in the home of an involved child, and their caregivers, for appropriate services.

CPS Intervention is required when problematic sexual behavior is identified between any minor children. A clear indication of a problem is when the behaviors are aggressive, intrusive, or coercive, and there is harm to the youth and others. The term is also used when youth display sexual behaviors that do not respond to parental intervention, or are frequent, intrusive, or occur among youth of disparate ages or abilities.

### **CPS Intervention Process:**

1. To begin the Child Sexual Behavior Intervention Process, there must be contact with law enforcement to determine their level of involvement.
  - a. When law enforcement is conducting a criminal investigation of the report, the criminal investigation takes precedence and any action by

- the CPS Worker must be approved with the investigator. Always work in coordination with the investigating officer so as not to interfere with a criminal investigation.
- b. Inform the investigating officer that you will need to meet with the parent(s)/caregiver(s) of all the children involved to put a Family Safety Plan in place. Determine whether the investigating officer has any objection to the CPS worker speaking with the parent(s)/caregiver(s) about the child sexual behaviors. Coordinate with the investigating officer for the timing of your involvement.
  - c. Determine whether an interview at the Children's Advocacy Center of the child/or any children involved is appropriate. If deemed appropriate, CPS Worker will accompany the officer to the child interviews.
  - d. If the investigating officer requests a copy of Family Safety Plan developed with the parent(s)/caregiver(s) or other information produced through Child Protection Services, law enforcement should receive a confidential stamped copy.

When law enforcement declines to investigate, the Child Sexual Behavior Intervention by a CPS Worker must continue independently. Once the report is assigned to a CPS Worker for a Child Sexual Behavior Intervention, the worker must:

- a. Contact the reporter.
- b. Initiate the intervention within 72 hours or timeframe identified by CPS Human Service Zone supervisor, by contacting the parent(s)/caregiver(s).
  - Initial contact may be made by phone or by conducting a home visit to schedule a time for the worker to meet with the parent(s)/caregiver(s) separately from the children.
  - Give a brief explanation of the child sexual behavior intervention and how it differs from a Child Protection Assessment
  - Convey to the caregiver that it is important that the children involved not have unsupervised contact and that a child who may have acted out should not have unsupervised contact with other children until you can meet to determine a plan
  - If a caregiver refuses to provide information or denies the need to provide safety, consider whether there is a reasonable suspicion that

- one or more children may be neglected by a caregiver not providing safety for their children. Consult with the CPS Human Service Zone Supervisor and/or Field Service Specialist to determine whether an SFN 960 should be completed to begin an assessment for neglect/failure to protect.
- c. A Family Safety Plan will be developed collaboratively with the caregiver(s), and if appropriate, the child(ren) involved so that all family members have a clear understanding of what is expected of them and other members of the family.
- The goal of the Family Safety Plan (FSP) is to prevent further instances of problematic sexualized behaviors and keep everyone in the home safe
  - A template for developing a Family Safety Plan is found in the appendix of this manual. The template can be modified as appropriate to the family and to the range of behaviors identified. Use of the templates is not required but should include the following components:
    - Sexual Behavior Rules needed to follow
    - Type of supervision and who will provide it
    - That the acting child will not be put in any situation where they have responsibility or power over other children, either in the home or out
    - Rules for privacy and boundaries in the home
    - Controlled access to electronics, internet and means of sexual images
    - What type of activities are okay with supervision
- d. Before leaving the interview with a caregiver, assure the caregivers understand the type of supervision needed (visual supervision of acting child when around other children and no access to inappropriate content through controlled internet access, etc.) to keep children from further engagement in problematic sexualized behaviors. Emphasize that it is up to the caregiver to follow through with the Family Safety Plan. Assure the caregiver that you are available to assist with referrals or questions and provide your contact information.
- e. When the Child Sexual Behavior Intervention is conducted independent of any criminal investigation, the CPS worker will need to make a

determination whether to interview the victim beyond conducting a trauma screening. In general, interviewing a child under age 5 will not solicit significant information beyond what the parent has conveyed in the parent interview

- f. A trauma screening must be completed for each child involved, whether the child involved is the child who is exhibiting problematic sexualized behaviors or is a child who may be a victim of another child's behaviors. Follow the trauma screening process outlined in Trauma Screening 640-01-10-90-15. When a trauma screening is completed at a CAC, document that the child received the required screening at the CAC. It is not necessary for the CPS Worker to conduct a separate trauma screening. The trauma screening tool should not be included with the documentation and other evidence in a CPS assessment. The only documentation regarding trauma screening in an assessment is documenting the CAL that a trauma screening was completed.

### **Determination in the Child Sexual Behavior Intervention**

The CPS Worker will need to determine whether the sexual behavior described is typical and is not defined as problematic sexual behavior for any child involved in the child's age group. Use the Child Sexual Behavior chart found in the appendix of this manual as a guide.

The CPS Worker should share the worker's assessment of the behavior with the parent(s)/caregiver and the reasons why the behavior of their child is considered typical, concerning, or harmful.

### **For behaviors falling within the typical developmental range:**

Provide resources and/or links/handouts found in the appendix of this manual to the parents to help increase their understanding of child sexual behaviors.

When the behaviors are considered typical for the sexual development based on the child's age, assure the parent of the developmental nature of the child's behavior and the need for firm, but measured intervention by the parent including setting family privacy rules, providing adequate supervision, and teaching healthy boundaries.

Engage the caregiver in Safety Planning and assure that the caregiver has a clear understanding of “adequate supervision”.

If a parent is seeking help for more information, and professional intervention is not needed, provide assistance in making referrals to a parenting class or Parent Resource Center. When making a referral to a Parent Resource Center, include the reason for the referral and parenting topics to address the needs identified.

### **For behaviors falling in the range of problematic sexual behavior:**

Provide resources and/or links handouts found in the appendix of this manual to the parents to help increase their understanding of child sexual behaviors.

When problematic sexual behaviors are identified, it is important that the Sexual Behavior Rules be put in place to prevent additional behaviors. This protects both the child who may be demonstrating problematic sexual behaviors as well as other children in contact with the accused child. Discuss with the parent of each child involved, the need for a Family Safety Plan.

Assist the parents of all children involved with developing and putting a Family Safety Plan in place.

If Problematic Sexualized Behaviors are identified, it is strongly encouraged that a referral to a Children’s Advocacy Center for a problematic sexual behavior assessment and treatment.

Children’s Advocacy Center’s specialize in the assessment and treatment of children with problematic sexual behaviors and can be contacted to answer questions or provide consultation of these cases, if needed.

## **Documentation**

Child Sexual Behavior Intervention is not a CPS assessment and should not be entered into FRAME in the “Assessment” tab.

CSB reports remain an Administrative Referral due to the requirement of cross reporting with law enforcement and no maltreatment determination is made. All documentation should be completed in the CAL and text boxes provided in FRAME.

Reports of problematic child sexualized behaviors are received by CPS Intake, triaged according to CPS policy and, when appropriate, forwarded to a Human Service Zone Supervisor for assignment.

Register the report as a new case, label as "CSB" and youngest minor victim's last name. Do not combine into another case unless the case is already labeled a CSB and involves the same minor victim. The victims are entered into one case as "family members" even if they don't reside together. The initiating child is also listed as a family unit member so that they can be linked to any existing case in FRAME.

If a victim/subject has an existing case this can be referenced through FRAME Member Details. Reference to CSBXXX can be entered into the CAL for that victim's case to cross reference.

In the Administrative Referral screen in FRAME, use the "How Has Safety Been Addressed" field to document that the required tasks (safety assessment, safety planning, evidence-based screening, and service referrals) have been completed. Include dates of completion in the CAL.

It is not necessary to hold a CSB Intervention open until a criminal investigation or adjudication occurs. When the required steps above are complete, the CSB Intervention can be closed after review with the Human Service Zone Supervisor.

## **Making a Maltreatment Decision 640-01-15-05**

North Dakota Century Code Chapter 50-25.1-05.1. "Child abuse or neglect assessment decision - How determined", requires that upon completion of the child protection assessment, a decision must be made whether confirmed,

confirmed with unknown subject, unconfirmed, or unable to determine abuse or neglect of a child.

1. This determination is the responsibility of the department.
2. A decision of confirmed may not be made if the suspected child abuse or neglect arises solely out of conduct involving the lawful practice of religious beliefs by a parent or guardian. This exception does not preclude a court from ordering that medical services be provided to the child if the child's life or safety requires such an order, or the child is subject to harm or threatened harm.

The Department has designated responsibility for making maltreatment decisions in CPS assessments to the CPS Field Service Specialists.

The following decisions are allowed by state law:

- "Confirmed" means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
  - A decision of confirmed should be made when the subject meets the definition of a "person responsible for a child's welfare" and a preponderance of evidence indicates that the facts in the assessment meet a definition of abused child or neglected child.
- "Confirmed with unknown subject" means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
  - A decision that child abuse and/or child neglect is confirmed with an unknown subject should be made when a preponderance of the

evidence meets a definition of abuse child or neglected child but does not confirm the identity of a specific person responsible for the child's welfare which is responsible or when the name of the subject is unknown.

For example: A child is diagnosed with a subdural hematoma, medical experts conclude that the injury is consistent with non-accidental trauma, but there is not a preponderance of evidence to confirm abuse or neglect by a known person responsible for a child's welfare.

- "Unconfirmed" means that upon completion of a child protection assessment, the department has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child.
  - A decision of unconfirmed should be made when a preponderance of evidence indicates that the facts in the assessment do not meet a definition of an abused child or a neglected child.
- "Unable to determine" means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child.
  - If insufficient evidence exists to form a preponderance of evidence to either confirm or unconfirm that a child has been abused or neglected, a decision of "unable to determine" must be made.
  - An assessment is initiated and after due diligence, the child cannot be identified or cannot be located. Reference Present Danger Safety Threats 640-01-10-20.
    - "Due Diligence" means that the following steps have been taken whenever practical or document those that are not practical:
      - A phone contact has been attempted at least three times at different times of the day (including at least one call after regular business hours), with messages left, where possible (document if individual doesn't have a phone or phone number is unknown)
      - Check the Master Client Index through FRAME for current address
      - Inquire of the TANF program if there is a current address

- Contact the school district, if a child in the family is school age to ask whether the child is in school or the location of any new enrollment
- Re-contact the reporter
- Contact one or more identified friends or family members (identified by Intake or in this assessment or any previous assessments)
- Attempts a visit to the last known local address; ask individuals at that address if a new address for the family is known
- Send a letter to the last known address requesting contact by a specific date

## **General Neglect 640-01-15-20-05-01**

The definition of a “neglected child” is without proper care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and is not due primarily to the lack of financial means of a person responsible for the child's welfare.

The term ‘proper care,’ as used in Section 27-20-02(5)(a), N.D.C.C., means the parents' conduct in raising their children must satisfy the minimum standards of care which the community will tolerate.

“Minimum parenting standards” means that a person responsible for the child's welfare is able and willing to ensure that a child is healthy and safe, which includes ensuring that the child is:

- adequately fed,
- clothed appropriately for the weather conditions,
- provided with adequate shelter,
- provided with necessary medical care,

- protected from physical, mental, and emotional harm,
- provided with education as required by law.

Under the provision of “proper care” and “minimum parenting standards”, consideration should be given to reckless disregard for the child's safety and welfare in situations that expose children to significant risk of harm, even though injuries may not have resulted. It is not necessary for a child to be damaged by a lack of care. Persons with responsibility for the care and supervision of a child (caregivers) have a duty to protect the health and welfare of these children. When considering a maltreatment decision based on general neglect, consider whether actions of the caregiver meet a minimum standard of care (proper care) to protect the child’s physical, mental or emotional health or morals.

For example:

A parent is exposing a preschool child to pornography by leaving pornographic material within the child’s view. While it may not be possible to assess the impact of exposure to pornography upon a child of tender years, exposing a child to pornography violates a “minimum standard of care which the community will tolerate”. There are laws created to prevent pornography from being viewed by minors. The parent is not protecting the child’s healthy moral development and is not providing ‘proper care’. Similarly, a parent who involves a child in shoplifting, drug trade or exposing a child to “vice conditions” is not providing “proper care” even though impact to the child may not yet be evident.

Other examples include:

- A parent who drives while under the influence of substances with a child in the vehicle.
- A parent who swings a heavy object at a child but does not hit or injure the child.
- A parent whose capacity is impaired to the degree that the parent is unable to meet the child’s basic needs or to perceive danger to the child.

The North Dakota Supreme Court has stated that proper (parental) care refers to the minimum standard of care which the community will tolerate. As a result, for example, **there is not a shifting or higher standard of care that applies to "a person responsible for the child's welfare"** who has had specialized training, such as CPR, AED (automatic external defibrillator) or First Aid. Rather, there is one standard of care applicable to all subjects regardless of their training or education.

Although individuals with specialized training (i.e. foster care providers, teachers, medical doctors) cannot be held to a higher standard of care, **child vulnerability** can be considered when determining abuse/neglect; consider child characteristics such as trauma from previous abuse neglect, child disability or young age.

For example: A child who has been removed from parental care and placed in foster care will have experienced trauma from maltreatment in their home to the degree that maltreatment caused their removal. That child will also have experienced trauma from removal from their home. A child who has been previously maltreated and removed from their home will be particularly vulnerable to any further maltreatment. If that child also has a disability or mental health condition or is a very young child their vulnerability multiplies.

### **Consideration of Financial Means**

Applying the terms "proper care" and "minimum parenting standards" also requires consideration of the caregiver's financial means.

Poverty is when the caregiver *does not have* the resources to provide for the child's need but is making substantial efforts to provide necessities and using available income to benefit the children.

Neglect is when the caregiver *has* the resources but *chooses* not to provide for the child's needs such as directing resources toward parental pastimes, entertainment or hobbies while depriving the children of basic necessities.

Caregivers who are living in poverty may not be neglectful when they do not have access to financial resources to provide proper care. It is important to explore the caregiver's use of available resources in providing proper care for

their children. When the family's resources are depleted in an effort to provide for the family's basic needs such as food, clothing, education, housing, etc. it should be explored whether the caregiver is willing to accept public and private benefits and assistance to enable proper care for the children. The following areas can be addressed to assess a caregiver's financial means:

- Whether the caregiver has applied for public assistance benefits.
  - If the caregiver has applied for public assistance benefits and was found to be ineligible, what was the cause of ineligibility?
    - If the cause of ineligibility is inadequate follow through by the applicant, explore whether the individual is willing to provide required documentation.
    - If the cause of ineligibility is the result of the caregiver's irresponsible or poor choices, such as a criminal conviction or fraud, the behavior may be considered neglectful and child neglect may be confirmed.
      - Information about TANF ineligibility may be obtained without a release of information under Service Chapter Temporary Assistance for Needy Families (TANF) 448-01-25-10-10-30.
      - This exception applies only to the TANF program.
      - All other Economic Assistance programs require a signed release of information form.
- Whether the caregiver is willing to apply for public assistance benefits.
- Whether the caregiver is willing to access local resources such as food banks, Community Action Programs (offers help with Budgeting and Money Management, Child Care, Commodities, Emergency Assistance, Energy Assistance, Food Pantry, Head Start, Housing, Self-Sufficiency, Volunteer Income Tax Assistance (VITA), and Weatherization), local churches, etc.

When a caregiver has access to resources but does not direct needed resources to providing proper care for the children and/or is not willing to accept available help from public or private assistance agencies, child neglect may be confirmed.

## **Inadequate Nutrition 640-01-15-20-05-25**

Nutritional neglect may be confirmed when a caregiver fails to provide adequate nutrition to a child. In its more severe form, nutritional neglect is the failure to provide appropriate nutrition to a child resulting in poor growth, which may include the child's weight, height and head circumference falling significantly below the growth rates of average children, malnutrition, and non-organic failure to thrive.

- Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day and no food is available, not due to lack of resources.
- Inadequate nutritional food in home.
- Children unable to feed themselves. May eat nonfood items or spoiled food.
- Child deliberately or intentionally not fed or given water for at least one day, or fed minimally and nutritionally inadequate food for several days.
- Children suffer from clinical symptoms of malnutrition, dehydration, or food poisoning (non-organic failure to thrive is a medical diagnosis which must be made by a physician).

Children experiencing nutritional neglect may exhibit certain overt behaviors including:

- Begging from neighbors for food.
- Eating out of garbage cans.

- Constantly stating a need for food.
- Hoarding food.
- Gorging on food causing vomiting

Caregivers may refuse offers of food through available sources such as food pantries, SNAP benefits, churches, backpack programs or reduced cost meals through the school.

**Documentation:**

- CDC growth chart (provided through medical documentation)

**Who is Required and Permitted to Report Known or Suspected Institutional Child Abuse and/or Neglect 640-01-40-15-01**

Persons Required and Permitted to Report are Identified in [NDCC 50-25.1-03](#):

1. Any physician, nurse, dentist, optometrist, dental hygienist, medical examiner or coroner, or any other medical or mental health professional, religious practitioner of the healing arts, schoolteacher or administrator, school counselor, addiction counselor, social worker, child care worker, foster care provider, police or law enforcement officer, juvenile court personnel, probation officer, Division of Juvenile Services employee, or member of the clergy having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of child abuse or neglect, shall report the circumstances to the department if the knowledge or suspicion is derived from information received by that person in that person's official or professional capacity. A member of the clergy, however, is not required to report such circumstances if the

knowledge or suspicion is derived from information received in the capacity of a spiritual adviser.

2. Any person having reasonable cause to suspect that a child is abused or neglected or has died as a result of abuse or neglect, may report such circumstances to the department.
  3. A person who has knowledge of or reasonable cause to suspect that a child is abused or neglected, based on images of sexual conduct by a child discovered on a workplace computer, shall report the circumstances to the department.
  4. The administrator of an entity which employs more than 25 individuals who are required to report suspected child abuse and neglect (mandated reporters) to designate an agent within that entity on behalf of staff members or volunteers within that entity. However, the designated agent may not impose conditions, including prior approval or prior notification, upon a staff member or volunteer reporting suspected child abuse or neglect under this chapter or exercise any control, restraint, or modification, or make any changes to the information provided by the staff member or volunteer. A report filed by the designated agent must include the first and last name, title, and contact information for every staff member or volunteer of the entity who is believed to have direct knowledge of the facts surrounding the report. A single report from the designated agent under this subsection is adequate to meet the reporting requirement on behalf of staff members and volunteers of the entity listed with the required information. However, an individual may continue to make reports separate from the designated agent.  
Reference [N.D.C.C. 50-25.1-04](#).
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## **Other Supporting Documents 640-01-85-15**

### Screening instruments

- University of Minnesota's Traumatic Stress Screen for Children's and Adolescents (TSSCA)
- TWEAK screening instrument
- TWEAK Scoring Sheet

### Substance Exposed Infant/AR documents

- Substance Exposed Newborns (DN 1634)
- EI Referral Information for Parents (SEN)
- Substance Exposed Infants Background and Purpose 640-01-10-80-05
- SEI- Which Track is Most Appropriate 640-01-10-80-06 Alternative Response Parent Brochure

### Pregnant woman documents

- Controlled Substance Flow Chart (For Pregnant Woman Assessments)
- Alcohol Flow Chart (For Pregnant Woman Assessments)

### Family Services Assessment documents

- CPS Family Services Assessment Parent's Guide
- Family Prevention Plan Template

- Family Prevention Plan Example 640-01-10-80-15-10
- [FSA Notification Letter](#)
- [Sample Family Prevention Plan](#)

#### Child Sexual Behavior documents

- [Close Supervision Handout](#)
- [CSB Resource Links](#)
- [Is the Behavior PSB](#)
- [Sexual Development and Behavior in Children \(NCTSN/NCSBY\)](#)
- [What Teens Need to Know About Sex and the Law](#)
- [Adolescent Safety Plan Template](#)
- [Child Safety Plan Template](#)
- [Normal Sexual Behaviors by Age](#)
- [Child Sexual Behavior Chart](#)

#### Resources

- [Educational Neglect vs Truancy Fact Sheet](#)
- [Referral Information for Parents of Children Under Age Three](#)
- [What Happens Next Booklet](#)
- [What Happen Next Booklet \(Spanish\)](#)
- [Child Supervision Guidelines](#)
- [CPS Decision Making Guide Table](#)
- Number of Assessments Needed 640-01-10-05-10

