



STATUTORY MINOR CORRECTION

CWP 18-2025

CHAPTER 413

DEPARTMENT OF HUMAN SERVICES

CHILD WELFARE PROGRAMS

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FILING CAPTION: Correcting Spelling from "Direct" to "Director".

CONTACT: Ryan Schott
503-930-2932
CW.PolicyUnit@odhsoha.oregon.gov

500 Summer St NE E-67
Salem, OR 97301

Filed By:
Ryan Schott
Rules Coordinator

AGENCY ATTESTS THE FOLLOWING CHANGES HAVE BEEN MADE, ACCORDING TO ORS 183.335(7):

Correcting spelling

AMEND: 413-015-0415

RULE TITLE: CPS Assessment Activities

RULE SUMMARY: OAR 413-015-0415 (3)(d) is being corrected to correct the spelling of "direct" to "director".

RULE TEXT:

CPS assessment activities are outlined below. The activities are described in a logical order in these rules, but the order in which they occur is controlled by the specific circumstances in a given referral.

(1) Review records.

(a) The assigned CPS worker must:

(A) Thoroughly review the documentation in the referral;

(B) Thoroughly review the paper and electronic records maintained by Child Welfare for historical information on the family and the alleged victim that may be useful in completing the CPS assessment;

(C) Thoroughly review available Self-Sufficiency records; and

(D) Make diligent efforts to contact another state's child welfare agency to obtain records, if any, when the CPS worker has information that the family has lived in another state.

(b) The CPS worker must review the documents to identify information related to:

(A) Present danger safety threats or impending danger safety threats;

(B) History or a pattern of abuse;

(C) Child and family support systems and protective capacity; and

(D) Worker safety.

(2) Addressing prior allegations that have not been assessed because Child Welfare was unable to locate the family. The assigned CPS worker must address in the current assessment any allegations not previously assessed because Child Welfare was unable to locate the family as follows:

(a) Discuss the prior unassessed allegations during interviews;

(b) Consider all information about prior unassessed allegations when determining child safety; and

(c) Document the consideration of prior unassessed allegations in interviews, observations, and dispositional findings.

(3) Contact collateral sources.

- (a) The CPS worker must contact collateral sources who can clarify or supplement the information in the referral and in records already reviewed.
- (A) The CPS worker must contact the assigned Self-Sufficiency worker, if any.
- (B) The CPS worker may contact other collateral sources including, but not limited to:
 - (i) Individuals who have regular contact with the alleged victim;
 - (ii) Doctors or others who have evaluated or maintain records on the alleged victim;
 - (iii) People who are in an established personal or professional relationship with the parent or caregiver and who can judge the quality and nature of the parent or caregiver behavior and functioning; and
 - (iv) People who have records or information about the parent or caregiver as a result of their involvement with, or exposure to, the parent or caregiver.
- (b) The CPS worker must gather information from collateral sources throughout the CPS assessment.
- (c) The CPS worker must consult with the assistant attorney general to obtain a court order for records from a collateral source, if the source is unable or unwilling to share information with Child Welfare.
- (d) The Director of Human Services may, by subpoena, compel the production of documents and records, including audio records, video records, photographs and student records, that the director deems relevant or material to a CPS assessment (SB 901 (2023)).
- (4) Consult with a CPS supervisor.
 - (a) The CPS worker must consult with a CPS supervisor or designee:
 - (A) When the CPS worker has reasonable cause to believe the alleged perpetrator is an employee of any program, office, or division of the Department or OYA;
 - (B) When a referral involves a resource family or respite provider certified by Child Welfare;
 - (C) When a referral involves:
 - (i) A child care;
 - (ii) A child caring agency;
 - (iii) A child caring agency certified proctor foster home;
 - (iv) An educational provider;
 - (v) An ODDS licensed group home or host home; or
 - (vi) An ODDS or OYA certified foster home
 - (D) When a CPS worker receives notification from a screener that a closed at screening or new referral was created on an open CPS assessment;
 - (E) Prior to a decision to place a child in protective custody, or after placement if consultation before placement will delay the safety intervention;
 - (F) Prior to initiating court action, or after initiating court action if consultation before will delay the safety intervention;
 - (G) Prior to developing an initial safety plan in a resource family or respite provider certified by Child Welfare, ODDS, or OYA;
 - (H) When the referral involves a child fatality;
 - (I) When making a disposition in a complicated or sensitive situation or case; or
 - (J) When closing a CPS assessment with the disposition of "unable to locate."
 - (b) Subject to the discretion of the CPS supervisor, the CPS worker will consult with a CPS supervisor or designee at additional key points during the CPS assessment, such as:
 - (A) Before making initial contact with the family; or
 - (B) When a referral indicates potential danger to the worker.
- (5) Contact and work with other entities. The CPS worker may need to work with representatives of other entities to gather and analyze safety-related information, develop a sufficient protective action plan, initial safety plan, or ongoing safety plan, and to complete the CPS assessment.
 - (a) The CPS worker may, as appropriate, notify or consult with other Department programs or other agencies including, but not limited to, the Office of Vocational Rehabilitation Services and Animal Control.

(b) The CPS worker must report to or contact and work with other entities as follows:

(A) Community Mental Health Program, Community Developmental Disabilities Program, or Adult Protective Services. The CPS worker must make a report to the Community Mental Health Program, Community Developmental Disabilities Program, or the local Adult Protective Service office when the CPS worker has reasonable cause to believe:

(i) That any person 18 years of age or older with a mental illness, a developmental disability or a physical disability, or any person 65 years of age or older, with whom the CPS worker comes into contact has suffered abuse.

(ii) That any person with whom the CPS worker comes into contact has abused a person 18 years of age or older with a mental illness, a developmental disability or a physical disability, or any person 65 years of age or older.

(B) Tribal Governments. If the CPS worker knows or has reason to know that the child is an Indian child, the CPS worker must give notice within 24 hours to the Indian child's Tribe that a CPS assessment is being conducted unless the screener documented completion of this notification in the referral. (See OAR 413-115-0040.)

(C) Law enforcement.

(i) If a cross report was not previously made, the CPS worker must contact one or more law enforcement agencies in accordance with the protocols of the local multi-disciplinary team agreement and in accordance with cross reporting rules, OAR 413-015-0300 to OAR 413-015-0310.

(ii) When there is a joint response involving a CPS worker and law enforcement staff, the CPS worker is still responsible for all of the activities necessary to complete a CPS assessment, which are summarized in OAR 413-015-0400.

(I) The CPS worker must, in consultation with a CPS supervisor, determine whether to coordinate assessment activities with law enforcement agencies in the following situations:

(II) Present danger. When the CPS worker has information that indicates that the child is unsafe right now.

(III) Family cooperation. When the CPS worker has information that the family may not allow the CPS worker to observe the alleged victim or other children in the home.

(IV) Protective custody. When the CPS worker has information that a child may need to be placed in protective custody for the child's safety.

(V) Child interview. When the CPS worker and the law enforcement officer must each interview a child, it is preferable to coordinate the interviews to reduce the number of interactions with the child.

(VI) Worker safety. When the CPS worker has information that indicates the family behaviors, conditions, or circumstances could pose a danger to the CPS worker.

(VII) Crime committed. When the CPS worker suspects or receives a report that a crime may have been committed.

(D) Multi-Disciplinary Teams (MDTs). Department district managers must develop interagency agreements regarding assessment of child abuse, as necessary, with local MDTs. Requirements for MDT protocols are set out in ORS 418.747.

(E) Office of Child Care. The CPS worker must notify and coordinate with the Compliance Unit of the Office of Child Care when a report involves a child care, as required by ORS 419B.020(1).

(F) Office of Developmental Disabilities Services (ODDS). The CPS worker must notify and coordinate with ODDS when a report involves a home certified by ODDS or a child or young adult receiving services from ODDS.

(G) Office of Training, Investigations, and Safety (OTIS). The CPS worker must notify and coordinate with the OTIS when a report involves a setting the OTIS is responsible for investigating as listed in OAR 413-015-0215.

(H) Oregon Youth Authority (OYA). The CPS worker must notify and coordinate with OYA when a report involves a home certified by OYA or a child in the legal custody of OYA.

(I) Probation and parole. The CPS worker must contact probation and parole when the allegation involves a parent or caregiver, alleged victim, or alleged perpetrator who is supervised by probation or parole.

(J) Public or private schools.

(i) The CPS worker may request school records, including documents and other materials which the education provider must immediately provide as described in ORS 339.388.

(ii) The CPS worker may interview an alleged victim or potential witness at school when the worker believes it will be the best environment in which to assure safety when making contact. ORS 419B.045 provides requirements for CPS assessments that are conducted on school premises. The CPS worker must do the following:

- (I) Notify the school administrator that a CPS assessment must be conducted. If the school administrator is a subject of the CPS assessment, then notification is not required.
- (II) Report to the school office, provide identification, inform school personnel of the CPS assessment, and provide the name of the alleged victim or potential witness to be interviewed.
- (III) Request information from school personnel regarding the disabilities of the alleged victim, if any, prior to an interview with the alleged victim.
- (IV) Interview the alleged victim or potential witness out of the presence of other persons, unless the CPS worker believes the presence of a school employee or other person would facilitate the interview. If the CPS worker believes that a school employee does not need to be present, but the school employee insists on being present during the interview, the worker may confer with the CPS supervisor for assistance in handling the situation.
- (V) Discuss further actions with the alleged victim at the conclusion of the interview.
- (VI) Inform school personnel when the interview has been completed.
- (VII) Inform school personnel if the alleged victim is taken into protective custody.
- (VIII) Inform school personnel that the CPS worker will notify parents of the interview.
- (IX) Contact the CPS supervisor if school officials refuse to allow the CPS assessment to take place on school property.
- (iii) The CPS worker may not interview a child identified as an alleged perpetrator at school.
- (6) Obtain interpreters and translation. The CPS worker must obtain the services of a competent interpreter and competent written translation service for families, including hearing-impaired family members, who have limited or no means of communicating in or reading English.
- (7) Complete actions required to comply with the ICWA/ORICWA under OAR 413-115-0040 to 413-115-0090.
- (8) Determine refugee status and comply with the Refugee Children Act, if applicable. During a CPS assessment, the CPS worker must consider whether the child is a refugee child. Under ORS 418.925, a "refugee child" is a "person under 18 years of age who has entered the United States and is unwilling or unable to return to the person's country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion, or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion."
- (a) If it appears that a child is a refugee child, the CPS worker must ask about the child or parents' country of origin, length of time the child or parents have been in the United States, reasons why the child or parents came to the United States, and ethnic and cultural information relevant to the child's status as a refugee. The CPS worker does not have to make a legal determination that the child and parent are refugees, but if the child or the parents indicate they are refugees, then the CPS worker must proceed as if they are, until or unless it is known that they are not refugees.
- (b) The CPS worker may not take a refugee child into protective custody unless, in addition to the other requirements for taking a child into custody, the CPS worker determines that:
 - (A) Removal is necessary to prevent imminent serious emotional or physical harm to the child; and
 - (B) Reasonable efforts to alleviate the harm through remedial or preventive services do not alleviate the harm, have failed, or are not practical in an emergency situation.
- (c) Unless it is a voluntary placement, no refugee child may remain in placement more than five calendar days unless there has been a judicial determination, supported by clear and convincing evidence that:
 - (A) Preventative or remedial services provided by Child Welfare have failed to alleviate the need for removal; and
 - (B) Return to the home will likely result in psychological or physical damage to the child.
- (d) When a refugee child is placed in care, the juvenile court petition must include, in addition to the information required by ORS 419B.809, the following information:
 - (A) A specific and detailed account of the circumstances that led Child Welfare to conclude that the child was in imminent danger of serious emotional or physical harm;
 - (B) Specific actions Child Welfare has taken or is taking to alleviate the need for removal;
 - (C) Assurance Child Welfare has complied with placement preferences listed in ORS 418.937 and listed in subsection (e)

of this section; and

(D) Assurance Child Welfare is making or has made diligent efforts to locate and give notice to all affected refugee family members and to the Refugee Child Welfare Advisory Committee that the petition has been filed.

(e) The CPS worker must consider the refugee child's culture and tradition when making any placement decision for a refugee child and, unless shown to be inappropriate and inconsistent with the best interests of the child, place the child with the following in order of preference:

(A) Natural parents.

(B) Extended family member.

(C) Members from the same cultural heritage.

(D) Persons with knowledge and appreciation of the child's cultural heritage.

(f) The CPS worker may determine that placement under subsection (e) of this section is inappropriate and inconsistent with the best interests of the child if:

(A) The preferred placement presents a threat to the child's safety;

(B) The extreme medical, physical, or psychological needs of the child cannot be met in the placement; or

(C) There is an informed request from either of the child's biological parents not to use a placement, if the request is consistent with stability, security, and the individual needs of the child.

(g) When a juvenile court petition is filed and a refugee child is placed in care, the CPS worker must staff the case with the Refugee Child Welfare Advisory Committee (RCWAC). The CPS worker must contact the International Case Consultant for Child Welfare to arrange a time for the staffing. In preparation for the staffing, the CPS worker must:

(A) Invite the CPS supervisor to the staffing; and

(B) Be prepared to discuss the reasons for the CPS referral, the information indicating that family members are refugees, and their country of origin.

(9) Take photographs. The CPS worker must, during the CPS assessment, take photographs and document, as necessary, abuse and the observable nature of any present danger safety threat or impending danger safety threat.

(a) As provided in ORS 419B.028, a law enforcement officer or the CPS worker may take photographs for the purpose of documenting the child's condition at the time of the CPS assessment.

(b) As provided in ORS 419B.028, if the CPS worker conducting a CPS assessment observes a child who has suffered suspicious physical injury and the CPS worker is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the CPS worker, in accordance with the protocols and procedures of the county multi-disciplinary team described in ORS 418.747, will immediately photograph or cause to have photographed the suspicious physical injuries. Regardless of whether the child has previously been photographed or assessed during a CPS assessment, the CPS worker will photograph or cause to be photographed any suspicious injuries if the CPS worker is certain or has a reasonable suspicion the suspicious injuries are the result of abuse:

(A) During the CPS assessment of a new allegation of abuse; and

(B) Each time, during the CPS assessment, an injury is observed that was not previously observed by the assigned CPS worker.

(c) When a child is photographed pursuant to subsection (b) of this section:

(A) The person taking the photographs or causing to have the photographs taken must, within 48 hours or by the end of the next regular business day, whichever occurs later:

(i) Provide hard copies or prints of the photographs and, if available, copies of the photographs in an electronic format to the designated medical professional; and

(ii) Place photographs in the Child Welfare electronic information system record labeled with the case name, case number, child's name, and date taken.

(B) If a county multidisciplinary team staffing of the case is held, photographs of the injury will be made available to each team member involved in the case staffing at the first meeting regarding the child's case.

(d) When ensuring photographs are taken pursuant to subsection (b) of this section, the CPS worker may take the child into protective custody without a court order only for the period of time necessary to ensure the suspicious physical

injuries are photographed, as described in ORS 419B.023 and OAR 413-015-0455.

(e) The CPS worker must document injuries, hazardous environments, and the observable nature of any present danger safety threat or impending danger safety threat in the CPS assessment narrative by use of photographs, written description, or illustrations.

(f) Photographs of the anal or genital region may be taken only by medical personnel.

(10) Obtain medical assessment. The CPS worker must, during the CPS assessment as required in this section, facilitate a medical assessment of the child or, when applicable, young adult and obtain medical history when necessary to assure safety, determine treatment needs, or assist in analyzing safety-related information.

(a) When the CPS worker determines that a medical assessment is needed as part of a CPS assessment, the CPS worker must consult with a CPS supervisor as soon as possible, but not at the expense of delaying medical treatment.

(b) If a person conducting a CPS assessment under ORS 419B.020 observes a child who has suffered suspicious physical injury as defined in ORS 419B.023 and the person is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the person must, in accordance with the protocols and procedures of the county multi-disciplinary team described in ORS 418.747, ensure that:

(A) A designated medical professional conducts a medical assessment within 48 hours of the observation of the suspicious physical injury, or sooner if dictated by the child's medical needs; or

(B) An available physician, physician associate, or nurse practitioner conducts a medical assessment if, after reasonable efforts to locate a designated medical professional, a designated medical professional is not available to conduct a medical assessment within 48 hours. The CPS worker is required to document in the Child Welfare electronic information system efforts to locate the designated medical professional when an available physician, physician associate, or nurse practitioner is used.

(c) When ensuring the timely medical assessment of a child pursuant to subsection (b) of this section, and actions outlined in subsection (f) of this section would not comply with the required timelines, the CPS worker may take the child into protective custody without a court order only for the period of time necessary to ensure the medical assessment is conducted, as described in ORS 419B.023 and OAR 413-015-0455.

(d) The CPS worker must facilitate an assessment by a medical professional if the alleged abuse involves injury to the anal or genital region.

(e) When there are indications of severe physical trauma, the CPS worker must make arrangements to immediately transport to a medical facility, which may include calling 911. The CPS worker must also make arrangements for medical examination for mild or moderate physical trauma.

(f) To make arrangements for the medical examination, the CPS worker must do the following, unless completing the action would delay medical treatment:

(A) Discuss with the parent or caregiver the need for medical examination or treatment.

(B) Ask the parent or caregiver to take the child or young adult to a medical facility for a medical examination or treatment.

(C) Request that the parent sign a form DHS 2099, "Authorization for Use and Disclosure of Information."

(D) Contact an LEA immediately and seek a juvenile court order to obtain protective custody for the purpose of obtaining a medical examination or treatment when:

(i) The parent or caregiver refuses to obtain needed medical examination or treatment;

(ii) The parent or caregiver may flee with the child or young adult; or

(iii) Delaying medical examination or treatment could result in severe harm.

(E) Immediately seek medical care and consultation when there may be a life-threatening condition, or a deteriorating condition that may become life-threatening.

(F) As soon as possible and not later than 24 hours after learning of the exposure, make arrangements to test for chemical exposure to harmful substances when there is reason to believe a child or young adult has been exposed to dangerous chemicals such as those found in a chemical drug lab.

(g) When a report of suspected medical neglect of an infant with a disability and with life-threatening conditions is

referred for CPS assessment, the assigned CPS worker must comply with OAR 413-020-0600 to 413-020-0650.

(h) When it is medically indicated to subject a child in the custody of the Child Welfare to HIV testing, the CPS worker must comply with OAR 413-040-0400 to 413-040-0450.

(i) As provided in ORS 147.425, a child who is the victim of a person crime and is at least 15 years of age at the time of the abuse may have a personal representative present during a medical examination. If a CPS worker believes that a personal representative would compromise the CPS assessment, a CPS worker may prohibit a personal representative from being present during the medical examination.

(j) When the CPS worker is assessing a CPS allegation of medical neglect, the CPS worker must consult with a health care professional as part of the CPS assessment.

(11) Obtain psychological and psychiatric evaluations.

(a) The CPS worker must make a referral for a psychological or psychiatric evaluation of the parent, caregiver, or child or young adult by a mental health professional to assure safety, determine treatment needs, or assist in analyzing safety-related information when during the CPS assessment the CPS worker identifies a specific condition or behavior that requires additional professional evaluation. This includes, but is not limited to:

(A) Unusual or bizarre forms of punishment;

(B) Mental illness;

(C) Suicidal ideation;

(D) Homicidal ideation; or

(E) Unusual or bizarre behavior that is indicative of emotional problems.

(b) The CPS worker must obtain consent of the parent or caregiver prior to making a referral for a psychological or psychiatric evaluation, unless the evaluation is court ordered.

(12) Make efforts to locate. When a child or young adult in substitute care is missing, the CPS worker must complete required actions as described in OAR 413-080-0053.

(13) Develop plan of care. When an infant is identified as an infant with prenatal substance exposure, the CPS worker must:

(a) Ensure a plan of care is developed;

(b) Ensure the infant with prenatal substance exposure and family are referred to services identified in the plan of care; and

(c) Document the plan of care and referrals made in the Child Welfare electronic information system.

(14) Make monthly face-to-face contact. The CPS worker must make a minimum of monthly face-to-face contact as described in OAR 413-080-0054.

STATUTORY/OTHER AUTHORITY: ORS 418.005, ORS 419.050, ORS 409.050

STATUTES/OTHER IMPLEMENTED: ORS 409.185, ORS 418.005, ORS 418.015, ORS 418.747, ORS 418.785, ORS 419B.005 - 419B.050, ORS 418.205 - 418.327