**Response**

Reports of suspected child abuse, neglect, or abandonment are received by Centralized Intake. All reports indicating reasonable cause to suspect that a child is abused, neglected, or abandoned by a person responsible for the child's care must be assessed and the immediacy of the timeframe for response by the Child Protection Specialist which is deemed appropriate will be determined by Centralized Intake. In situations where Centralized Intake makes a determination that an immediate response is necessary, the person designated to receive that information in the field will be notified by telephone. The Child Protection Specialist Supervisor may aggravate or mitigate the response time based on their information or knowledge of the situation. In cases involving CFS reports with allegations of third party abuse or neglect, where the Child and Family Services Division does not have legal authority to investigate because the alleged perpetrator is not a person responsible for the welfare of a child as defined by Montana law, and therefore require an investigation by law enforcement, the Centralized Intake Specialist shall immediately forward the report to the appropriate law enforcement agency for investigation in accordance with the procedures set forth in the Centralized Intake desk book.

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

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

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

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

- Death of a child as a result of child abuse or neglect;
- Sexual abuse of a child by an adult;
- Severe physical abuse and/or serious bodily injury to a child;
- Exposure of a child to severe domestic violence, or
- Exposure of a child to the manufacture or distribution of dangerous drugs,

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

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

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

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

**CPS History**

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

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

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

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

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

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

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

**Immediate Response/Priority One**

Any report assessed by Centralized Intake which indicates a child may be in immediate danger of serious harm will be called out to the field as a Priority One and must be investigated and assessed immediately. Depending upon the nature of the reported child maltreatment immediately means upon receipt of the report, not to exceed 24 hours from the time that Centralized Intake received the report.

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

**Priority Two**

Any report assessed by Centralized Intake which indicates a child may not be in present danger, or is temporarily safe, but indicates that the presence of an impending state of danger may exist and/or circumstances of the report, such as evidence of abuse and/or neglect, require a more timely response will be called out as a Priority Two, and an investigation must be initiated within 72 hours from the time that Centralized Intake received the report.

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

**Priority Three**

Investigation of reports assessed by Centralized Intake which are of a less urgent nature will be investigated promptly. A thorough investigation must be initiated promptly, not to exceed 10 calendar days from the date that Centralized Intake received the report.

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

**Anonymous Reports**

An initial investigation of alleged abuse or neglect may be conducted when an anonymous report is received. However, the investigation must within 48 hours result in the development of independent, corroborative, and attributable information in order for the investigation to continue. Without the development of independent, corroborative, and attributable information, a child may not be removed from the home. The 48 hours begins at the time that the Child Protection Specialist initiates the

investigation according to the response time assigned by Centralized Intake. The 48 hours excludes holidays and weekends.

**Written Report**

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

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

If necessary, the Child Protection Specialists must expedite the completion of an FFA in cases where present danger is identified, and a present danger plan that includes an out-of-home placement by the department is implemented as a present danger plan may be in place for only 30 days.

**Persons Contacted**

The investigating Child Protection Specialist must follow the SAMS FFA Interview Protocol that is posted on the OURS website under Child and Family Services Division safety forms. Any time an exception is made with regard to following the interview protocol, Child Protection Specialist Supervisor approval is required, and the reason(s) for granting the exception to this policy and the SAMS FFA interview protocol must be clearly documented and explained in the FFA.

**NOTE: THIS INTERVIEW PROTOCOL REQUIRES FACE TO FACE CONTACT AND INDIVIDUAL INTERVIEWS WITH ALL MEMBERS OF THE HOUSEHOLD IN WHICH THE ABUSE AND/OR NEGLECT HAS ALLEGEDLY OCCURRED. THE PROTOCOL ALSO DEFINES THE ORDER THAT THESE INTERVIEWS MUST OCCUR.**

**THIS INTERVIEW PROTOCOL ALSO REQUIRES FULL DISCLOSURE TO PARENTS. AND THE INVESTIGATING CHILD PROTECTION SPECIALIST IS REQUIRED TO**

**INFORM THE PARENT OR SUBJECT OF THE INVESTIGATION OF THE SPECIFIC ALLEGATIONS AGAINST THEM.**

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

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

If the Child Protection Specialist makes contact with collateral source(s) and/or the reporter to confirm the facts set forth in the report **prior to making contact with the child or parent(s) to begin the FFA interview protocol**, and based on the information provided by the collateral source(s) the Child Protection Specialist may request that the report be closed without completing the FFA interview protocol. The CPS Supervisor must then obtain approval from the Regional Administrator to close the investigation without completing the FFA interview protocol and conduct no further investigation. If this occurs, the reasons for making closing the investigation, and the approval from the Regional Administrator, must be documented on in the "Out of Policy Action" section of the FFA and noted on RRD1. The partially completed FFA must be uploaded to Doc Gen under the report number and signed by the CPS and CPS Supervisor. Once contact with the child and/or parent has been made, the FFA interview protocol must be completed unless the report is determined to be unfounded,

it is an anonymous report and if independent, corroborative, and attributable information is not established within 48 hours of initiating the investigation, or a Regional Administrator approves an out-of-policy exception that is documented on the FFA in the "Out of Policy Action" section.

**Other Professionals**

It is helpful for the Child Protection Specialist to request information regarding the family assessment from other professionals. This is usually done with the knowledge and consent of the family. Sometimes the family will not give its consent, or the other person for whom information is being requested will not release information. In such instances, if the Child Protection Specialist believes the information is vital to the assessment, the Specialist will ask the county attorney to file a petition for temporary investigative authority and protective services, asking the court for release of the information to the Department.

**Home Visits**

Home visits are required pursuant to the SAMS Interview Protocol posted on the OURS website under Child and Family Services Division safety forms. If circumstances related to the report make it impossible for the Child Protection Specialist to complete a home visit, this must be documented in the Family Functioning Assessment and the CPS Supervisor must note their approval of the absence of a home visit in the Family Functioning Assessment.

**Child Protection Specialist Risk**

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

When responding to a methamphetamine lab, the Child Protection Specialists should never enter the contaminated environment. The Child Protection Specialists should refer to the statewide protocol for children found in drug labs for instructions on safely receiving and transporting children removed from methamphetamine labs contained at the end of this policy section on pages 15 and 16.

**Consent to Enter**

As a general rule, the Child Protection Specialist may not enter the family home without the consent of the parents or the adult

who is responsible for the care of the child. Under current Montana law, the following principles apply to the issue of consent:

1) Consent may be limited, for example:
   a) the person giving the consent has the right to not have pictures taken. Unless the Child Protection Specialist has a court order allowing the Child Protection Specialist entry and access to the child's home for the purposes of investigation, the Child Protection Specialist does not have the right to take pictures inside the home if the parent or adult caring for the child(ren) objects;

   b) the person giving the consent has the right to restrict the Child Protection Specialist to one area of the home;

2) consent may be withdrawn at any time meaning that if the person that consented asks the Child Protection Specialist to leave, s/he must do so;

3) consent must be freely and voluntarily given. Consent obtained by coercion or threat (such as a threat to take physical custody of a child) is not considered to be consent;

4) The only exception to the general rule is when exigent (emergency) circumstances exist. An example of exigent circumstances which would justify a Child Protection Specialist's entry into a private home without a court order or consent would be when the Child Protection Specialist has:

   a) reasonable cause to suspect that abuse or neglect has occurred; **AND**
   b) a reasonable belief that immediate entry is necessary to prevent imminent danger to a child.

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

When Refused Entry

If the Child Protection Specialist conducting the investigation is

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

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

**The Investigation/ Assessment**

In conducting the investigation and assessment of a report, the Child Protection Specialist should collect information in accordance with the six fundamental areas of assessment set forth in the Family Functioning Assessment and as further described in the Montana Safety Assessment and Management Systems Guide for Safety Decision-Making Forms and Documentation of Safety Decisions posted on the OURS website under Child and Family Services Division safety forms. The Child Protection Specialist must assess the safety of the child(ren).

The Present Danger Assessment and Family Functioning Assessment forms shall be used as the Child Protection Specialist's guide to the investigation and assessment. The Child Protection Specialist may not inquire into the financial status of the child's family or custodian except for the purpose of determining eligibility for federal assistance programs.

If the Child Protection Specialist identifies that any child(ren) is/are in present danger at any point during the investigation and assessment, a present danger plan must be put in place before the Child Protection Specialist leaves the location of the child(ren).

Supervisory consultation must be completed within 24 hours of the first face- to- face contact with all children in the family and documented on the Present Danger Assessment. If present danger is identified, Supervisory consultation should occur prior to leaving the situation if possible to assure the protection plan is adequate. Consultations may also be required by the CPS Supervisor at any time during the life of a case and should be recorded on the Present Danger Assessment(s). If legal custody is being sought due to a present danger, supervisor consultation must occur prior to removal of the child if at all

possible. This consultation can be completed by phone or in person.

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

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

Upon completion of the Family Functioning Assessment, the Child Protection Specialist and Supervisor will review the safety determination made and proceed with implementation of an in-home or out-of-home safety plan based on the results of the completed Family Functioning Assessment and in accordance with the requirements set forth in the Montana Safety Assessment and Management Systems Guide for Safety Decision-Making Forms and Documentation of Safety Decisions posted on the OURS website under Child and Family Services Division safety forms. Safety plans may be developed in family group decision-making meetings if appropriate and timely.

An in-home or out-of-home safety plan must be reviewed at least every 30 days by the Child Protection Specialist and Child Protection Specialist Supervisor. These reviews must be documented on ACTD.

**When Families Move During the FFA**

When a CPS worker begins an investigation in one county and the family relocates to another county while an investigation/assessment is being completed, the CPS

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

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

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

**Recorded Interviews**

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

**Urinalysis**

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

- absent a court order, require the parent to submit to a urinalysis;
- coerce the parent into submitting to a urinalysis by

making the completion of a urinalysis as a condition for not removing the child from the parental home; or
- take action based on the results of an over-the-counter test.

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

**Examination of The Child**

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

**Child Protection Specialist Action**

Based on the facts gathered and conclusions drawn as a result of the investigation, the Child Protection Specialist must determine whether child abuse or neglect is substantiated, unsubstantiated, or unfounded.

**Developmental Screening and Assessment**

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

A. Determined to be unsafe and an in-home or out-of-home safety plan was put into place **OR**

B. The subject of a CA/N substantiation

Children ages 3 and older must receive a developmental assessment through one of the following methods:
- Headstart assessment (preferred for ages 3 to 5)
- Neuro-psychological evaluation
- Educational evaluation
- Assessment by the Developmental Disability contractor

for the region.

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

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

**Cases Involving Domestic Violence**

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

If the Child Protection Specialist determines that an adult member of the household is the victim of partner or family member assault, the Specialist shall provide the adult victim with a referral to a domestic violence program. The form of the referral will depend on the circumstances and will consider the safety of both the child(ren) and the adult victim.

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

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

considered necessary to protect the safety of the child.

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

**Cases Involving Drug Impacted Newborns**

Under the mandatory reporting law, Mont Code Ann §41-3-201: A professional involved in the delivery or care of an infant shall report to the department any infant known to the professional to be affected by a dangerous drug.

A newborn infant who has been prenatally exposed to a controlled substance or is demonstrating withdrawal symptoms resulting from prenatal drug exposure is considered at high risk of abuse or neglect. The overall drug use (including prenatal drug use) by the parent will be considered in the assessment of the newborn's safety and risk of harm.

The Child Protection Specialist will immediately gather information (including any drug screen results for the mother and newborn) concerning the medical condition of the newborn to include:

- complications from the substance exposure
- discharge status
- any recommended follow-up medical care.

The Child Protective Specialist will interview health care professionals to obtain information regarding their observations of the parent to include:

- responsiveness to the newborn
- visitation
- feeding
- understanding of the newborn's special needs
- any other information to assist in the safety assessment.

The Child Protection Specialist will advise the health care professionals that an assessment of the newborn's safety and risk of harm is being completed and request the health care professional notify the Child Protection Specialist prior to the newborn's discharge from the hospital. When necessary, the Child Protection Specialist will file an affidavit with the county

attorney to obtain appropriate relief to keep the parent from removing the child from the hospital. This would be requested when the medical professionals state that the child's medical needs require continued treatment or the parent is not able to meet the child's needs outside of the hospital setting.

The Child Protection Specialist will coordinate with family, medical providers and community services to determine the needs and services required by both the newborn and the parent. Referrals to service providers such as in-home services or county health programs may be necessary to ensure the safety and well-being of the newborn. Information to the parent about the risks associated with substance affected newborns will be provided to the parent and any other caregivers involved with the newborn.

After the initial assessment and consultation with the family and health care providers, the Child Protection Specialist will develop a safety plan with the primary caregiver that addresses the physical, developmental and medical needs of the child and the expectations of the caregiver and service providers involved.

If the newborn is hospitalized at the time of the report/referral, the Child Protection Specialist will visit the newborn's home environment prior to the newborn's discharge. If it is not possible to visit the home prior to discharge, visit the home on the day of the newborn's discharge or as soon after as possible to ensure the environment is safe and adequate for the care and needs of the newborn.

The Child Protection Specialist will substantiate for physical neglect (PHN) when the medical professionals indicate the child has been negatively impacted by the substance use of the parent.

Note: Drug impacted newborns does not cover alcohol or prescription medication use during pregnancy. However, Child Protection Specialists will consider the impact exposure to alcohol and/ or the misuse of prescription drugs has had on the newborn, and proceed if appropriate, with an investigation per this policy.

Dangerous Drugs are defined as the compounds and

substances described in Schedules I through IV in Title 50, chapter 32, part 2.

**References**

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

Rev. 10/03
Rev. 04/04
Rev. 10/06
Rev. 10/07
Rev. 10/09
Rev. 01/12
Rev. 03/12
Rev. 05/12
Rev. 08/12
Rev. 11/12

**PROTOCOL FOR CHILDREN FOUND IN DRUG LABS**

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

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

**PROTOCOL FOR CHILDREN ENDANGERED BY NATURE OF EXPOSURE TO DRUGS**

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

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