Department of Children & Family Services Building a Stronger Louisiana	**Division/Section**	Child Welfare
	Chapter No./Name	4 − Child Protective Services
	Part No./Name	5 − Conducting Investigations of Reports of Child Abuse and/or Neglect in Families
	Section No./Name	Conducting Investigations of Reports of Child Abuse and/or Neglect in Families
	Document No./Name	4-515 Requirements for Allegation Determination
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I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services that the CPS Worker conduct the investigation to determine whether or not each allegation regarding abuse and neglect of the alleged child victim and perpetrator is valid according to standards set forth in law and practice.

II. PROCEDURES

Requirements for Allegation Determination sets forth directions for CPS Staff to obtain the necessary information from involved parties to appropriately determine the validity of allegations contained in the report of abuse and neglect.

A. FOCUS FOR THE INVESTIGATION

The allegations of a report of child abuse and/or neglect provide the focus for the investigation. The CPS worker shall conduct the investigation to determine whether or not each allegation regarding each alleged child victim and perpetrator is valid. The worker shall determine whether or not any additional allegations, perpetrators and/or child victims need to be included in the investigative process. The investigation plan, contacts, and activities shall be modified as needed to meet the requirements of determining validity of any new allegations, as well as the originally reported allegations. When new allegations are classified in a higher level, the investigation is conducted to meet the requirements of the more stringent level.

B. REQUIREMENTS FOR A FINDING

The investigation, as a fact finding nonadversarial social service process, involves obtaining accurate information and sufficient evidence in order to determine the validity of the allegations. The CPS worker's observations, the information and medical/physical evidence provided by the collateral contacts, the subject's statements, and other types of evidence, provide the worker with the information necessary to determine the validity. They also provide the information regarding the person(s) responsible for the harm, their involvement and role in the abuse and/or neglect, and the assessment of the current safety and the risk of future harm to the child. * See Appendix 4-B and 4-535 for requirements for a finding. **

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C. MEDICAL EXAMINATIONS/EVALUATIONS

1. Determination of Need for a Medical Examination

The worker and supervisor should consider that any allegations or circumstances may require a medical examination or treatment in order to adequately assess safety, determine validity, assess risk and determine case recommendations.

a. Possible Internal Injuries

A child who may have internal injuries as the result of physical abuse even though there may not be current visible injuries may need a physical examination. When the report includes allegations that a child, especially a young child, has been hit or kicked in the stomach, back, other areas of the torso or the head, a physical examination should be obtained to determine whether there are internal injuries.

b. Inadequate Food

Cases with an allegation or suspicion of inadequate food for a child especially one under age six who appears dehydrated, frail in appearance, ill, or exceptionally thin/small for his age require an examination, unless there is a recent examination or assessment that has determined that the child is in good health. The examination should determine the child's health status and any needed case plan.

2. Consent for Release of Information

Whenever possible, the worker should obtain a written consent for release of information from the alleged child victim's parent/caretaker. DCFS Form 35-H, Authorization to Release Protected Health Information, is used for release of protected health information as per HIPAA. DCFS Form 35, Consent to Release Information (Other than Protected Health Information), is used to obtain confidential information other than health information protected under HIPAA. The parent shall be made aware of the purpose the department has in requesting information from professional collaterals and how the information obtained will be used. If the parent is not cooperative in signing the release, a release is not required in order to obtain the information from professional collaterals unless required by law. The Regional Attorney should be consulted if access to critical information is denied. The CPS worker should never have the parent/caretaker sign a blank DCFS 35-H form.

3. Time Limits for Medical Examinations

If the child needs emergency medical care as the result of the abuse or the neglect those services shall be arranged immediately by the CPS worker. Refer to DCFS Policy 4-810, Emergency Medical Care Services, of this manual for the procedure.

If the child does not appear to require emergency medical care, the * CPS worker shall assure that the medical examination is conducted as soon as possible if required by policy. ** ***

4. Arranging the Medical Examination

The worker shall consider the following resources, in this order, when planning for the physical examination:

a. The department consulting physician, due to his expertise in child abuse and/or neglect, and his willingness and availability to testify in court, if necessary. In areas where there is no local office consulting physician, the worker may consider using the consulting physician in another parish in their region, if time and travel distance would make such a choice feasible;

b. The coroner's office for certain appropriate allegations if the coroner has agreed, in the formal written agreement with the department, to provide medical examinations and/or verifications and reports; and for examinations of alleged child victims of rape, carnal knowledge, and crimes against nature when such cases are under police investigation, as per Louisiana Law R.S. 33:1563;

c. A local or regional charity hospital facility;

d. A medical provider in the community, preferable one with knowledge about child abuse and neglect, who is willing to accept payment through TIPS, which is subject to a maximum. The physician * ; physician's assistant; ** *** or nurse practitioner * ; or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding shall be advised of the possibility of being subpoenaed to court to testify and, if that occurs, the department cannot pay a witness fee; or,

e. The subject's family doctor or dentist, for dental trauma, when requested by the parent/caretaker. The physician shall be advised of the possibility of being subpoenaed to court to testify.

When making arrangements for medical examinations, the worker shall provide the physician, physician assistant or nurse practitioner with information regarding injuries known or alleged to have occurred. The worker shall also provide information to the physician; physician assistant; ** *** nurse practitioner * ; or other medical or mental

health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding regarding any significant medical conditions that are germane to the investigation and/or care of the child.

The worker shall provide the physician; physician assistant; ** *** nurse practitioner * ; including consulting physicians or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding **, with the DCFS Form 41, Physical Examination Form, and if necessary, the DCFS Form 41 Supplement 1, Abuse/Neglect Injury Worksheet, for the documentation of findings of the physical examination of the child. The worker shall also request that the provider include all of the physical findings of the examination such a height, weight, and the child's general physical condition on the form.

CPS clients shall not be responsible for payment for medical examinations/evaluations, unless they choose to use their own physician or dentist for the examination. If the client requests that the examination be conducted by the physician or dentist, for dental trauma, of his choice, he shall be responsible for payment of the examination. In addition, the physician or dentist must agree to provide the department with a written report of his findings, on a timely basis, in order for the examination to meet the requirement for a physical examination and diagnosis. The parent must sign a consent for the release of information regarding the examination, if the physician or dentist requires one, in order to provide the department with a written report. The physician or dentist must perform the examination within the time limit for collateral contacts.

During the investigation of a report from a treating health care provider of physical abuse of a child who is not in the custody of the State, the child's parent or caregiver may request at their expense an independent review of the medical documentation by a Board Approved Child Abuse Pediatrician. The Department shall provide copies of all medical information pertaining to the child's condition or treatment obtained during the investigation. Any resulting reports shall be provided to the Department and to the child's parent or caretaker. The information shall be utilized in the Department's on-going assessment of safety and risk to determine what action may be necessary to protect the health and safety of the child.

When a medical examination of a child has been conducted and upon a showing of good cause in an affidavit executed by the parent or caretaker and after a contradictory hearing, the Court may order an additional examination of the child or other children in the household by any physician.

Refer to DCFS Policy 4-1005, Payments for Medical Examinations, Mental Health Evaluations, and professional Services, of this manual for the payment procedures when the

department is responsible for payment for the examination.

D. MENTAL HEALTH EVALUATIONS

Psychological, psychiatric, LCSW, LPC, or LMFT evaluations may be obtained during the investigation for alleged or suspected child victims, or for the parents/caretakers. Evaluations shall not, however, be obtained for every child or every parent/caretaker. The worker and supervisor shall confer to determine whether the specialized expertise of a LCSW, LPC, LMFT, psychologist, *** psychiatrist,* or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding ** is required, and whether the proposed evaluation can realistically be expected to accomplish what is being requested. The following are guidelines for the use of evaluations in the CPS investigative process:

1. Approval for an evaluation shall be requested:

a. To comply with an order of a court; or

b. When the evaluation is requested by an attorney representing the state or the child, or by a multi disciplinary team.

2. Approval for evaluations may be obtained, for the following purposes:

a. To help elicit information which cannot or should not be secured through the usual investigative techniques (i.e. when the expertise of a professional is necessary to secure the information, or to secure the information without causing undue damage to an alleged child victim).

b. To help assess the safety and risk of maintaining a child in his residence/home, and/or the feasibility of a plan of preventive services. However, an evaluation should not routinely be sought unless there is reason to believe that an allegation is valid, and the psychological/psychiatric condition of the parent and/or child may threaten the current safety or increase the risk of further harm to the child.

c. When a medical examination of a child has been conducted as indicated in DCFS Policy 4-515(c), and upon a showing of good cause in an affidavit executed by the parent or caretaker and after a contradictory hearing, the Court may order an additional examination of the child or other children in the household by any physician.

3. Evaluations shall not be sought:

a. For the sole purpose of securing a collateral contact.

b. To gather investigatory information which could be obtained without the special expertise of a psychologist, psychiatrist, or other mental health professional.

c. To evaluate persons other than an alleged or suspected child victim, or a parent/caretaker. Other children in the home shall only be evaluated if there is reason to believe that they are or have been child victims or that they may have suffered significant emotional trauma as a result of the abuse/neglect of another sibling.

d. To determine validity, unless emotional maltreatment is alleged, or:

(1) Some evidence of validity has been found; and

(2) There is reason to believe that either the alleged child victim has suffered substantial psychological, emotional, or developmental harm; or that the alleged parent/caretaker inflicted or caused abuse and/or neglect because of psychiatric illness, or mental retardation.

e. To re-evaluate any person for the same purpose more frequently than one evaluation per year.

f. To secure both psychological and psychiatric evaluations on the same child or parent/caretaker.

Exceptions to the above prohibited purposes may, in extraordinary circumstances, be granted by the Child Welfare Manager.

E. APPROVAL OF EVALUATION AND UTILIZATION OF SERVICE PROVIDERS

When approved, evaluations should be sought from a LCSW, LPC, LMFT *, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding, ** or psychologist as appropriate to the allegation and the needs of the child or parent/caretaker. A psychologist should be utilized when psychological testing is necessary or indicated, and a psychiatrist if medication may be needed for the child or parent/caretaker or if a psychiatric evaluation is ordered by the court. The CPS Supervisor shall approve all evaluation referrals, and shall approve the selection of the Magellan provider. The selection of the evaluation provider shall be based on the provider's expertise with regard

to child abuse and neglect, their willingness to accept the department fee for the evaluation and written report, their agreement to provide a written report on a timely basis (10 days), and their understanding that they may be subpoenaed to testify in court.

F. PREPARATION OF THE SOCIAL SUMMARY

When arranging for LCSW/LPC/LMFT psychological/psychiatric evaluations, a written social summary the information known about the person(s) referred for evaluation shall be completed. It should include, as a minimum, the following:

1. Identifying information on the person who is being referred, such as name, age, school and grade placement or occupation, background, developmental and medical histories.

2. Identifying information on the family such as names, ages, occupations of family members, economic status, cultural background, members of the household, and a brief description of the home environment.

3. Specific allegations made in the report, and any additional allegations found during the investigation.

4. Any recent, significant crisis and/or stress of the person being referred and/or the family.

5. Significant family social history.

6. Discipline methods and any significant history of previous maltreatment.

7. Family interaction, and parent, child, and sibling relations.

8. Preliminary Investigation findings.

The provision of this information is critical to getting maximum use of any evaluation, and to preclude getting duplicate information. The written social summary shall be sent or given to the provider, prior to the evaluation.

An exception to the requirement of a social summary would be a mental health emergency. In that case, it should be sent as soon as possible. The social summary and payment form shall never be delivered by the client.

The CPS worker shall be responsible for the preparation of the family social assessment, scheduling of the appointment for the evaluation, preparing the client for the evaluation,

assuring that the client keeps the appointment, and for arranging or providing transportation if that is necessary for the client to keep the appointment while the case is under investigation. The worker shall assure the client keeps the appointment or cancels it in a timely manner. The FS worker shall assist as needed in the preparation of the social summary, and in transporting the client, when the family has been referred to FS.

The CPS worker is responsible for notifying the FS worker of the results of psychological and/or psychiatric evaluation(s) for investigation purposes, when the family has been referred to FS.

Refer to DCFS Policy 4-1005, Payments for Medical Examinations, Mental Health Evaluations, and Professional Services, of this manual for the payment procedures when the department is responsible for payment for the evaluation.

III. FORMS AND INSTRUCTIONS

DCFS Appendix 4-B Definitions of Allegations
DCFS Form 35-H Form and Instructions
DCFS Form 35 Form and Instructions
DCFS Form 41 Form and Instructions
DCFS Form 41 Supplement 1

IV. REFERENCES

R.S. 33:1563
Louisiana Children's Code Article 612(A)(4)
Louisiana Children's Code Article 614(E)