Department of Children & Family Services Building a Stronger Louisiana	**Division/Section**	Child Welfare
	Chapter No./Name	4 – Child Protective Services (CPS)
	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	4-512 Initiation Of The Investigation With The Parent Or Caretaker
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I. STATEMENT OF POLICY

The Department of Children and Family Services in compliance with the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 is required to advise the individual of a child abuse and neglect investigation made against him/her at the initial time of contact in a manner that protects the rights of the reporter.

II. PROCEDURES

A. INVESTIGATION NOTIFICATION TO PARENT OR CARETAKER

1. Notification of Investigation

When initiating the first contact with the alleged child victim's parent/caretaker, the CPS worker shall show the parent their State issued identification card, introduce himself as a representative of the Department of Children and Family Services, and specify that he is from "Child Protective Services". He shall explain the purpose and legal authority for the investigation in words that the parent can understand. The CPS worker should then state the reason for the investigation and discuss the Department's concern for the child's safety and well being in a nonthreatening, non-accusatory, factual manner that also conveys the uncompromising nature of the investigation and request the cooperation of the parent/caretaker with the investigation.

For cases in which a parent/caretaker is hearing impaired or has limited English proficiency and cannot participate in an interview without an interpreter, the CPS worker shall arrange for interpreter services as per Child Welfare (CW) Policy 1-222, Interpreter Services.

The parent shall also be informed of the basic elements of an investigation so that they may understand what to expect and have an opportunity to ask questions.

The parent/caretaker shall receive written notification that the Department has received a report of suspected child abuse or neglect. The written notification is the CW Form 470, the Notice to Subject of a Report. The original shall be given to the parent during the initial interview. The duplicate CW Form 470 shall be attached to the ACESS investigation case using PSI-Fusion and indexed to On-Base and the copy may be destroyed.

If the parent is not at home, the CPS worker may leave a business card on the door requesting that the parent contact the CPS worker. Under no circumstances shall the CW Form 470 be mailed, left on the door or given to a child(ren) victim.

The Child Protective Services worker shall discuss the Child Welfare Clients Expectations and Responsibilities - CPS with the parent/caretaker during the initial interview. The CPS Worker and the parent/caretaker will complete the form according to instructions found in CW Chapter 25 Section - Child Welfare Clients Expectations and Responsibilities - CPS. The signed Acknowledgement of Receipt of Client Rights Information Form shall be attached to the ACESS case using PSI-Fusion and indexed to On-Base. The CPS Worker shall document on the Case Activity Notes in ACESS he discussed the Client Rights Form with the parent/caretaker.

Louisiana law does not prohibit a parent from making a plan for their child(ren), which includes placing their child(ren) in the physical custody of another person, unless and until the Department files a verified complaint alleging facts showing that there are reasonable grounds to believe that the child is in need of care and that emergency removal or the implementation of a safety plan is necessary to secure the child's protection. After the verified complaint is filed, the parent is without the authority to place the child with any individual or institution except the Department until legal custody is returned to the parent or the safety plan is terminated. (Louisiana Children's Code Article 619). In cases where the Department has been granted custody or a safety plan has been implemented by an oral instanter order, the parent is without authority to place the child with anyone other than the Department from the moment the oral order is issued. In these cases, DCFS must file the verified complaint containing the information that was relayed orally with the court within 24 hours and a written order shall be issued.

The department is responsible for assessing the safety of the child(ren) to determine whether the child(ren) are at imminent risk of harm warranting further protective intervention (e.g. safety plan, protective order, court ordered safety plan, custody to non-offending parent and/or relative, removal). For more information regarding parent's rights to make plans for their children pending child protective service investigations, please see 4-710, Appendix L.

2. Audio Tape Recording of Interviews

The Louisiana Children's Code, Article 612, Investigation of Reports, requires the Department to tape record all interviews with the child or his parents conducted in the course of the investigation, if requested by the parent. Therefore, a CPS worker should be prepared to audiotape record all of the interviews with alleged child victims and parents or caretakers when the parent/caretaker requests the taping.

Parents are advised by the CPS worker of the opportunity to request the taping at the initiation of the investigation by means of the CW Form 470, Notice to Subject of a Report.

When it is necessary for the best interest of the child to interview the alleged child victim prior to the first face-to-face contact with the parent(s) or caretaker(s), the CPS worker should not assume that the parent would request audio taping if asked and, therefore, the interview should not be taped.

For cases in which an interview is audio taped, the CPS worker shall begin the tape of the interview with the following information:

a. Identity of the individual being interviewed during the recording;

b. Identity of the interviewer;

c. The time started and the date of the interview;

d. Identity of any other person participating in the interview or present for the interview; and,

e. Time the interview ended.

This information shall also be documented on the tape label.

All tapes of interviews shall be kept in a paper case record in a manila envelope. The tapes are not to be routinely transcribed. They are considered as part of the case record and, therefore, fall under the confidentiality requirements of Louisiana Law R.S. 46:56. Therefore, no tape, copy of the tape or transcription of the tape (including excerpts) that may be requested by parents or caretakers shall be provided to the parents/caretakers.

B. INTERVIEW WITH PARENT OR CARETAKER

The CPS worker shall not, under any circumstances, reveal the name of the reporter nor any other identifying information about the reporter to the parent, any of the subjects of the report, or to an attorney of the parent and/or subjects of the report. Therefore, the CPS worker shall only state that a report was received, not a report was received from the school, a neighbor, etc.

The CPS worker is expected to verify information given by the reporter regarding the members of the household and gain as much information about the child, the family and the circumstances of the alleged abuse/neglect as possible. Information about the child includes his ethnicity and whether he or anyone in his family is a member of a Native American/Indian tribe or eligible for membership in a nationally recognized Native American tribe. The Child

Protective Services Worker shall confirm the address and tribe. Refer to CW Policy 6-240 Working with Native American/Indian Families. When the other parent and/or other household members are home at the time of the initial interview, the CPS worker should conduct the initial in-person interview with them as well.

The CPS Worker shall identify the persons who do not reside in the household who may have information pertinent to the investigation and their current addresses. This includes any legal and non-legal parents of the children who do not reside with the children. The identity of parents who do not normally reside in the household and their address or possible location are entered into the ACESS household case. In addition, the parent may also be willing to identify extended family and other family friends. The information gained in the Six Areas of Assessment, as well as the CPS worker's observations of the parent/caretaker's verbal and nonverbal responses, attitudes and any interaction with their child during the interview shall be documented on the Observation page in ACESS. The identifying information on household members and others is also entered on the ACESS client page.

Interviews with the parents should be focused around the Six Areas of Assessment in order to guide collection of information about family functioning. The information is collected during interviews with the children, parent/caretakers and collateral contacts. Information obtained during the interviews shall be used to assess whether there is Present or Impending Danger Threats and the Parent/Caretakers Protective Capacities.
The Six Areas of Assessment contains five questions which focus on the functioning of the family. The five assessment questions are listed on the Form 42-P (Parent) and one assessment question is listed on the Form 42-C (Child) as a guide. The CPS Worker shall document information in the six areas on the Observation page of ACESS under the respective section:

- What is the extent of Maltreatment?
- What are the circumstances that surround the Maltreatment?
- How do the Adult Caretakers Function?
- How do the Children function?
- What are the General Parenting Practices?
- What are the Disciplinary Practices?

WHAT IS THE EXTENT OF THE MALTREATMENT?

This is a straightforward assessment question concerned with facts and evidence which support the presence of maltreatment which comes from CPS Worker observation, interviews, written reports and corroboration. This includes making a conclusion (substantiation) about the type of maltreatment (sexual abuse, lack of supervision, etc.); the specific symptoms (physical and emotional); facts (injuries/constant hitting) which are consistent with the maltreatment; and information on similar incidents and events. The child victim and maltreating parent/caretaker should be clearly identified.

WHAT ARE THE SURROUNDING CIRCUMSTANCES OF THE MALTREATMENT?

This qualifies the maltreatment by placing it in a context or situation that (1) precedes, leads up to the maltreatment or (2) exists while the maltreatment is occurring. By selectively "assessing" this area separate from the actual maltreatment, we achieve greater understanding of the severity of the maltreatment. In other words, the circumstances that accompany the maltreatment are important and are significant alone and qualify the severity of maltreatment. The CPS worker should include parental intent and any impairment by substance use or otherwise out-of-control behavior while it occurred. Describe how the parent/caretaker explains the maltreatment and family conditions; what attitude the parent has about it; and other problems connected with the maltreatment such as mental health problems * (including consideration given to issues of sexual orientation or gender identity expression). **

HOW DO THE CHILDREN FUNCTION?

Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. So, it is critical that the CPS worker have a working understanding of child development, given that the CPS worker will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas the CPS worker will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits, and sexual behavior. Additionally, the CPS worker will consider the child's physical capabilities * issues of sexual orientation and gender identity expression, ** including vulnerability and ability to make needs known.

Should a child be non-verbal and have special needs the following information should be obtained to determine how the child functions.

- Contact with and verification of the medical status of the child to include contact with

the child's primary care physician and any other specialized health providers (i.e. home health, personal care attendants, Early Steps).

- Contact with and verification of school information as it relates to attendance, Individualized Education Plans (IEP), and any other special accommodations.
- Contact with daycare providers if the child is enrolled in a daycare setting.
- Any other policy requirements as it relates to completing a thorough assessment of the child and family.

HOW DO ADULT CARETAKERS FUNCTION?

This assessment question has strictly to do with how adults (the Caretakers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, and problem solving. Among the things the CPS worker would be concerned about in gathering information and assessing are behavior, communication, ability to relate to others, intellect, self-control, problem solving, coping, impulsiveness, and stress management. It also includes adult mental health and substance use. It is concerned with whether role performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance, and coherence. It is important to remember that recent (adult related) history is captured here, such as employment experiences, criminal history, previous relationships, and so on. Involved parents, not residing in the household should be considered in this assessment area.

For the parents of those children with special needs and especially those that are non-verbal, information should be included about their knowledge of the child's special needs and their capacity to meet their special needs.

When substance abuse/drug use is alleged, the CPS worker should assess whether the parent or caregiver has a past or current substance abuse/alcohol abuse that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug or alcohol use should not be considered an alcohol or drug problem. The CPS worker shall make diligent efforts to verify the drug use and document the findings in CPS case record. Examples of diligent efforts include drug tests, documentation from substance abuse treatment agencies, and other collateral contacts that have knowledge of the substance use.

Interference in parent's or caretaker's functioning may be evidenced by the following:

- Substance use that affects or affected employment, criminal involvement, marital or family relationships, ability to provide protection, supervision, and care for the child.
- Arrest in the past two years for driving under the influence or refusing breathalyzer testing.
- Self-report of a problem.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- The child was diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

For allegations of Drug/Alcohol Abuse, Dependency-Substance Abuse, Alcohol Affected Newborn, and/or Drug Affected Newborn the CPS worker is expected to document the type of drug identified through diligent efforts during the investigation in ACESS on the Drug/Alcohol Identification Page.

In cases of Substance Exposed Newborns, if the infant is diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) it should also be documented in ACESS in the Diagnosis section located under the Drug/Alcohol Category list in ACESS.

The CPS worker is expected to document the type of drug and/or alcohol dependencies identified for each household member in the investigation case on the Drug/Alcohol Identification Page in ACESS by selecting the appropriate drug type from the Drug Category list.

WHAT ARE THE GENERAL PARENTING PRACTICES?

When considering this assessment question, it is important to keep distinctively centered on the overall parenting practices that are occurring and not allow the maltreatment effects or incident or disciplinary practices to affect information collection. Among the issues for consideration within this question are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, reasons for being a parent, satisfaction in being a parent, knowledge and skill in parenting and child development, expectations, empathy, decision making in parenting practices, history of parenting behavior and protectiveness.

WHAT ARE THE DISCIPLINARY PRACTICES?

This assessment question separates out a function of parenting that focuses on the caretakers approach and beliefs in the disciplinary process. Information here include the parent's methods, the source of those methods, purpose or reasons for, attitudes about context of, expectations of discipline, understanding, relationship to child and child behavior, and meaning of discipline.

Information shall be gathered on all parents/caretakers regarding mental illness, substance abuse and domestic violence when information is not available from the family's history with the department, the reporter, other sources, or the client's statement about these issues. The CPS worker should not assume that domestic violence is not present in the home when the parent/caretaker initially denies it. The children may disclose it and/or there may be other indications such as injuries, fear of one partner and/or control by one partner. When the CPS worker suspects or the parent discloses domestic violence, the CPS worker shall attempt to offer services privately and in a manner that does not threaten the safety of the parent or the children. When needed, the CPS worker should refer the parent to domestic violence services for domestic violence safety planning.

Caretaker Protective Capacity (CPC) is assessed as part of collecting information in the six assessment areas and shall be documented on the Observation Page in ACESS. The diminished CPC is also documented on Present and Impending Danger Safety Assessment and the Present Danger or Impending Danger plan if developed. Protectiveness is central to the purpose and reason of the Department's involvement with the family. The rationale for assessing Caretaker Protective Capacity is as follows:

- To determine if present/impending danger are active and if there is a non-maltreating Caretaker who can and will protect the child(ren).
- To determine what action and steps the Department will need to take to protect a child from Present or Impending Danger.

Categories of Protective Capacities are described as follows:

Behavioral - Specific actions, activities, and performance that result in protection. Examples:

- **The caretaker takes action:** history of protecting, physically able, adequate energy, assertive and uses resources to meet basic needs.
- **The caretaker demonstrates impulse control:** does not act on urges or desires; avoids whimsical responses and thinks before acting.
- **The caretaker sets aside her/his needs in favor of a child:** do for self after doing for children; sacrifice for children; can wait to be satisfied and seek ways to satisfy their children's needs as a priority.

- **The caretaker has/demonstrates adequate skill to fulfill caretaking responsibilities:** feed, care for, and supervise children according to their basic needs; can handle, manage, oversee as related to protectiveness; cook, clean, maintain, guide, shelter as related to protectiveness.
- **The caretaker is adaptive as a caretaker:** flexible and adjustable; accepts things and can move with them; creative about caretaking and can come up with solutions and ways of behaving that may be new, needed and unfamiliar, but more fitting.

Cognitive - Specific knowledge, understanding, and perceptions that contribute to being protective. Examples:

- **The person is self-aware as a caretaker:** understands the cause-effect relationship between his/her own actions and results for the children; is open to who he/she is, to what he/she does and the effects of what he/she does; thinks about himself/herself and judges the quality of his/her thoughts, emotions and behavior.
- **The caretaker is intellectually able/capable:** knows enough about child development to keep children safe; has information related to what is needed to keep a child safe, and provides basic care which assures that children are safe.
- **The caretaker recognizes and understands threats to the child:** describes life circumstances accurately; recognizes threatening situations and people; does not deny reality or operates in unrealistic ways; is alert to danger within persons and the environment and is able to distinguish threats to child safety.
- **The caretaker recognizes the child's needs:** recognizing and understanding a child's capabilities, strengths, needs, and limitations correctly; knows what children of a certain age or with particular characteristics are capable of; can explain what a child requires for protection and why, and is accepting and understanding.
- **The caretaker understands his/her protective role:** possesses an internal sense and appreciation for their protective role; can explain what the "protective role" means and involves and why it is important; values and believes it is his/her primary responsibility to protect the child.
- **The caretaker plans and articulates a plan to protect the child:** realistic in arrangements about what is needed to protect a child; is aware and shows a conscious, focused process for thinking that results in an acceptable plan.

Emotional - Specific feelings, attitudes, and identification with a child and motivation resulting in protection. Examples:

- **The caretaker is able to meet own emotional needs:** employs mature, adult-like ways of satisfying feelings and emotions; understands and accepts feelings; gratification of those feelings remain separate from his/her child.
- **The caretaker is resilient as a caretaker:** recovers quickly from setbacks or being upset; springs into action; can withstand and is effective at coping as a caretaker.

- **The caretaker is tolerant as a caretaker:** can let things pass; has a big picture attitude; doesn't overreact to mistakes and accidents; and, values how others feel and what they think.
- **Caretaker is stable and able to intervene to protect the child:** not consumed with own feelings and anxiety; is mentally alert and in touch with reality; and, is motivated as a caretaker with respect to protectiveness.
- **The caretaker expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings:** fully relates to, and can explain and feel what a child feels, thinks and goes through; relates to a child with expressed positive regard, feeling, and physical touching; and has an understanding of children and their life situations.
- **The caretaker is positively attached to the child:** acts on behalf of a child because of closeness and identity the person feels for the child; closeness with the child exceeds other relationships and is properly attached to the child.
- **The caretaker supports and is aligned with the child:** Aligned refers to a mental state or an identity with a child. Examples: caretaker thinks of him/herself as being closely related to or associated with a child and considers his/her relationship with a child as a high priority; spends considerable time with a child-filled with positive regard; takes action to assure that children are encouraged and reassured.

Staff shall use information gathered in the 6 areas of assessment, including information relating to caretaker protective capacities to assess whether Present and Impending Danger threats exist.

C. OBSERVATION OF THE HOME

1. CPS Worker Safety and Methamphetamine

If there was no suspicion involving methamphetamine at the time of intake, but the CPS worker becomes suspicious that the residence may house a clandestine methamphetamine laboratory, he should immediately leave the area.

This is important for the CPS worker's health and safety as the chemicals and solvents used in the production of methamphetamine are volatile and may present a danger due to their toxicity. In addition, methamphetamine use is associated with aggressive behavior, rapid mood swings and in some cases, paranoia.

Once the CPS worker has safely left the area, the supervisor and law enforcement shall be contacted. The CPS worker shall not return to the area without law enforcement and shall not reenter the home without clearance from law enforcement, State Police HazMat, or others trained to determine the safety of entering the home. If it is determined that the home is not safe to reenter and children are present, law

enforcement will be responsible for taking the children out of the home and for their decontamination from the chemicals.

2. Home Visit

The CPS worker can meet the requirement for a home visit by observing the home when initiating the investigation at the alleged child victim's home. The purpose of the observation is to complete an assessment of the living conditions. The observation can provide the CPS worker with the information necessary to determine whether the home represents a possible danger to the child and may also provide significant information about the family, their functioning and possible substance abuse. The CPS worker should discuss the sleeping arrangements and assess their adequacy. The safety of infants must be carefully assessed with co-sleeping with adults; older siblings, and substance abuse. Cases in which the home represents a danger and/or when inadequate shelter may be valid, the CPS worker should consider photographing the home as discussed in CW Policy 4-510 B. 4 Photographs.

The observation of the home visit is documented on the Observations page of the investigation case. If the safety of the home is a concern on the CPS - Intake report or during the course of the investigation, the CPS worker shall document the observation of the home in the extent of maltreatment. Otherwise, the CPS worker shall document the observation of the home in the adult functioning section of the observation page in ACESS. Documentation should include the overall condition of the home. Any hazard or sanitary concern must be described in detail, the adequacy of the space including sleeping arrangements; sufficiency of food; whether the family has electricity and water; and, the neighborhood or the area surrounding the home should be included in the description of the home environment.

CPS workers should discuss with the family and document in the ACESS case record the measures that have been taken with the family to ensure that the family is practicing safe sleep. The American Academy of Pediatrics defines safe sleep as:

- Place your baby to sleep on his back for every sleep. Babies up to 1 year of age should always be placed on their backs to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy. If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling he should be moved to a firm sleep surface as soon as possible.
- Place your baby to sleep on a firm sleep surface. The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or has missing

parts, or has drop-side rails. Cover the mattress that comes with the product with a fitted sheet. Do not put blankets or pillows between the mattress and the fitted sheet. Never put your baby to sleep on a chair, sofa, water bed, cushion, or sheepskin. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at CPSC.gov.

- Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib. Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate. Note: Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that after 12 months of age these objects pose little risk to healthy babies.
- Place your baby to sleep in the same room where you sleep but not the same bed. Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby. Babies who sleep in the same bed as their parents are at risk of Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death (SUID), suffocation, or strangulation. Parents can roll onto babies during sleep or babies can get tangled in the sheets or blankets.
- Breastfeed as much and for as long as you can. Studies show that breastfeeding your baby can help reduce the risk of SIDS.
- Schedule and go to all well-child visits. Your baby will receive important immunizations. Recent evidence suggests that immunizations may have a protective effect against SIDS.
- Keep your baby away from smokers and places where people smoke. If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car and don't smoke anywhere near your baby, even if you are outside.
- Do not let your baby get too hot. Keep the room where your baby sleeps at a comfortable temperature. In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot. If you are worried that your baby is cold, infant sleep clothing designed to keep babies warm without the risk of covering their heads can be used.
- Offer a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. It's ok if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers. If your baby takes the pacifier and it falls out after he falls asleep, you don't have to put it back in.
- Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems but they have not been found to reduce the risk of SIDS.

- Do not use products that claim to reduce the risk of SIDS. Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS. In addition, some infants have suffocated while using these products.

The complete list of safe sleep guidelines from the American Academy of Pediatrics (AAP) may be found via a search for safe sleep www.aap.org.

CPS workers shall ensure that every parent has a plan of care for their child (i.e. safe sleep, food, clothing, diapers, car seat, support system, and any other items that may be required to meet the child's basic needs). If the mother/father has not prepared for the newborn, a discussion is required regarding their intention and financial ability to obtain the items needed for the baby. If the mother/father is unable to financially obtain the items needed for the newborn, the CPS worker shall determine if departmental funds are available to assist the family. If a referral to Homebuilders, the Family Resource Center, or parenting classes is completed the referral form shall address the need for these providers to address safe sleep with the families. Documentation of this discussion should be obtained by the providers as they work with families.

3. Animal Abuse/Neglect

LA R.S. 14:403:6 mandates that any employee of government who in his professional capacity routinely investigates abuse/neglect of a child who becomes aware of evidence of abuse/neglect of an animal (also called cruelty to animals) shall report the incident to law enforcement or animal welfare. Therefore, whenever a CPS worker observes or becomes aware of abuse/neglect of an animal they shall report it in accordance with the local protocol in their working agreement with law enforcement. The information about the animal abuse/neglect is also documented on the Observations page.

D. CLIENT NONCOOPERATION

If the parent/caretaker refuses to cooperate with the initiation of the investigation, or if admission to the home, school, or any other place where the alleged child victim may be, cannot be obtained, the CPS worker should inform the parent or school principal/administrator that police assistance or a court order will be obtained, if appropriate to the situation. If that is not effective in obtaining cooperation or the necessary entrance, the CPS worker shall then depart. The CPS worker shall obtain supervisory consultation and the CPS worker/supervisor may contact law enforcement to request assistance. If law enforcement assistance does not effect cooperation, or if law enforcement is unwilling to provide assistance, the CPS worker/supervisor shall consider court action. Refer to CW Policy 4-705, Refusal to Cooperate, for the procedures regarding the request for a court order.

III. FORMS AND INSTRUCTIONS

Child Welfare Clients Expectations and Responsibilities - CPS
CW Form 42
CW Form 470

IV. REFERENCES

Children's Code, Article 612
Children's Code, Article 619
La. R.S. 46:56
La. R.S. 14:403:6
CW Policy 4-705
CW Policy 1-222
CW Policy 4-510 B, 4
CW Policy 6-240 Working with Native American/Indian Families
CW Memorandum 13-020 Advanced Safety Focused Practice Implementation
Child Abuse Prevention and Treatment Act (CAPTA) 2003
DCFS Memorandum 15-09 Procedures for Investigations involving Special Needs Children