



Child Protection Investigation Policy

STATE of Maine
OFFICE OF CHILD AND FAMILY SERVICES POLICY

Section
2

Subsection
2

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I. SUBJECT

Child Protection Investigation Policy

II. STATUTORY AUTHORITY

22 M.R.S. [§4003](#), [§4004](#), [§4008-A](#), [§4032](#), [§4033](#), and [§4034](#).

III. DEFINITIONS

For a complete list of definitions, see the [OCFS Policy Manual Glossary](#). In this document, the first reference to any word that is defined is hyperlinked to the Glossary.

IV. POLICY

The child protection investigation is the first step in providing child welfare intervention to families. It is critical that law, policy, and procedures are followed to ensure child safety within the context and culture of the family whenever possible and in the child's best interest based on the completion of a fact-based, forensic investigation. When a [child](#) is in circumstances of or at risk of child [abuse and/or neglect](#), the department must take steps to ensure child safety, which at times includes the removal of a child from the home.

The Child Protection Investigation Policy acts to guide staff in the duties authorized by 22 M.R.S [§4004](#) (2), which states:

“The Department shall act to protect abused and neglected children and children in circumstances that present a substantial risk of Abuse and Neglect, to prevent further Abuse and Neglect, to enhance the welfare of these children and their families and to preserve family life wherever possible. The Department shall:

- A. Receive reports of Abuse and Neglect and suspicious child deaths;*
- B. Promptly investigate all Abuse and Neglect cases and suspicious child deaths coming to its attention or, in the case of out-of-home Abuse and Neglect investigations, the department shall act in accordance with subchapter 11-A;*
- C-1. Determine in each case investigated under paragraph B whether or not a child has been harmed and the degree of harm or threatened harm by a person responsible for the care of that child by deciding whether allegations are unsubstantiated, indicated or substantiated. Each allegation must be considered separately and may result in a combination of findings.”*

Staff must follow investigation procedures to ensure all allegations of child abuse and/or neglect, as well as additional types of abuse and/or neglect, are assessed through family engagement while considering the child and family's culture, race and ethnicity; contact with the referent; forensic interviews with [critical case members](#); and corroboration of facts with those that have information regarding the safety of the child. Caseworkers will be thoughtful in their engagement with the family and consider that while they are investigating an allegation, the family is experiencing it.

V. PROCEDURES

Report Assignment. Intake will determine the response time for each appropriate report as guided by the Structured Decision Making (SDM) Intake Screening and Response Tool©. The Office of Child and Family Services (OCFS) Supervisor assigns appropriate reports of child abuse and/or neglect to an OCFS Caseworker for investigation in the district in which the child primarily resides. Caseworkers will adhere to the following timeframes:

- a. For emergency reports, the response timeframe is twenty-four (24) hours from receipt of the report.
- b. For non-emergency reports, the response timeframe is three (3) days from receipt of the report.

Note: A District or CES Supervisor may change a twenty-four (24) hour response timeframe to a three (3) day response timeframe under the following parameters and only when child safety would not be impacted:

- a. When coordination needs to occur with law enforcement, and they cannot meet the twenty-four (24) hour timeframe and there is information to confirm the child is safe from the alleged abuser.
- b. When a referral is made to the [Child Advocacy Center \(CAC\)](#) and they cannot meet the twenty-four (24) hour timeframe and there is information to confirm the child is safe from the alleged abuser.
- c. When a [Substance Exposed Infant \(SEI\)](#) referral is received, the [infant](#) is not being discharged from the hospital, and a longer response time is needed to make a more planful intervention.

Assignment Activities Tool Completion. Prior to going into the field to conduct interviews, caseworkers complete and document the Assignment Activities Tool (Appendix B) and review/finalize the tool in collaboration with their supervisor, including identifying who has legal custody, parental rights, and responsibilities arrangements, and whether the initial contact will be announced or unannounced.

Children's Advocacy Center (CAC) Referrals. All investigations regarding child sexual abuse will be referred to the CAC. When referring to the CAC, the caseworker will:

- a. Inform the non-offending [parent](#) that the caseworker is going to make a referral to the CAC and that a Family Advocate from the CAC will contact the parent. Explain that the CAC will

interview the child and follow a child-centered, trauma-informed, and evidence-based process that requires only one interview with the child, which is best practice for the victim as it minimizes trauma for the child. The Family Advocate from the CAC will provide the parent with the appointment time, further explanation of the process, and answers to any questions they may have.

- b. Call the CAC closest to where the child resides to refer the child for an interview (Appendix O) and request that the CAC explore for all abuse types.
- c. Provide the following information to the CAC:
 - i. The caseworker's name and contact information so the CAC can notify the caseworker when the interview is scheduled.
 - ii. The OCFS response timeframe, twenty-four (24) hour or three (3) day to ensure that the CAC can complete the interview within that timeframe.
 - iii. Regarding the child:
 1. The case number;
 2. Date of report to OCFS;
 3. Demographic information such as name, date of birth, assigned sex at birth, gender identity etc.;
 4. Whether the child has any speech issues, has an Individual Education Program (IEP), is a recipient of Katie Beckett services, or needs any special accommodations;
 5. Whether there is a family history of opioid use or exposure to opioids;
 6. Whether the alleged offender has access to the child;
 7. What type of abuse has been alleged (sexual abuse, sex trafficking, exposure or exploitation);
 8. Whether the child is exhibiting sexualized behaviors; and
 9. Information obtained from a [minimal facts interview](#).

Who is the alleged perpetrator(s) and their relationship to the child?
Are there witnesses and/or other victims?
What happened?
When did it happen?
Where did it happen?

- iv. Regarding the non-offending parent(s):
 1. Demographic information;
 2. [Household](#) composition; and
 3. Whether there is domestic violence in the home.
- v. Regarding the Alleged Offender (if known):
 1. Demographic information;
 2. Relationship to the child;
 3. Whether they have access to the child and whether they reside in the same household;

4. Date of last contact with the child, if known;
5. Date the crime is alleged to have occurred, if known; and
6. Where the crime occurred (including town or city so the appropriate DA and law enforcement can be notified of the CAC interview).

Initial Contact with Critical Case Members.

- a. All initial interviews with children must be completed within the twenty-four (24) hour or three (3) day assigned response timeframe.
 - i. In investigations that do not involve allegations of child sexual abuse, an interview will be conducted using the [Fact-Finding Child Interview](#) Protocol (Appendix D) and documented using the Fact-Finding Child Interview Template (Appendix F) in the child welfare information system. All other contacts with the child will be documented on the Monthly Caseworker Contact with Child template.
 1. The caseworker must interview each child alone. If the parent or [caregiver](#) refuses to allow the child to be interviewed alone, the caseworker will consult with their supervisor, Program Administrator, and an Assistant Attorney General (AAG), as needed, to determine next steps (e.g., seeking consent from another parent, petitioning the court for access to the child, etc.).
 2. If the parent or caregiver refuses to allow the child to be interviewed at all, the caseworker will consult with their supervisor, Program Administrator, and an AAG, as needed, to determine next steps (e.g., seeking consent from another parent, petitioning the court for access to the child, etc.).

All planned interviews with the child must be audio recorded ([22 M.R.S §4021](#)) and uploaded into the Media File related list in the child welfare information system within ten (10) business days. (See [2.4 Audio Recording Interviews Policy](#)). Any other recorded interviews must also be uploaded.

Note: The caseworker is responsible for the safekeeping of recording devices. If the recording device is lost or destroyed, the caseworker will make their supervisor and PA aware of this occurrence and participate fully in any attempt to locate the device. The incident of a lost recording device must be reported to the OCFS General Counsel or designee immediately so that appropriate assessment of confidentiality laws can be completed.

- ii. In investigations involving allegations of child sexual abuse:
 1. The CAC will conduct the child interviews.
 2. The caseworker will conduct a minimal facts interview when:
 - a. The interview cannot be scheduled within the response timeframe;
 - b. Child sexual abuse was not alleged in the report and the child discloses sexual abuse during the Fact-Finding Interview; or

- c. The child discloses sexual abuse during a monthly contact.
3. The caseworker and the supervisor will discuss the timeframe in which the sexual abuse allegedly occurred to determine if immediate medical attention is necessary (if abuse has taken place within three (3) days, a medical exam is recommended).

Note: If after a minimal facts interview, the caseworker is unable to determine that the child is safe without further information, the caseworker will conduct a full fact finding interview exploring all areas of abuse and neglect including the sexual abuse allegation.

- b. [Physical observation](#) of the child must be completed for both verbal and non-verbal children.
 - i. The caseworker must observe each child in a manner that allows the caseworker to have confidence that the child's body is free of signs of physical abuse and neglect, keeping in mind the child's trauma history, age and need for personal boundaries and privacy. This includes part of the body where there are likely to be physical indicators of abuse that would only be observed when the child is unclothed.
 - ii. For an infant, this must include watching a diaper change when conducting investigation activities in person.
 - iii. For a child who is walking, the caseworker will ask the child to move around, if the child is able, to observe the child from different vantage points and make observations about whether the child is moving naturally, with ease and comfort.
 - iv. For child sexual abuse allegations, a referral for a physical exam must be made to a medical professional.

Note: A caregiver must be present and consent to the observation of all children. If the caregiver does not allow for this and there is suspicion that the child might have physical injuries, the caseworker will request that the parent immediately take the child to the Primary Care Physician (PCP), or the Emergency Department and the caseworker should accompany the parent. If the caseworker cannot attend, the reason must be documented in the child welfare information system. If the parent or caregiver refuses then the caseworker will consult with their Supervisor, Program Administrator, and the AAG to determine the next steps to ensure child safety, including possible court action.

- c. All interviews with the in-home adult critical case member(s) must be done within the assigned response timeframe. The out-of-home parent(s)/caregiver(s) who cannot be interviewed within the assigned response time, and who have no allegations of child abuse and/or neglect, may be interviewed by phone or video with supervisory approval within the response time, however they must be seen in person before the case conference that occurs prior to the twentieth (20) day of the investigation timeframe. All interviews of adult critical case members must be conducted using forensic and motivational interviewing techniques that promote engagement, exploration and seek to ensure the parent(s)/caregivers(s) understand why OCFS is investigating their family. Each parent/caregiver must be interviewed separately, unless doing so would increase the likelihood of potential harm to the child or an adult parent(s)/caregiver(s). The goals of the interview are to:

- i. Determine the parent(s)/caregiver(s) understanding of and explanation for the allegations in the report;
- ii. Understand the family system, including background history, current family relationships, any concerns related to domestic violence, substance use or mental health, current medications, and rules/discipline;
- iii. Gather information about the family's relatives and other supports including tribal supports when the Indian Child Welfare Act (ICWA) may apply;
- iv. Determine whether the family has any military affiliation, and if so:
 1. Determine which branch they are in.
 2. Obtain the name and contact information for their commanding officer.
 3. Report the Department's involvement to the commanding officer and their branch's Family Advocacy Program if available.
- v. Obtain signed Releases of Information.

Note: In cases involving domestic abuse and violence, refer to policy [7.2-Domestic Abuse and Violence](#).

- d. Every effort must be made to locate all critical case members utilizing the strategies on the Activities to Locate Tool (Appendix C). If a critical case member cannot be located, caseworkers will document the steps taken to attempt to locate the person in the notes box of the Activities to Locate section in the child welfare information system.
- e. Conduct a home visit where each child primarily resides and the home where the allegations were alleged to have occurred to determine if the environment is safe. The home visit will include:
 - i. Observation and assessment of conditions of the home including, but not limited to health hazards, smoke alarms, weapon safety, medication storage, etc.; and
 - ii. Completing the Safe Sleep and Period of Purple Crying Checklists for children under one (1) year of age, refer to policy [2.3-OCFS Safe Sleep and Period of Purple Crying](#).
- f. In circumstances when a child is out of the home, for example an infant in the hospital, the caseworker must conduct a home visit prior to the child returning home.
- g. The caseworker will provide the parent(s)/caregiver(s) with the required pamphlets (Practice Model, Guide to Child Protection Services, and the Child Welfare Ombudsman Pamphlet) which can be found at <https://www.maine.gov/dhhs/ocfs/support-for-families/child-welfare/guide-to-child-welfare>).
- h. The caseworker must corroborate information learned through investigation activities which may include: establishing a timeline of events; collecting evidence through interviews, photographs/videos and measurements (e.g. distance infant fell from a bed to the floor); and information from others who either know the family or live in proximity to the family regarding any concerns they may have related to child abuse and/or neglect.
- i. An additional investigation activity may include seeking expert consultation, for example, when a report is called in by a medical provider of alleged physical abuse or medical neglect. There may also be other times when it is appropriate to seek expert consultation as agreed upon by a supervisor, refer to policy [2.9 The Use of Expert Consultation in Assessing Child Abuse and Neglect](#).

Note: Any exceptions to these procedures must have supervisory approval and be documented in the child welfare information system.

Determination of the Preliminary Safety Decision (PSD).

The [Preliminary Safety Decision](#) (PSD) determines the initial level of safety for each child in the home and is to be made in the field prior to returning to the office. PSDs are completed by the supervisor in consultation with the caseworker. The supervisor and caseworker review the Structured Decision Making (SDM) Safety Assessment Tool© (Appendix J) to determine:

- i. Factors influencing [child vulnerability](#);
 - ii. [Safety threats](#);
 - iii. [Safety planning capacities](#) and safety interventions; and
 - iv. [Safety decisions](#).
- a. The supervisor will complete the SDM Safety Assessment Tool© (Appendix J) as part of the PSD and document it in the case record within three (3) days of initial contact with critical case members. The SDM Safety Assessment Tool© and PSD are documented in the Caregiver Safety Assessment window in the Assessments Related List. If there are concerns for substance use, the supervisor should consult the Pathways to Determine Risk of Harm Related to Substance Use (Appendix M) If the caseworker is unable to locate the parent(s) at the time of the initial interview, the supervisor cannot yet complete the SDM Safety Assessment Tool© and the caseworker must document the diligent efforts in the case record.
- b. One of the following determinations must be made:
- i. [Safe](#): No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of [serious harm](#).
 - ii. [Safe with Plan](#): One or more safety threats are present, and safety interventions have been planned or taken. Based on interventions, the child will remain in the parent(s)/caregiver(s)'s care and custody. An OCFS Safety Plan (Appendix I) signed by the parent(s)/caregiver(s) is required.
 - iii. [Unsafe](#): One or more safety threats are present and a petition for a [Preliminary Protection Order](#) (PPO) will be sought. The filing of a PPO is the only safety intervention possible for one or more children. Without a PPO, one or more children will likely be in danger of immediate risk of serious harm. If any child remains in the home, a Safety Plan is required.
- c. After completing the SDM Safety Assessment Tool© with the supervisor, when there are safety threats present and the decision is:
- i. [Safe with Plan](#), the caseworker will convene a [Family Team](#) Meeting (FTM) to complete the Safety Plan (Appendix I) with the family and their supports, not to exceed forty (40) days; or
 - ii. [Unsafe](#), the caseworker and supervisor will request a [Team Decision Making](#) (TDM) Meeting (Appendix H) prior to convening the FTM which may result in a PPO or

Short Term Alternative Care option.

Note: FTM's are not required for emergency removals that occur after hours on Children's Emergency Services (CES), or when the parent(s)/caregiver(s) is unable to be located. The caseworker and supervisor will request a TDM meeting if there are additional circumstances that may require the waiver of the Pre-removal FTM, refer to policy [7.1 Family Team Meeting](#).

Unfounded Investigation.

If after the PSD it is determined that the allegations are unfounded (having no foundation or basis in fact), then the investigation can be closed. Some examples of situations where an investigation can be closed are:

- a. If the allegations are regarding a new infant in the home and there is no new infant.
- b. Someone reports bruises on a child, and it is Mongolian spots which is confirmed.
- c. New information is learned that was not available to Intake staff.

When it is determined, in consultation with the supervisor that an investigation is unfounded, the following activities must be completed prior to closing the investigation:

- a. Interviews of both parents and any other in-home caregiver(s);
- b. A Fact-Finding Interview with the child, exploring for all abuse types; and
- c. The PSD and SDM Safety Assessment Tool© completed with the supervisor at which time no concerns of child abuse and/or neglect are identified.
- d. Closing summary will indicate that the investigation was unfounded.

Note: An unfounded investigation may only occur when:

- a. There are no prior CPS Investigations; and
- b. No further reports are received during the course of the investigation.

The caseworker must complete the following activities within the forty (40) day investigation period:

Note: There will be a case conference between the caseworker and supervisor by day twenty (20) of the investigation to ensure that all activities are on track to be completed within the investigation timeframe. This case conference will identify any next steps needed and barriers to completion.

- a. Gather information from [collateral contacts](#) by conducting interviews or requesting records in order to inform a determination of child safety. Collateral contacts may be identified by the family, caseworker, and supervisor.

Note: Records only need to be obtained if the allegation, or information learned during the investigation, relates to a specific area and the records are needed to make a determination of child safety or when an investigation is going to be opened as a case. The caseworker will upload the records into the child welfare information system.

- i. Medical Records: Contact the Primary Care Physician (PCP) and inquire if there are any safety concerns and determine if the child's well-child visits are occurring. All medical records will be collected if the investigation involves medical concerns.

- ii. Court Orders: If there are concerns regarding custody of the child and a case is being opened, collect court orders confirming custody.
 - iii. Substance Use Records: A conversation with the provider will provide the necessary information unless there are allegations regarding substance use or concerns arise during the course of the investigation, then records will be collected.
 - iv. Mental Health Records: A conversation with the provider will provide the necessary information for the investigation unless there are allegations or concerns related to mental health issues, then records will be collected.
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- b. Account for the whereabouts and safety of all biological or adopted children of any parent who has allegations or findings of child abuse and/or neglect, as well as biological or adopted children of any additional adult caregiver(s) in the home using the Activities to Locate tool (Appendix C). This will be done through interviews with the parents, collateral contacts with relatives, neighbors and other professionals involved with the family, and utilizing other sources of available data. Exceptions must be approved by the supervisor and documented in the case record.
 - c. Account for the whereabouts and safety of all foster children when the allegations involve an out of home investigation of a resource family. In addition, the caseworker must collaborate with the Resource Unit staff during the course of the investigation. The Investigation Caseworker will also collaborate with the foster child's assigned caseworker to ensure that the foster child's parent(s) and the Guardian ad Litem (GAL) for the child are notified that allegations have been made.
 - d. Gather information from the child and parent(s) about maternal and paternal relatives and the parents of any siblings to the child. This information should include names, addresses, phone numbers, dates of birth, how they are related to the family, and the type of support they provide.
 - e. Assess if there is any adult whose relationship with the child is such that they could potentially be named as [De facto Parent](#) throughout the investigation.
 - f. Conduct interviews in such a manner to establish a timeline of events related to the alleged child maltreatment and to identify gaps in the timeline that need further exploration to ensure adequate support for all findings and decisions.
 - g. Determine if there are pets in the home. If the child welfare caseworker knows or reasonably suspects animal cruelty, abuse and/or neglect, this will be reported to the local animal control officer or the animal welfare program of the Department of Agriculture, Conservation and Forestry within two (2) business days.
 - h. Explore for substance use concerns to determine if a referral should be made by the caseworker to substance use disorder treatment services for the parent(s)/caregiver(s).
 - i. Assess the family's strengths and needs related to child safety throughout the investigation and document this information in the child welfare information system in the parent and child interviews as well as the closing summary.
 - j. When there is a new report with allegations of child abuse and/or neglect in an open investigation, the allegations will be added to the open investigation, the new report will be closed, and the forty (40) day investigation timeline is calculated from the date of the most recent report. Note: The investigation timeline may only be recalculated twice.

The assigned caseworker and supervisor will respond to the new report by completing:

- i. A new Assignment Activities Tool (Appendix B);
- ii. Conducting additional investigative activities to address the allegations;
- iii. A subsequent SDM Safety Assessment Tool© when the worker and supervisor are completing the new PSD; and
- iv. Documenting the completion of these investigative activities in the child welfare information system.

If the allegations have already been addressed in the current investigation, or it would not be in the child's best interest to conduct additional investigation interviews of the child related to the new allegations, the caseworker and supervisor may complete the New Report of Abuse Re-Interviewing Waiver Form (Appendix G) and submit to the Program Administrator for approval. This waiver allows the caseworker to forego additional interviews related to the new allegations of abuse and/or neglect.

- k. If the report includes a Substance Exposed Infant (SEI) the caseworker must incorporate the [Plan of Safe Care](#) (POSC) developed by the medical professional for that infant into either the [Prevention Service Family Plan](#) or the [Preliminary Rehabilitation and Reunification Plan](#) if a case is going to be opened within the forty (40) day investigation timeframe. If no ongoing case will be opened with the family, the caseworker will inform the infant's PCP of that decision and provide them with a copy of the POSC. The caseworker will notify the OCFS POSC Nurse that the investigation is closing.
- l. The person record screen must be updated for each individual if demographic information, including addresses, is not accurate.
- m. Investigations should be closed within the forty-five (45) day timeframe, however if the investigation remains open beyond sixty (60) days, the caseworker must complete monthly contacts for each month the investigation remains open until closure.

The following activities must be completed before the investigation may be closed:

- a. The caseworker and their supervisor will determine whether child abuse and/or neglect occurred based on the facts gathered during the investigation and the results of [SDM Safety Assessment Tool©](#) (Appendix J) and [SDM Risk Assessment Tool©](#) (Appendix K). This determination can be made any time prior to, or at the end of, the forty (40) day investigation period.
- b. If a Safety Plan was developed, safety must be reassessed using the SDM Safety Assessment Tool© (Appendix J) prior to investigation closure. If safety threats remain unresolved, a case must be opened.
- c. The SDM Risk Assessment Tool© (Appendix K) must be completed prior to the conclusion of any investigation to determine the likelihood of future OCFS involvement for child maltreatment and whether:
 - i. A [prevention service case](#) will be open;
 - ii. Court action will be filed; or
 - iii. The case will be closed.

Note: The SDM Risk Assessment Tool© (Appendix K) cannot be completed if the caseworker cannot locate the parent or the parent refuses to work with OCFS.

- d. The caseworker and supervisor determine the final risk level based on the scored risk level and any overrides approved by the supervisor. Policy overrides and discretionary overrides are only used to increase the risk level.

Risk Classification	Safety Decision	Recommendation
Very High or High	Unsafe	Open Case
	Safe with a Plan	Open Case
	Safe	Refer for services
Moderate	Unsafe	Open Case
	Safe with a Plan	Open Case
	Safe	Close
Low	Unsafe	Open Case
	Safe with a Plan	Open Case
	Safe	Close

- e. The final decision will include the following and be documented in the Findings Screen in the child welfare information system:
- i. Whether the child has been abused and/or neglected, and, if so, the type of harm experienced, who caused harm to the child, the timeframe in which it occurred, and the impact to the child (in [substantiated](#) investigations);
 - ii. Whether continued concerns exist that require a case to be opened in order to provide services to the family (in substantiated investigations);
 - iii. If any referrals will be made to community services (in substantiated or [indicated](#) investigations); and
 - iv. When closing an investigation that does not require ongoing child welfare intervention, provide a summary of the reason for, and nature of, the most recent child protection involvement. List all those living in the home, identify all services the family is currently receiving, document any recommendations that OCFS is making, and document the reason for the closure (in indicated or [unsubstantiated](#) investigations).
- f. The CPS Investigation Checklist (Appendix L) must be completed and approved by the supervisor within five (5) days of the investigation being sent for approval by the caseworker. The approval will occur after the supervisor ensures that all the information that is critical to support the decision making is included in the case record.
- g. Upon completion of the investigation, the caseworker will provide both verbal and written notification to each parent/caregiver or [person responsible for the child](#) whether the allegations of child abuse and/or neglect were unsubstantiated, indicated or substantiated

as a result of the investigation.

- i. The findings letter will serve as legal notification to the parent(s)/caregiver(s) regarding the Department's findings decision. The letter outlines who caused the abuse, the victim(s) of the abuse, the abuse type and severity, and the behaviors by the parent(s)/caregiver(s) that resulted in the child abuse and/or neglect. The letter will be sent to the parent(s)/caregiver(s) by certified mail within ten (10) days of the findings decision and uploaded into the child welfare information system along with the receipt of notification when received. This is an important part of an appeal process as it demonstrates that timely notification was provided to the parent(s)/caregiver(s).
 - ii. The letter documenting that no findings were made will be sent to the parent(s)/caregiver(s).
-
- i. If there are no findings, a case will not be opened.
 - j. If the case is being transferred to a Permanency Caseworker, ensure the Child Protection Investigation to Permanency Transfer Checklist (Appendix N) is completed as well as the SDM Case Plan Tool©.

VI. POLICY SUPERSEDES

IV.D. Child Protection Investigation, Effective December 17, 2018

VII. LINKS TO RELATED POLICIES

[2.3 Safe Sleep Checklist and Period of Purple Crying](#)

[2.4 Audio Recording Interviews](#)

[2.6 Response to Substance Exposed Infants \(SEI\)](#)

[2.7 Safe Haven](#)

[2.8 Child Abuse and Neglect Findings](#)

[2.9 Use of Expert Consultation in Assessing Child Abuse and/or Neglect](#)

[2.10 Short Term Emergency Services](#)

[3.11 Refugee, Immigrant and Undocumented Minors](#)

[7.1 Family Team Meetings](#)

[7.2 Domestic Abuse and Violence](#)

[7.3 Domestic Homicide Emergency Assessment](#)

[7.4 Indian Child Welfare \(ICW\)](#)

[7.10 Human Trafficking and Commercial Sexual Exploitation \(HTCSEC\)](#)

[10.1 Staff Safety and High Risk Situations](#)

VIII. APPENDICES

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Note: The hyperlinks to these documents only work on DHHS issued computers. If you would like to request a copy of these documents, please email your request to:

OCFSPolicyTraining.DHHS@maine.gov