

Child and Family Services Policy Manual: Investigation Taking A Report/Referral

Purpose	<p>Centralized Intake is responsible for the assessment, documentation and assignment of all reports of abuse and neglect in the state of Montana. Centralized Intake was designed to improve the consistency and efficiency of documenting reports and to ensure accountability. Centralized Intake has a hotline number; the number is 1-866-820-5437 (KIDS). All calls coming into Centralized intake are recorded to ensure quality and accuracy.</p> <p>If sufficient information is obtained from the report/referral, the Centralized Intake Specialist will document the information on the CID1 and CID2 screens. Documentation includes: when the report was received by Centralized Intake, reporter information, a brief description of the concerns, persons involved in the report and their role, and information of where the child and family may be contacted. A more detailed description of the call and rationale for the category and response time assigned is documented on the initial Intake Assessment that is attached to the report via Doc Gen. The Centralized Intake Specialist will also complete a CPS check on the family, if applicable.</p> <p>Centralized Intake also documents and assigns or forwards reports requesting services (CFS reports).</p>
Confidentiality	<p>All reports of child abuse and neglect are confidential. Employees shall not look up information on persons in CAPS unless there is a work related reason to do so. (See Policy 501-1 and 501-2)</p>
Secured Reports	<p>Occasionally, a report will be made on an agency employee, elected official or another person who is professionally known to the agency. These reports are considered sensitive and may be secured. The fact that a report or client is not secured does not give agency staff permission to review information stored in CAPS for which the agency staff has no work related reason to know the information.</p>
Securing a Report	<p>If a Centralized Intake Specialist becomes aware that a report should be secured they will promptly notify a Centralized Intake Specialist Supervisor. The report will be entered under the report name "Secured" and assigned to the appropriate child protection specialist or person identified by the CIS supervisor.</p>
General Instructions	<p>The CIS will follow procedures identified in the Centralized Intake Workbook regarding specific steps for receiving and</p>

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documenting reports.

Diligent efforts will be made to obtain the following information from reporters of abuse and neglect:

- reporter name, contact information, relationship to family and how they know about the concern;
- names, dates of birth, current location, living address of the child(ren) of concern, parents, siblings, other persons in the home and the perpetrator (if not a parent);
- school or day care of the child(ren);
- details of the concerns to assist in determining the accurate report categorization and response time; immediate safety concerns;
- whether drugs or alcohol may be a contributing factor to the allegations;
- protective capacities of the parents/caretakers;
- the child's specific vulnerabilities; and
- police involvement.

After receiving the information about the report/referral, the CIS will complete a search in CAPS on all persons involved to determine if they are known to CAPS and have been assigned a CAPS ID. If a person is not already known to CAPS, the CIS will enter them in, generating a new CAPS ID number. Once a CAPS ID number is obtained, a complete child protection search will be completed to identify any previous involvement with child protective services. If it is known that the family has a child protection history in another state the CIS will contact that state and request the history on the family.

CID1/CID2

The date and time fields on CID1 will reflect when the report was received by Centralized Intake. The CIS will complete the Reporter Detail and Report General Information sections on CID1. The CIS will list the parties involved in the report, their roles in the referral, the allegation, if applicable, and each person's date of birth, sex and ethnicity if known on CID2.

When the report has been completed, the CIS will assign the report as a CPS, LIC, CFS, or CFS8 to the person identified in the CI desk reference as the person responsible to receive the report. All CPI reports will be assigned to the CISS for review. The CISS will determine if the CPI is categorized accurately and either change the report category or close as a CPI.

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If the report is categorized as a CFS, i.e. a third party abuse or neglect report requiring action by law enforcement to protect a child(ren) who Child and Family Services does not have legal authority to investigate, **the report shall be immediately sent to law enforcement by the CIS in accordance with the procedures set forth in the desk reference and documented as required.**

If the report is categorized as a CFS8, i.e. a third party report received from a mandatory reporter alleging abuse or neglect that does not contain facts that indicate abuse or neglect has occurred under Montana law, the report will be assigned to the local office in accordance with the procedures set forth in the desk reference and policy section 202-3.

All reports will be entered into CAPS within 24 hours of receipt unless the report is staffed with a Centralized Intake Supervisor who may grant an exception.

Intake Assessment

The initial Intake Assessment is a more detailed documentation of the allegation and should provide justification for the category chosen and the response time assigned by the CIS.

Category

The CIS entering the information must indicate the Report/Referral category on the CID1 screen (An F12 look up is available for the appropriate code).

Note: If the child protection specialist supervisor determines that a CPS or CFS category change is necessary, the supervisor will contact their Regional Administrator and request the change. If approved by the Regional Administrator, the regional “supertask,” CPSS, or RA will make the change and complete the necessary. If the supervisor determines that a CPI category change is necessary, the supervisor will contact the assigned CIS to make the change and document it on the **MT Centralized Intake Report Category / Priority Change Form**. This form must be uploaded to Doc Gen under the report number changed.

The following are appropriate categories to select from:

- CPI (CHILD PROTECTIVE SERVICES INFORMATION)
Documents a child protective services concern about a child on whom no investigation will be conducted.
Concerns about a family that do not meet the criteria of

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potential risk of harm to a child are documented on CPI reports. These requests require no follow-up activity and no agency action will occur under a CPI. CPI referrals will be closed by Centralized Intake Supervisor upon review unless a CPI contains information relating to an open CPS case. CPI's received on open cases will be documented by the CIS on the client's ACTD screen. The CIS will notify the CPS assigned the case, the CPS Supervisor and both CI Supervisors by e-mail that a contact note has been added.

- **CPS (CHILD PROTECTIVE SERVICES)**
Used in all situations in which a report/referral will be investigated. All reports of suspected abuse and neglect that meet the criteria to be investigated will be entered under this category; or

- **CFS (CHILD PROTECTIVE SERVICES - REQUEST FOR SERVICES)**
Used when information received by Centralized Intake does not meet the criteria for child abuse or neglect by Montana state statute, but requires a response by the Child and Family Services Division due to a request for services or the need for an investigation by law enforcement or other agencies charged with investigating reports of child abuse and neglect. Reports in the CFS category are:
 - Home study requests (including ICPC requests);
 - Requests from parent(s) or caregiver as defined by statute, for voluntary services;
 - Requests for courtesy supervision (both county-to-county and ICPC);
 - Third party child abuse or neglect reports where the alleged perpetrator is not a person defined by Montana law as a person responsible for the welfare of a child. Third party physical and sexual abuse reports received by Centralized Intake must be cross reported per Montana state statute 41-3-205(4)(a)&(b) for action by law enforcement to protect the child(ren) who is the subject of the report.
 - Requests from CPS of another state or from Tribal Social Services to interview a child or assist with their investigation;

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- Requests from law enforcement agencies for a CPS specialist to conduct, or assist in conducting, a forensic interview of a child;
- Requests from law enforcement, or emergency responders for assistance with care and, or, placement of a child(ren) when parent(s) or caregiver is not available due to non-criminal actions and there is no reasonable cause to suspect child abuse and neglect has or is occurring based on all the information known; (i.e., traffic accidents or natural disasters, where the caregiver is involuntarily unable to provide care).

- CFS 8 (CHILD PROTECTIVE SERVICES – REFERRAL TO LAW ENFORCEMENT OR SCHOOL SUPERINTENDENT FOR INVESTIGATION)
A third party report received from a mandatory reporter alleging abuse or neglect that does not contain facts that indicate abuse or neglect has occurred under Montana law. CFS8 reports will be assigned to the local office, in accordance with the procedures set forth in the desk reference. These reports will be sent by the local office to law enforcement and/or the school district, with the standardized agency cover letter, for further evaluation and action by these agencies.

- LIC (LICENSING)
Used when CI receives a referral on a licensed provider regarding an alleged licensing violation. Licensed providers include licensed foster parents, day cares, or other residential facilities.

- LII (LICENSING INFORMATION)
Used when an unlicensed individual or group requests information about how to become a licensed provider or when a referral on a non-licensed provider is received.

- PLP (POST ADOPTION SERVICES)
Used when an adoptee, adoptive family, or birth parent requests assistance or services following the finalization of an adoption.

Allegations

If the report is categorized as a CPS report, the CIS must enter the allegation on CID2. The CIS should refer to the CAPS code

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table for the appropriate codes and definitions for allegations. (an F12 look up is available for these code tables) The following allegation codes may be selected:

- ABA (ABANDONMENT)
Parent leaves the child under circumstances that make it reasonable to believe that the parent does not intend to resume care of the child in the future **OR** willfully surrenders physical custody for six months and during that time does not manifest to the child and person having physical custody of the child a firm intention to resume custody or make permanent legal arrangements for the child **OR** parent is unknown and has been unknown for 90 days and reasonable efforts to identify and locate the parent have failed **OR** the voluntary surrender by a parent of a newborn who is no more than 30 days old to an emergency services provider.
- BDM (BABY DOE MEDICAL NEGLECT)
Failure to respond to an infant's (less than one year or hospitalized continuously from birth) life-threatening conditions by providing appropriate treatment that, in the physician's judgment will be most likely to be effective in ameliorating or correcting all life-threatening conditions. Does not necessitate treatment if the infant is irreversibly comatose; treatment would merely prolong dying; or treatment would be inhumane.
- DED (FATALITY)
Death by actual or possible abuse or neglect.
- EDN (EDUCATIONAL NEGLECT)
Complete failure to either enroll a school-aged child in a public or non-public school or complete failure to home school a school-aged child.
- EMD (EXPOSURE TO DRUG MANUFACTURE/ DISTRIBUTION)
Exposing a child to the criminal distribution of dangerous drugs, the criminal production or manufacture of dangerous drugs, or the operation of an unlawful clandestine laboratory. "Dangerous drugs" means the compounds and substances described as dangerous drugs in Schedules I through IV in Title 50, chapter 32, part 2.

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- MDN (MEDICAL NEGLECT)
Failure of parent, guardian or other person responsible for a child's welfare to provide adequate health care although reasonably able to do so. Adequate health care for a child means medical or non-medical remedial care if such care is covered by medical insurance.
- PHN (PHYSICAL NEGLECT)
Either failure to provide basic necessities, including but not limited to appropriate and adequate nutrition, protective shelter from the elements, and appropriate clothing related to weather conditions, or failure to provide cleanliness and general supervision, or both or exposing or allowing the child to be exposed to an unreasonable physical or psychological risk to the child.
- PHA (PHYSICAL ABUSE)
An intentional act, an intentional omission, or gross negligence resulting in substantial skin bruising, internal bleeding, substantial injury to skin, subdural hematoma, burns, bone fractures, extreme pain, permanent or temporary disfigurement, impairment of any bodily organ or function, or death.
- PSA (PSYCHOLOGICAL ABUSE OR NEGLECT)
Severe maltreatment through acts or omissions that are injurious to the child's emotional, intellectual, or psychological capacity to function, including the commission of acts of violence against another person residing in the child's home. However, psychological abuse or neglect cannot be construed to hold a victim responsible for failing to prevent the crime against the victim.
- SAI (SEXUAL ABUSE BY PERSON RESPONSIBLE FOR THE WELFARE OF A CHILD)
The commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, sexual abuse, ritual abuse, or incest of a child by a parent, guardian, adult residing in the child's home, foster parent, day care staff, employee of an institution or residential setting.

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- SAS (SEXUAL ABUSE SUSPECT/PERPETRATOR UNKNOWN)

The commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, sexual abuse, ritual abuse, or incest of a child by an unknown perpetrator.

SEC (SEXUAL EXPLOITATION OF A CHILD)

Allowing or encouraging a child to engage in prostitution or films, photographs, uses a child in an exhibition of sexual conduct, etc., i.e., “child pornography”.

Status

The Report/Referral status remains “open” (O) until the child protection specialist has completed the investigation and changed the status to “closed” (C). Status must be determined within 60 days from the date that Centralized Intake received the report.

In regards to a CFS and/or CFS8 report, the status remains “open” (O) until the report is sent to the appropriate agency for evaluation and/or investigation. Once the referral has been made, the status of the report shall be changed to “closed” (C) and the referral shall be documented on RRD1 under “Action Taken.” The report must be closed within 60 days from the date that Centralized Intake received the report.

New Allegations on an Open Report

If new allegations are made regarding an open referral which is open less than 60 days, the CIS will complete a new intake assessment and attach it to Doc Gen under the original report. The CIS will send an e-mail to the assigned child protection specialist, the specialist’s supervisor and the CIS supervisor, alerting them to the new allegations. The assigned child protection specialist will add any new allegations to RRD2. If the referral has been open longer than 60 days, the CIS will enter the new allegations as a new report.

Additional Information on an Open Report

Anytime CI receives additional information regarding an open referral, the CIS will enter the new information on an intake assessment and attach it to Doc Gen under the original report. The CIS will send an e-mail to the assigned child protection specialist, the specialist’s supervisor and the CIS supervisor, alerting them to the new information.

New Report on an Open Client

If a new report is received on an open client the CIS will enter the report per policy and then email the assigned child

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protection specialist, the specialist's supervisor and the CIS supervisor notifying them of the new report.

Additional Information on an Open Client

Anytime CI receives information regarding a client that does not require a new report or investigation, the CIS will note the information on ACTD. The CIS will email the assigned child protection specialist, the specialist's supervisor and the CIS supervisor notifying them of the new ACTD entry.

Errors

Centralized Intake Specialist Supervisors and regional "supertasks" can correct input errors made while entering information on CAPS. If an error is made, the CIS should contact the Centralized Intake Specialist Supervisor or Regional supertask with the specific information to be corrected.

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References

Mont. Code Ann. § 41-3-102.

Mont. Code Ann. §§ 45-5-501, et seq. and 45-5-625.

Rev. 10/03

Rev. 10/05

Rev. 10/07

Rev. 10/09

Rev. 04/12

Rev. 11/15

Rev. 12/15