

Hotline

Procedural Operations Manual (POM)



June 2020

Child and Family Services Agency, Child Protective Services Administration

200 I Street, SE 20003

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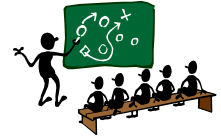
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Disclaimer: The procedural operations manual is intended to be a guide for employees of the District of Columbia Child and Family Services Agency (CFSA). No information in this manual, written or oral statement contradicting, modifying, interpreting, explaining, or clarifying any provision of the manual is intended to, nor shall it create, any express or implied legal right, contractual obligation, or standard of care that is binding upon CFSA or its employees. This manual is intended to provide staff with information about CFSA’s policies and practices. The procedures are subject to change. Please note that the information contained in this manual does not substitute individual clinical judgment.

INTRODUCTION

THE HOTLINE PROCEDURAL OPERATIONS MANUAL

The Child Protective Services (CPS) Hotline Procedural Operations Manual (HPOM) was specifically designed to provide, an easy-to-use reference tool for you, the Hotline worker, who answers calls made to the Child and Family Services Agency (CFSA or Agency) Hotline to report child abuse and neglect. Designed specifically for the Hotline worker, the HPOM provides practical tips, guidance and hands-on, step-by-step procedures for taking calls to the Hotline. The HPOM reinforces and supplements the foundation laid during your pre-service training. Whether you receive the Hotline report through CFSA call center command system, or through “walk-in” reports made by individuals who visit the Agency, the HPOM’s step-by-step procedures ensure that you respond appropriately and confidently to child abuse and neglect reports. Once you receive a report, you become a gatekeeper for children entering the child welfare system. The information that comes through your work will help determine whether children receive immediate and thorough assessments that lead to decisive and expedient remedies for urgent circumstances, followed by long-range planning for permanency and well-being.



The Hotline POM incorporates CFSA Hotline policy as well as legal requirements. Both are critical for reinforcing best practice standards for the receipt, review, and screening of child abuse and neglect calls, thereby maintaining the highest quality responses needed to protect children and families in the District of Columbia.

This Hotline POM is a living document that fully supports the Agency’s stated mission. The Agency’s mission is to strengthen families and to improve the **safety, permanency** and **well-being** of abused and neglected children and youth. The role of the Hotline worker is essential to implementing this mission. The purpose of the Hotline POM is to support your work as a Hotline worker to fulfill mission.

- Safety** - All children have a right to be safe from abuse and neglect.
- Permanency** - All children need a permanent family who can provide an unconditional, lasting commitment to them.
- Child and family well-being** - Children deserve to grow up in nurturing environments where their physical, emotional, educational and social needs are met.



Thank you for serving the most vulnerable children and families in the District of Columbia! If you have any questions regarding this Hotline POM, please contact your supervisor or management team.

OVERVIEW

OVERVIEW

The Hotline phone system operates 24 hours a day, seven days a week. There are two sources for reports of suspected cases of child abuse and neglect: persons who are required by law to make a hotline call--*mandated reporters*--and persons who call, not because of any legal requirement, but out of a concern for child -- *non-mandated reporters*.

The Hotline is the first point of contact for both mandated and non-mandated persons to report suspected abuse or neglect. While child safety is the primary focus of the intake process, the Hotline worker also serves in a customer-service role for the Agency. Hotline staff are therefore trained to receive calls for investigations, and to refer callers for appropriate services.



Guiding Principles

The Child Protective Services (CPS) administration holds fast to five guiding principles: 1) quality, 2) excellence, 3) accountability, 4) efficiency, and 5) timeliness. As a gatekeeper for children and families entering the child welfare system, you are bound by these principles whenever you receive reports of alleged child abuse and neglect.

Quality – High quality and customer-focused intakes are accomplished through respectful and customer-friendly engagement. As a Hotline worker, you should always approach the Hotline conversation in an **open and accessible manner**. When gathering information, it is important to convey to the caller that their report is being taken seriously, and that you are carefully listening to all their concerns. **Quality documentation and conduct are essential for all Hotline staff.**

Excellence – Excellence in service delivery is a continuous process involving ongoing staff development, adherence to policy and procedure, and the use of best practices. Excellent professional and interpersonal interviewing and listening skills demonstrate a clear application of CFSA criteria for taking reports and maintaining best practice standards. This includes **respectful and non-judgmental communication**. Hotline workers must be well-informed and precise when providing information, and always highly responsive.

Accountability – Accountability is the obligation of an individual or organization to account for its activities, to accept responsibility and to disclose the results in a transparent manner. Accurate and concise documentation of decisions and the information supporting them is essential and supports Agency efforts to account for its activities.

Efficiency – The Agency’s comprehensive child welfare information system, FACES.NET, allows Hotline workers to increase the efficiency of services to clients. By gathering and entering information into the system, the Agency is able to ensure accurate tracking of the supports that meet our clients’ needs. Combined with the leading-edge client Hotline phone system, efficient performance competency is achieved.

Timeliness – Children in need of protection require rapid intervention to secure their safety. **The timeliness and accuracy of the Hotline worker’s response and policy compliance ensure the best safety intervention process possible.** Equally as important is timeliness in the documentation of a Hotline report.

The Hotline Phone System

CFSA has an advanced automated Hotline call system that has the capability of receiving calls both on-site and remotely. Information received through the system is displayed in “real time” and allows supervisors and program managers to monitor calls, view a history of calls in relation to staffing and performance levels, and to generate management reports on Hotline operations.



The automated system first informs the caller that they have reached the Child Abuse and Neglect Hotline. It also directs the caller to hang up and dial 911 immediately in the event of a life-threatening emergency.

There are several prompts when calling the automated system, including the option to speak in Spanish, to receive information about other CFSA administrations, and to contact other District agencies. The recording informs the caller that the calls are being recorded for quality assurance purposes.

When the caller selects the prompt for the Hotline, the call is routed to the next available Hotline staff. If all available Hotline workers are busy with other calls, the caller is informed that the call has been placed in queue, and they will hear music while the call is on hold awaiting a live response.

Life Cycle of the Hotline Call

The average Hotline call takes about 15 minutes while the documentation of the report and entry of data into FACES.NET may take up to 45 minutes.

Each call requires the Hotline worker to engage the caller by greeting the caller in a pleasant and professional manner, by providing their name to the caller for any necessary follow ups, and by giving the caller their full attention. The Hotline worker is then tasked with gathering and prioritizing information by asking open-ended questions, utilizing reflective and active listening skills, and obtaining as much information as possible regarding the child or family in question. This is a very important stage in the life cycle of a Hotline call because the information gathered will be the basis on which the Hotline worker screens the call and determines its prioritization and the Agency’s response. Gathering in-depth information during the call, followed by accurate documentation, is crucial to the

success of the Hotline process. It is equally vital that the Hotline worker accurately assess each situation to ensure that the best possible assistance is provided during the initial contact. While handling these calls, you are expected to conduct a **thorough and courteous interview**. This is true whether the caller is asking to make an abuse report, requesting services for their own family, inquiring about emergency housing, seeking assistance for needy families, or otherwise seeking information or assistance.

Screening Decisions

All reports fall into one of four screening decision categories: 1) reports that do not meet the threshold for a child welfare response (screen out); 2) reports that are forwarded to the Hotline R.E.D. Team for a review by a multi-disciplinary team; 3) reports that trigger an investigation, and 4) reports that refer a caller to another agency or administration (Information and Referral [I&R]) or trigger a non-investigatory response.

Screen Out

Screened-out reports do not meet the criteria of an accepted abuse or neglect report. These reports are deemed to be inappropriate for investigation for various reasons including the following circumstances:

- a. All alleged victims are 18 or older, excepting youth 18 to 21 years old with open ongoing foster care cases with CFSA (Forward these calls to law enforcement).
- b. A child who was allegedly abused or neglected resides outside of the District of Columbia and there is no emergency situation, as defined by law (Forward these calls to the appropriate jurisdiction).
- c. The alleged perpetrator **is not** a parent, guardian, or custodian; or anyone legally responsible for the child's welfare; or an individual who causes a child to be trafficked (Forward these calls to law enforcement).
- d. There is **insufficient** identifying information to locate the victim or the family (such as not having the name of the child and/or parent, last known address or location).

R.E.D. Team

Hotline staff may identify select reports to be referred to the Hotline R.E.D Team for review when it is unclear whether the report should be screened in or screened out. The Hotline supervisor submits these reports to the R.E.D Team, held twice each day, including weekends, for review of the reports and screening decisions. The Hotline R.E.D team utilizes a multidisciplinary team to include Hotline, CPS, Office of Well-Being, In-Home Services, and Office of the Attorney General staff to review referrals at the point of intake, evaluating a number of factors to make decisions.

Investigations

Hotline staff utilize the Structured Decision-Making Manual (SDM) to determine whether a report reaches the threshold for a CFSA investigation. While a Hotline worker is not directly involved in the investigation process, all CPS staff benefit from understanding how the administration works as a whole. When reports are accepted for an investigation, the intake process and subsequent written referral provide the foundation for helping a child in need, as well as their family. This process provides the social workers with critical information that helps inform the initial investigation activities.

Hotline workers best support the investigation process when familiar with the roles and responsibilities of CPS investigative social workers. Each CPS investigative social worker conducts an investigation in accordance with District law and determines whether the referral is substantiated (i.e., whether maltreatment occurred), inconclusive (i.e., insufficient evidence but also conflicting information), or unfounded (i.e., no credible evidence to substantiate). In addition, the investigative worker must determine whether the child is presently safe, unsafe or at risk for future maltreatment. These activities comprise CFSA’s CPS response.

Calls that Initiate an Investigation

The table below outlines the three primary CPS allegations (abuse, sex abuse and neglect) with an alphabetical listing of their subtypes under each column. These subtypes are currently identified in FACES.NET as dropdown lists for initiating an investigation.

ABUSE	SEX ABUSE	NEGLECT
Physical Abuse	Sexual Abuse	Abandonment
Unexplained Physical Injury	Exposure to sexually explicit conduct	Controlled Substance in System
Injury caused by giving the child toxic chemicals, alcohol, or drugs	Failure to protect against sexual abuse	Exposure to Domestic Violence
Mental Abuse	SEX TRAFFICKING	Educational
Failure to protect against abuse	Sexual exploitation of a child by a caregiver	Failure to Thrive
Medical Abuse	Sexual Exploitation/Sex Trafficking of a child (by a non-caregiver)	Inadequate Clothing or Hygiene
Imminent Danger of being abused and another child in the home has been abused or is alleged to have been abused	Failure to protect against Human Sex Trafficking	Inadequate Food/Nutrition
		Inadequate Supervision
		Left Alone
SUSPICIOUS CHILD DEATH		Medical Neglect
Suspicious Death of a Child Due to Abuse/Neglect		Positive Toxicology of a Newborn
		Unwilling or Unable to Provide Care
		Exposure to Illegal Drug-related activity in the home
		Exposure to unsafe living conditions
		Unwilling or Unable to Provide Care

Information & Referral (I&R)

Information and Referral are reports that require a response at the Hotline worker level or further response from the Agency and are used for the purposes of tracking certain types of reports (e.g., COVID-19 response and DCPS Distance Learning No Contact Form, sex trafficking for minors who resides outside of the District, etc.). With an I&R call, the Hotline worker gathers information by assisting the caller with thoroughly determining the needs of the identified child and family. Once determining needs, the Hotline worker assists with locating appropriate services and resources or other appropriate next steps that address the purpose of the call.

An I&R may include a request from another jurisdiction to provide assistance by way of a “courtesy interview”. The Hotline may also refer I&R calls to other agencies or administrations for assistance. The table below lists examples of I&R types identified in FACES.NET.

Information and Referral Types

Institutional I&Rs

Courtesy Request

Immediate I&R (runaway from another neighboring jurisdiction and misc.)

Out of Jurisdiction, child is currently in DC or transported to CFSA

Curfew Violations (over 13; 12 and under are entered as reports)

OSSE transport, parent not present to accept child

Sex Trafficking (out of jurisdiction or over 18 – includes Wards)

No Papered Court Case – parent is not present to accept child or has indicated they will not pick up the child (may turn into a CPS)

Resource Requests

Child on Child incidents where the main report is screened in (behavior of the harming child may be indicative of sexual abuse)

*Remember:
Child Safety Always Comes First.*

Legal Definitions

INTRODUCTION

The purpose of any state or local CPS administration is to protect children from being abused and neglected, *as well as* to help families access services for acquiring the skills and knowledge to prevent further abuse and neglect. Both the Hotline worker and the CPS investigative social worker need to be familiar with the legal definitions of abuse and neglect, as defined by federal legislation and the District of Columbia's Code and its Municipal Regulations (DCMR). Federal legislation sets all national CPS practice standards by defining uniform goals for CPS cases across the country. CFSA's practice standards, in addition to its policies and procedures, are in full compliance with both federal and District laws and regulations. Again, all CPS staff members should understand the current laws pertaining to child abuse and neglect in the District. The Code and DCMR are internet-accessible at <http://government.westlaw.com> and www.dcregs.dc.gov, respectively.

Finally, you are obligated to have a working knowledge of the District's Family Court system and, of course, CFSA's Policy Manual, which is accessible on the Agency's website under "About CFSA" on the main page at www.cfsa.dc.gov.

THE ESTABLISHMENT ACT

The CFSA Establishment Act of April 2001 ([DC Official Code § 4-1303.01a](#)) created and established CFSA as a separate cabinet-level agency responsible for DC child welfare (abuse and neglect) services. As a result, CFSA's Director reports directly to the Mayor.

The CFSA Establishment Act specifically gives legal authority for CFSA to do what appropriately needs to be done in order to protect children's well-being and to keep them safe either in or out of their homes. Some examples of the authority given to CFSA by the DC Official Code are:

- (1) § 4-1303.01a (b)(3)—CFSA has the responsibility to receive and to respond to reports of child abuse and neglect.
- (2) § 4-1303.01a (b)(3A)—CFSA shall assess the strengths and needs of those children and families involved with the reported allegations.
- (3) § 4-1303.01a (b)(6)—CFSA is responsible for safeguarding the rights and protecting the welfare of children when their parents, guardians, or custodians are unable to do so.
- (4) § 4-1303.01a (b)(4)— CFSA may remove children from their homes for their safety and well-being.

In addition to the above authorities, [D.C. Official Code § 4-1301.06](#) entrusts CFSA with certain obligations regarding the investigation of child abuse and neglect reports. CFSA must complete all investigations within 30 days of the first notice; an additional five days are allowed for completing the final report. Documentation of each investigation shall include the following information (at a minimum):

- (1) The nature, extent, and cause of the abuse or neglect, if any
- (2) An assessment of any suspected mental injury conducted by a physician, psychologist, or licensed clinical social worker
- (3) If CPS substantiates the suspected abuse or neglect, the following information must also be documented:
 - (a) The identity of the person responsible for the abuse or neglect

- (b) The name, age, sex, and condition of the abused or neglected child and all other children in the home
- (c) The conditions in the home at the time of the alleged abuse or neglect
- (d) Whether there are any other child in the home whose health, safety, or welfare is at risk
- (e) Whether any child who is at risk should be removed from the home or they can be protected by the provision of resources

***Note:** CFSA policy requires more extensive information than legally required to be included in case documentation, including the hard case file and data entered in FACES.NET.*

TEN TYPES OF NEGLECT

DC OFFICIAL CODE § 16-2301(9)(A) (i)-(x)

The Code contains 10 legal definitions of a neglected child that are important for every CPS staff member to know and understand. **Remember:** “abuse” is a subset of “neglect”. Indeed, the first definition of a neglected child includes both an “abandoned or abused” child. In addition, parents, guardians, or custodians are not “charged with” or “responsible for” neglect but rather, the child is found to be a “neglected child”.

You should familiarize yourself with each of the following legal definitions for the 10 types of neglect, just as the CPS investigative social worker must be mindful of these legal definitions at the beginning, middle, and end of each investigation.

REMEMBER: *Familiarizing yourself with the legal definitions of abuse and neglect can help support your own decision-making process as well as supporting the information received by the CPS investigative social worker through your FACES.NET referral snapshot.* If there are questions that arise during a Hotline call as to whether the circumstances, as you see them, rise to the level of neglect, please consult your supervisor. For a CPS investigative social worker, *legal advice is available from the Office of the General Counsel (OGC) for non-court-involved cases and the Office of the Attorney General (OAG) for court-involved cases.*

One: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A)(i)

... who has been abandoned or abused by his or her parent, guardian, or custodian, or whose parent, guardian, or custodian has failed to make reasonable efforts to prevent the infliction of abuse upon the child. The term "reasonable efforts" includes filing a petition for civil protection from intra-family violence.

“Abandoned” is defined in [DC Official Code § 16-2316\(d\)\(1\)](#) in four parts:

(A) The child is a foundling whose parents have made no effort to maintain a parental relationship with the child and reasonable efforts have been made to identify the child and to locate the parents for a period of at least four (4) weeks since the child was found.

(B) The child’s parent gave a false identity at the time of the child’s birth, since then has made no effort to maintain a parental relationship with the child and reasonable efforts have been made to locate the parent for at least four (4) weeks since his or her disappearance.

(C) The child’s parent, guardian, or custodian is known but has abandoned the child in that he or she has made no reasonable effort to maintain a parental relationship with the child for at least four (4) months.

(D) The child has resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child was ready for discharge from the hospital, and the parent, guardian, or custodian of the child did not undertake any action or make any effort to maintain a parental, guardianship, or custodial relationship or contact with the child.

“**Abuse**” is defined in DC Official Code § 16-2301(23)(A) in three parts:

- i. The infliction of physical or mental injury upon a child;
- ii. Sexual abuse or exploitation of a child; or
- iii. Negligent treatment or maltreatment of a child.

If there is an unexplained injury the child may be found to be an abused child under DC Official Code § 16-2301(9)(A)(i). “**Unexplained injury**” is defined in DC Official Code § 16-2316(c) as ...

where the petition alleges a child is neglected by reason of abuse, evidence of illness or injury to a child who was in the custody of his or her parent, guardian, or custodian for which the parent, guardian or custodian can give no satisfactory explanation shall be sufficient to justify an inference of neglect.

“**Failure to protect**” is another way of saying that the caregiver “has failed to make reasonable efforts to prevent the infliction of abuse on the child” and that an example of a reasonable effort would be the filing of a petition for a civil protection order.

Note: According to DC Official Code § 16-2301(23)(B), abuse does not include discipline administered to a child by a parent, guardian, or custodian provided that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. Case law indicates it must be more than transient pain and temporary marks.

When determining abuse based on a caregiver's claim that he or she was disciplining the child, clinical judgment must be carefully applied. In accordance with the above legal citation, discipline does not include the following examples:

- (I) burning, biting, or cutting a child
- (II) striking a child with a closed fist
- (III) inflicting injury to a child by shaking, kicking, or throwing the child
- (IV) nonaccidental injury to a child under the age of 18 months
- (V) interfering with a child's breathing
- (VI) threatening a child with a dangerous weapon or using such a weapon on a child

DC Code notes that the above listing is only illustrative of unacceptable acts of discipline and is not intended to be exclusive or exhaustive. In other words, the CPS worker’s clinical judgment shall be the determining factor when other types of acts are involved in the alleged discipline of a child.

Note: The code defines “physical injury” as “bodily harm, greater than transient pain or minor temporary mark.” The CPS worker must use clinical judgment as to whether the injury rises to this level.

Two: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) ii

... who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian.

This section encompasses many types of neglect. Some examples are a dirty house, educational neglect, improper supervision, unmet medical or mental health needs of a child, inappropriate living environment, and exposure to domestic violence. These are only a few examples of what falls under this definition of child neglect.

Note that in order to demonstrate neglect based on this definition, the neglect must be unrelated to financial means. In order to determine whether or not finances impact a potential disposition of neglect, the CPS worker must assess the family's sources of income, including public benefits. Usually, if the parent is receiving some form of public benefits or could be receiving some form of public benefits, the requirement to assess the family's income is not an issue. Also, if the neglect is unrelated to finances, the assessment of income is not an issue. If the sole reason for the neglect is lack of money, the child may not fit this definition of neglect. However, a lack of financial stability does not mean that the alleged neglect does not fall under another provision of the Code. Workers with concerns should consult their management team.

Three: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) iii

... whose parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity.

The third definition demonstrates that child neglect is a "no fault" process in that it does not look to blame the parent, guardian, or custodian for that behavior that brought the family to CFSA's attention. Rather, the process looks to how the behavior has impacted the safety and well-being of the child. The above section applies when a parent, guardian, or custodian is not able to care for the child due to being in jail, being in the hospital, or having a physical or mental incapacity.

Regarding incapacity, substance use and the mental health of a parent may also fit this definition but only when the substance or mental health impacts the child's safety and well-being. There are numerous people with substance abuse or mental health issues, but if a child remains safe, a parent's use of drugs or mental health issue would not alone equal neglect. Under this provision, it is essential to consider how the problem impacts the child. There must be a connection between the parent, guardian, or custodian's substance use or mental health and the child's safety and well-being.

When assessing the family's situation, you should also consider whether the caregiver who was unable to adequately "parent" the child made a plan for a responsible and trusted adult to care for the child. For example, if a parent is incarcerated or goes into drug treatment and plans for a responsible person to care for the child, then there is likely no substantiated neglect. Workers must consider these situations on a case-by-case basis in conjunction with their supervisor.

Four: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) iv

... whose parent, guardian, or custodian refuses or is unable to assume the responsibility for the child's care, control, or subsistence and the person or institution which is providing for the child states an intention to discontinue such care.

This section is a two-part test where both parts must apply. The first part requires a parent, guardian, or custodian either to refuse or to be unable to assume care for the child. The second part is that the person or institution who is caring for the child must state that they (the person or institution) will no longer care for the child. This situation often arises when a parent leaves a child with someone else who agreed to care for the child but the parent does not return for the child over a longer period than expected, and the caregiver becomes unwilling to continue to care for the child. In some cases, the “unwilling caregiver” might be a hospital that has notified the caregiver that the child has been ready for discharge, but no parent has been available to take the child home.

Five: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) v

... who is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused.

This fifth definition of neglect applies when there is a substantiated abuse allegation for at least one child in the home and the CPS worker determines that other children in the home who are at serious risk of immediate harm. There must be at least one child who has been abused for this section to apply. Keep in mind that just because one child has experienced abuse, this does NOT automatically mean that any other children in the home are at imminent risk. Workers must make an independent clinical assessment of each child to determine risk. Workers must remember to ensure that the legal definitions of neglect (and abuse) support their disposition decision. You should consider multiple factors, such as the child's age, family history, type and severity of the abuse, special needs of the child, and whether other children in the household are similarly situated to the abused child. Workers may always seek legal advice from the OGC or the OAG-CPS if they have questions.

Six: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) vi

... who has received negligent treatment or maltreatment from his or her parent, guardian, or custodian.

This section generally applies to a child who has not received doctor-recommended medical treatment or serious forms of medical neglect. It is not often used as an allegation to investigate, “two” is more often used.

Seven: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) vii

... who has resided in a hospital located in the District of Columbia for at least 10 calendar days after being born, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian, or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child.

This definition also applies to “boarder baby” cases. Current case law does not focus on whether the newborn was ready for discharge after 10 days; rather the law focuses on whether 10 days have passed since the child’s birth and the child is ready for discharge.

Eight: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) viii

... who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth.

The eighth definition of neglect applies when a medical professional has determined that the baby was born addicted or dependent on a controlled substance or there is a significant presence of a controlled substance in the infant’s system. In such a case, the law requires hospitals to call the CPS Hotline whenever a child’s system reveals the presence of a controlled substance (i.e., “positive toxicology”). Seek legal guidance when necessary.

Note: Although not necessarily applicable to CFSA, DC Official Code limits the judge from making a finding of neglect if the finding is “based solely on a finding of the drugs in the child’s system.” For a neglect finding based on positive toxicology, the judge must find that the child has been negatively affected because of the drugs (see [DC Official Code § 16-2317\(b\)](#)) or that the child is neglected based on another Code section.

Nine: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) ix

... in whose body there is a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian.

This section applies when there is a drug in the child’s system that was not prescribed to the child and the parent, guardian, or custodian could or should have prevented the child from ingesting the drug. This is often a case when a toddler puts a controlled substance in their mouth and swallows it.

Ten: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) x

... who is regularly exposed to illegal drug-related activity in the home.

This section is used when a child is living in a home where illegal drug-related activity takes place (e.g., selling, purchasing, using, and manufacturing) and the child is around this illegal activity.

ROLES AND RESPONSIBILITIES



ROLES AND RESPONSIBILITIES

The entire life cycle of the Hotline system involves many roles and responsibilities, not just those of the Hotline worker. There are also responsibilities involving the Hotline supervisor who may elect to access live calls to assess worker performance for immediate supervisory feedback. In addition, there are responsibilities required of the individuals who contact the Hotline to report allegations.

Reporters

Certain persons are required by law ([DC Official Code §4-1321.02](#)) to make a report when they know or have reason to suspect a child they know in their professional or official capacity has been or is in immediate danger of being mentally or physically abused or neglected. These individuals are known as **mandated reporters**. A mandated reporter must provide the Hotline with their name, occupation, and contact information. In addition, the mandated reporter must describe the action he or she has taken concerning the child. Failure for a mandated reporter to call in abuse or neglect may result in a financial penalty and even incarceration. Although the identity of the mandated reporter is withheld from the alleged perpetrator, mandated reporters are required to give their name to the Hotline worker as well as identifying the nature of their relationship to the child. Mandated reporters may not be anonymous, otherwise how would they ever be able to demonstrate that they made the call. The following table lists examples of who is a mandated reporter in the District of Columbia.

MANDATED REPORTERS			
Athletic Coach	Domestic Violence Counselors	Medical Examiners	Psychologists
Chiropractors	Human Trafficking Counselor	Mental Health Professionals	Registered Nurses
Day Care Worker	Humane Officer of any agency charged with the enforcement of animal cruelty laws	Persons involved in the care and treatment of patients	School Officials
Dentists	Law Enforcement Officers	Physicians	Social Service Workers
Department of Parks and Recreation Employee	Licensed Practical Nurses	Public Housing Resident Manager	Teachers

NOTE: *All CFSA employees are mandated reporters and must report any new suspicions of abuse and neglect to the Hotline, even if the new suspicions are related to an open investigation or an existing case. Social workers actively investigating allegations of child abuse and neglect must add additional categories of child abuse and neglect when they learn of new allegations during the investigation.*

Anyone who witnesses or has knowledge of child abuse and neglect may contact the Hotline. While these non-mandated reporters may feel a moral or ethical obligation to report the alleged abuse or neglect, they are not required by law to do so. Only mandated reporters are legally obligated to report child maltreatment to the CFSA Hotline. The table below lists examples of individuals who fall under the status of a non-mandated reporter.

NON-MANDATED REPORTERS	
Anonymous Reporters	Family Members
Children and Youth	Neighbors
Concerned Citizens	Parents

Hotline Workers

Your role as the Hotline worker is crucial to the timely and appropriate handling of the Hotline call and its subsequent assignment as an investigation, I&R, R.E.D. Team review, or screen out. In addition to following the guiding principles and maintaining customer service standards, the Hotline worker must maintain the confidentiality of the report. Each Hotline worker must adhere to the following guidelines for protecting confidentiality:

- Information about children who are reported as abused or neglected, as well as information about their families, is confidential and may only be disclosed for limited purposes after consulting with the supervisor.
- *Hotline staff members are prohibited from disclosing to members of the general public, even family members, any information regarding reports made to the Hotline.*
- *Hotline staff members are prohibited from disclosing to the media, judges, council members, any information regarding reports made to the Hotline, unless directed to do so by management team*
- Hotline staff members may disclose *follow-up* information to the original reporting source or (in consultation with their supervisor) to a **mandated reporter representing the reporting institution**, such as the name and contact number of the CPS investigator and supervisor assigned to handle the matter.
- When a call is made to the Hotline requesting information contained in the Child Protection Register (CPR), * the Hotline worker shall refer the caller to the CPR supervisor.
- When a call is made to the Hotline requesting records, the caller is referred to the OGC general number, 202-727-2646 and encouraged to first send an email to cfsa.recordsrequest@dc.gov



* The Child Protection Register is a compilation of all names associated with substantiated and inconclusive abuse and neglect cases. For more information on the Register, contact 202-727-8040.

NOTE: *In the event of a report of suspected abuse or neglect involving an individual of special interest, the Agency will provide an elevated level of confidentiality including limiting staff access in FACES.NET to avoid any conflict of interest. **Individuals of special interest include but are not limited to** an elected or appointed official (e.g., judges, members of the District Council, members of U.S. Congress), officers and detectives from any division of the Metropolitan Police Department (including the Youth Investigations Branch), and employees of CFSA or a collaborative.*

As a Hotline worker, you must gather information from the caller about the nature of the allegation or suspected abuse, the family's circumstances, etc. This information will form the basis for determining whether the report meets the District's statutory criteria for child abuse or neglect. You are responsible for entering the response information into FACES.NET. Remember: all facts must be accurately documented.



1. When gathering information from the caller, appropriate follow-up questions need to be asked to obtain as much relevant information as possible. All relevant information provided by the caller needs to be documented in FACES.NET which will determine whether the Hotline report results in an investigation, I&R, Hotline R.E.D. Team review, or screen out. Additionally, you should immediately alert the supervisor if you believe that a report meets criteria for immediate response, as defined by the SDM.
2. Prior CPS history may influence your determination for accepting a report for investigation, as well as your decision for an appropriate response time. Additionally, completing an accurate FACES history search will prevent creation of duplicate clients, which can impact the accuracy of the Agency's records. Therefore, whenever possible you should determine (via a search of FACES.NET) if there is any information or Agency history for each child, parent, caregiver, and household member identified.
3. Complete the Structured Decision Making (SDM®) Child Abuse and Neglect Screening Assessment for all referrals to determine if the report meets the criteria for abuse or neglect.
4. All reports are promptly submitted to the supervisor following their completion in FACES.NET. Reports that meet the criteria for abuse or neglect will be forwarded by the supervisor for assignment to an investigative social worker.
5. Depending upon the nature of Hotline call, you are also responsible for providing information and referrals for supportive and preventive services (as applicable).
6. If it is unclear whether the report should be screened in or screened out based on the allegations of neglect or abuse, you should recommend the referral be reviewed by the Hotline R.E.D Team.
7. You are responsible for forwarding a copy of all abuse and sexual abuse reports to the Metropolitan Police Department's (MPD) Youth and Family Services Division (YFSD) at cps.mpd@dc.gov. Additionally, any reports of other criminal activity involving a child are the responsibility of YFSD. An example of such a report is an assault upon a child by someone other than their parent or caregiver. These reports are also forwarded to YFSD.
8. You are responsible for forwarding a copy of all reports involving outside jurisdictions to the appropriate jurisdiction's equivalent of our CPS Hotline. You are also required to follow up with that jurisdiction to ensure that the report was successfully transmitted, either via fax or scanned email. *Note: the mandated reporter has a legal duty to report the allegations to the appropriate jurisdiction in addition to their report to the CFSA and should be informed of same.*
9. You are responsible for following email notification protocols for any report involving an active CFSA client.
10. At the end of your shift, you are responsible for ensuring all reports taken during your tour of duty are submitted to the appropriate supervisor for approval.

Hotline Supervisors

Supervision of the Hotline helps to maintain high quality service to children and families in need of protection, services, or referrals. In addition to oversight of Hotline workers and the management of the system itself, supervisors are responsible for making sure they are accessible to the worker for consultative purposes. Hotline workers must have confidence in their supervisors and their supervisor's willingness to shepherd them through any questions or difficult circumstances. Supervisors must be available for any consultation throughout the intake process but it is particularly important to be available in the event of a child fatality, an allegation regarding a person of special interest (defined above), or a high profile incident being tracked by the media.

Supervisors are also responsible for ensuring that the life cycle of the Hotline call is completed efficiently, professionally, and expediently. The following supervisory responsibilities are not all-inclusive but highlight the most important roles of the Hotline supervisor: reviewing, providing consultation, approving Hotline documentation, including referral decisions, response times, critical events, and fatalities.

GENERAL CONSIDERATIONS

GENERAL CONSIDERATIONS

Gathering Information

The CFSA CPS administration is comprised of professional social workers whose expertise informs the procedures outlined in the Hotline POM. One of the first procedures is to gather information from the individual reporting abuse or neglect. You are already familiar with the two generalized categories of reporters: mandated and non-mandated. Within these two reporter categories, you will discover there are many types of calls that may be made to the Hotline. Report types will be reviewed in more detail in the Report Types and Procedures Section.



Different circumstances may require different techniques for gathering information from the caller in order for the interview process to go smoothly, and for all pertinent information to be obtained. Your main tools are the skills of the professional helping relationship:

- Listen carefully.
- Be respectful and offer empathy.
- Make every effort to assist the caller.
- Refer the caller to the Hotline supervisor as necessary or as requested.
- Explain the reasons for how you need to conduct the interview and the importance of obtaining as much information about the family as possible.

Remember: There are two facets to consider: the stages of the interview and the interviewing techniques. Techniques also include the different types of questions asked during each stage of the interview.

Stages of the Interview

The interview is the primary method used to gather information from the reporter. In fact, your ability to perform your primary responsibilities depends almost entirely on your interviewing skills. Therefore, you must conduct the intake interview in a way that will “guide” reporters to provide the necessary information in order for you to make informed and effective decisions on behalf of the children, and to help develop an appropriate set of interventions.

There are three basic stages to the interview process: introductory, exploratory, and closing.

Introductory Stage

Whether you are responding to a first-time caller or a repeat caller, it is important to provide a general and brief summary of the Hotline intake process before you begin to gather information about the circumstances prompting the call. *Remember that mandated reporters are required to self-identify, while non-mandated reports may choose to remain anonymous.*



Key points to remember:

Limit interruptions when the reporter begins to share information.

- Allowing information to be shared without interruptions enables reporters to get their immediate concerns, and the reason they called in the first place “off their chest”. Avoid “talking over” the reporter while he or she is describing a child’s situation.

- Once the initial information is conveyed, it is appropriate for the Hotline worker to determine what further and specific questions should be asked. This follow-up questioning will allow the reporter to focus on and report additional details as the interview continues.

Pay attention to the emotional state of the reporter.

- Effective interviews require Hotline workers to correctly assess the emotions of the reporter. A highly charged or emotional reporter may not initially be able to provide clear and detailed information. Be patient!
- Always engage the reporter as a full participant in the interview process.

Consider the relationship of the reporter to the identified family.

- During the interview process, you should learn the basis for the reporter’s information regarding the identified family. Most reporters are truly concerned for a family and a child’s safety, however you will encounter reporters with additional motives. While Hotline workers do not question the credibility of the reporter, it may be necessary to consider a reporter’s motives.

The introductory stage of the Hotline interview concludes with an initial determination regarding sufficient justification for a CPS referral.

- The Hotline worker must discern during the introductory stage of the interview whether the information provided by a reporter indicates the possibility of child maltreatment or endangerment.
- Determinations for whether a report requires a CPS referral must be consistent with DC Code, CFSA mandates and screening criteria.

Exploratory Stage

During this stage of the interview process, the Hotline worker shifts their focus from listening to filling in any information gaps left in the reporter’s account. The Hotline worker now must differentiate between what is known and what is assumed. Ideally, this stage of the interview results in gathering specific and detailed information (as much as possible), including precise indicators of maltreatment and as many facts as available regarding family circumstances.

Key points to remember:



A standardized set of questions (see [Appendix A: Hotline Reporting Form](#)) provides the Hotline worker with the opportunity for maximizing outcomes for this stage of the interview. As the Hotline worker, you must attempt to clarify and determine whether information received during the exploratory stage of the interview suggests the child might be in immediate danger.

- Workers should seek answers to each question in the standardized set, even if the reporter may not have information about some of the areas. The responses, including a response of “unknown”, may be pertinent for intake decisions and should be included in every report.
- A reporter may provide conclusions without the facts. For example, the report may conclude a caregiver seemed “depressed” or “often drinks alcohol” or “seems aggressive”. The Hotline worker should ask the reporter to clarify and provide details, i.e., to describe what they mean by “depressed” or “drinking alcohol” or “aggressive”. Asking the reporter for specific examples may assist in getting the facts behind the reporter’s conclusions.

- Clarifying statements help in general to qualify whether the caregiver’s condition, behavior, emotions, or perceptions are likely to have an immediate, negative effect on a child.

Closing Stage

At the closing stage, you have collected all essential information, and you have closed as many information gaps as possible, including information on demographics and family composition. You give the reporter a “final” opportunity to share any information that may not have been revealed during the introductory and exploratory stages of the interview.

Closing the interview is similar to opening it. Review the process for the reporter one more time.

- Assure the reporter of the importance of their call, and that the Agency will determine next steps based on an assessment of the information provided.

Standard Information Collected During the Interview

During the interview, you must gather detailed information from every reporter who gives an account of child abuse or neglect. Consistent and thorough information collection assists with identifying safety concerns that may require immediate action. As well, the more thorough your information collection, the more accurate your documentation in FACES.NET. Remember: If it isn’t in FACES.NET, it didn’t happen!

After the interview is completed, you MUST document exactly what occurred during the conversation. **Accurate documentation** is essential for social workers to appropriately address the allegations, as well as for purposes of data review (e.g., in the event that the report or call is reviewed for any reason). Documentation is also proof that your response to the call was professional and appropriate, and that any necessary additional steps have been taken.

The following standard information is collected during each interview and documented in FACES.NET:

1. *Information regarding the person making the report (Remember: Mandated reporters are required to provide their identity; non-mandated reporters can choose to remain anonymous.)*
2. *Information and demographics on the alleged child or children victims of abuse or neglect*
3. *Detailed information regarding the alleged perpetrator of the abuse or neglect, to include demographic information*
4. *Detailed information on the alleged child abuse or neglect*
5. *The child’s current condition and safety status*
6. *Names, birth dates, ethnicity, and relationship of all other children and adults in the household, along with their current location, AND any other children who are part of the family unit but who do not reside in the home*
7. *Information regarding the child’s primary caregivers*
8. *Risk factors*
9. *Any additional information provided by the reporter*

Note: *The Intake Hotline Reporting Form is used as a training tool and a guide for all Hotline workers to ensure all relevant information is obtained during the course of the intake process. This form is found in the appendices.*

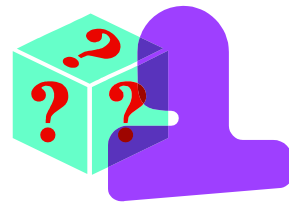
Interviewing Techniques

Hotline interviewing is specialized and must be approached with the reporter's state of mind in consideration, particularly their comfort level and ability to relay facts accurately and objectively. Subtle changes in your pitch or tone of voice may influence the reporter. Be sure to maintain an even tone, except when it's appropriate to encourage the reporter's description. Otherwise, do not allow your own pre-conceived notions or your personal opinion of the circumstances surrounding the report to be expressed through tone or pitch of voice, or through the pace of the conversation.

Types of Questions

Effective questioning is the crux of the interview process. Four main types of questions are recommended for successful gathering of information: open-ended, clarifying, probing, and closed. In addition, simple and directive probing comments, such as "please go on", can offer encouragement to the reporter and allow for further gathering of specific information. When the caller reports, for example, that they saw a child with a black eye, you may ask the following specific questions:

- *When did you observe the injury?*
- *Did the child provide any information to you about how she was injured?*



Note: *Hotline workers need to be clear about the people referred to in the report, i.e., using names to identify a person versus using a pronoun. You will need to document this information well. For example, if you are documenting a story involving multiple females, use first names: "The aunt, Sally X., said this" and then "The maternal grandmother, Alice Y. did that." Pronouns should be used sparingly! Be as clear and concise as possible.*

The Open-Ended Question

Inviting the reporter to talk is a technique that "opens up" both the conversation and the reporter, putting him or her at ease and allowing for an initial "burst" of information to be shared. Your tone of voice should be authentic, confident, and self-assured. Use open-ended questions to elicit more information from the reporter. Open-ended questions usually begin with "how", "what", "please describe", "where", "when", or "who".

Examples:

- *Can you please describe what you saw?*
- *How would you describe the child's behavior the last time you saw him (or her)?*
- *What did the conversation between the mother and child sound like to you?*

Reminder: Questions that can be answered with a "yes" or "no" are not open-ended questions. Such questions are useful to clarify specifics. Workers should use open-ended questions as much as possible to obtain as much information as possible.

The Clarifying Question

If you have received a description of circumstances or a portion of an account that you did not understand, the next question you ask will help to clarify the exact nature of the intended information. *Clarifying questions should not suggest an answer or make assumptions.* They should elicit observations about the specific behaviors. They may involve repeating a statement made by the reporter and asking for clarification or additional details.

Examples:

The caller reports that “Uncle Joe is irrational.”

- *What did Uncle Joe do to make you think he was irrational?*

Or

- *Can you please describe how Uncle Joe is irrational? What does that look like?*

The Probing Question

Clarifying and probing questions are similar insofar as they are both following up on information that you have just received from the caller. The probing question, however, is asked when you believe that further information is available but has not been addressed. You may also use the probing question if an answer seems vague or if you want to obtain more specific or in-depth information.

Examples:

- You mentioned the child had marks on her leg. Can you describe in more detail what the marks looked like?
- I understand that the marks were open wounds on the leg. Can you please describe the location on the legs? What was the size of the marks? Did it appear that the wounds were bleeding?

The Closed Question

Often, the reporter needs only to answer a question with one or two words, including “yes” or “no”. Questions leading to short or one-word responses are called “closed questions”. These questions usually start with words like “is”, “will”, “where”, “when”, and “did”.

Examples:

- Is Mark home from school again today?
- Did the mother take Mark to his medical appointments as planned?
- Where exactly was his sister, Sally, when Antoine fell?

Interviewing Strategies

The different types of questions outlined above are most effective when complemented with the use of tried-and-true strategies for ensuring a successful interview.

Repetition or rephrasing a reporter’s statement will help ensure accuracy.

Providing direction for the reporter is sometimes necessary when the reporter does not know what information is needed or is too emotional to know how to proceed. You are the one who can provide this direction by asking open, clarifying, probing, and closed questions.

Redirection is used to politely interrupt the reporter if the information being given is unproductive or not relevant to the purpose of the report. Use redirecting questions to focus the reporter on the relevant facts. Follow the guiding principles set forth earlier under Interviewing Techniques for help.

Encouragement helps the reporter to continue giving information and helps to support whatever role he or she may be able to play to protect children in the aftermath of the report. Encouragement may be a statement that reaffirms the importance of the report, and the empowerment of the reporter.

Summarizing important information ensures accuracy. This information should be repeated back to the reporter to ensure all critical information is accurately documented.

De-Escalation Techniques

Some callers will become upset, hostile, verbally abusive, or threatening. These individuals can be anyone, including parents, relatives, or even professional members of the community.

When handling a difficult call, you **MUST** be a calming influence so that you can gather the pertinent information to help protect a child or serve a family. Keep a cool head! *Do not take anything personally.* Even if this caller recognizes your voice from a previous report, you must remain objective and professional. The following popular strategies are useful for minimizing an angry or verbal attack from a caller:

- **Simple Listening:** Wait until the caller is finished talking. Listen for him or her to take a breath and then ask a directed question, such as “What can I do to help you?”
- **Active Listening:** Active listening is where you make a conscious effort to hear not only the words but the complete message being communicated. Listen to what is *not being said* as well as the words that are expressed. Try to identify the underlying emotions. Is the reporter conveying fear? Anger? Confusion?
- **Acknowledgement:** Respond honestly – and respectfully - while you calmly acknowledge the person’s position. You might say, "I can see how something like that could cause some anger." or "If that happened to me, I would be angry, too." This confirms the legitimacy of the emotion, but it also diffuses the approach the caller has taken to communicate the intensity of the emotion.
- **Apologizing:** Sincerely apologizing for anything in the situation that you recognize as problematic is not the same as taking the blame. You can always say, "I'm so sorry that happened to you" or "I'm sorry the situation is so frustrating." This allows the caller to feel that they are not alone, that you identify with them in the particular circumstance, and that a certain measure of trust can be invested in you as the worker.

If necessary or requested, refer the caller to the Hotline supervisor.



Frequently Asked Questions

The following questions are potential inquiries that may be asked by reporters during a Hotline call. The answers are general in nature to help you correctly address these types of questions:

Question: Will the family I called about be able to find out my name?

Answer: The Agency will not provide your name or identity to the family. However, if your report results in an investigation, general information about the allegations will be shared with family, including information that could reasonably be used to identify you.”. In addition, the general content of the call may be presented to the Family Court or to service providers that may eventually be providing services for the family.

The caller may state, “The last time my name was given by the social worker,” or “The family knew it was me!”

You can respond, “I can’t speak to what happened last time, however, our policy is to not disclose our reporters’ information and I can add that as a note in the report for you as a concern you have.” Additionally, the caller can be informed that many people “guess” who made the hotline call, but CFSA never responds by saying yes or no, CFSA tells the person that we can’t say if it is true or not.

Question: Can I get into trouble for making a report of suspected abuse or neglect if it turns out to be untrue?

Answer: Not as long as you are making the report in good faith and you have reason to believe that a child has been or is in danger of being abused or neglected. However, if CFSA determines that a report was made in bad faith, the Agency must refer the report to the Office of the Attorney General.

Question: Do I have to give my name?

Answer: If you are a mandated reporter you are required by your professional relationship to the child or family to make this report then – *YES* – you must give your name. The current mandated reporter law states that you must identify yourself, your occupation, and how CFSA can contact you. You must also describe any actions that you have taken concerning the child. OR, the Hotline worker can respond, if you are a *non-mandated reporter* – *NO* - you do not have to give your name. You may make an anonymous report.

Question: How will CFSA decide what to do about my call?

Answer: When you call CFSA’s Hotline to make a report, our goals are to determine whether the allegation meets one of the legal definitions of abuse or neglect, to ensure the safety of children involved, and to provide helping services to families. This process is accomplished through gathering and recording accurate and complete information and speaking with a supervisor.

Question: How soon will an investigation start?

Answer: CFSA will evaluate the information at hand, along with the response time to the report which is directly related to the risk and safety to the child. Depending on the allegations, a CFSA social worker will investigate alone or in conjunction with the Metropolitan Police Department to determine next steps.

Question: What happens during an investigation?

Answer: The social worker will first conduct a face-to-face visit with the child to ensure that the child in question is safe. The social worker will also interview all household members and other people who may be able to provide information about the allegations. CFSA will further gather essential information to determine the child's safety, family functioning, and the need for family supports, etc. Necessary actions and services to ensure the safety of the child will be put in place in accordance with the needs of the family. Depending on the outcome of the CFSA investigation, the social worker will either find the allegation of abuse or neglect as substantiated (true), unfounded (no evidence, i.e., false), or inconclusive (conflicting information or not enough evidence to make a determination of substantiated or unfounded).

Question: What happens if the social worker substantiates the abuse or neglect?

Answer: CFSA provides services and support to families, depending on their needs. Families are often referred to community service providers to help preserve families and keep children safe. Sometimes the child may be removed from the home to ensure safety. If this happens all efforts are made to place children with their families.

Question: What happens if CFSA decides not to conduct an investigation?

Answer: When a report does not rise to the level of needing a child welfare response but the family still needs help, CFSA professionals who staff the Hotline will provide information to the reporter to refer the family to community services. You will not receive a follow-up call back.

Question: How long will the investigation last?

Answer: CFSA is obligated to make certain determinations as part of an investigation and to complete the investigation within 30 days. However, if there are delays in getting needed information, interviewing witnesses, etc. the investigation may be extended about 30 days.

Question: Will CFSA contact me about the report?

Answer: This is dependent on the path your report takes after being reviewed. If accepted, a CFSA social worker **will** contact you to obtain additional information or to clarify the report. If not accepted, you will not receive a call back.

Question: Whom should I contact if I have additional questions or concerns?

Answer: Call the Hotline again at (202) 671-7233. (The Hotline worker can provide the reporter with the assigned social worker's contact information.)

Question: Will I learn about the results of the investigation?

Answer: No. That information is confidential. CFSA is unable to provide details to reporters about the results of an investigation. Information about children who have been reported as abused or neglected, in addition to information about the child's family is confidential and may only be disclosed for limited purposes.

Question: What is the age that a child may be left home alone?

Answer: In the District of Columbia a child is under the age of 18. There is no specific age at which a child may be home alone, it depends on the circumstances such as the maturity of the child, length of time the child will be home alone, and safety. For more information please refer to the [Administrative Issuance Children's Self-Care and Care for Others](#) on our CFSA website cfsa.dc.gov.

Question: How old does the child have to be when considered abused or neglected?

Answer: District law defines a "child" as anyone under age 18 years old.

Walk-Ins

The majority of Hotline reports will come through the Hotline call system. There are also a small number of individuals who will come to the Agency in person to make a report or to obtain information. These individuals are designated as “walk-ins”.



All individuals visiting the Agency will be greeted by the security desk and asked the purpose or nature of their visit. The security desk will notify the CPS administration via the CFSA Hotline when a person requests to speak with someone. Follow the procedures outlined below for a walk-in client.

- a) When the security desk contacts you, ask to speak with the walk-in reporter. Ask the walk-in reporter to call back on the CFSA Hotline or submit the report via written or electronic correspondence so the report can be recorded.
- b) If the walk-in client calls on the CFSA Hotline, interview the individual in accordance with the guidelines set forth above for conducting a telephone interview, and determine if they want to make a child abuse or neglect report, or if they need referral information to a community agency.
- c) Occasionally, an individual will bring a child who is the subject of a report to CFSA. If the individual is a parent, guardian, or caregiver, and states they are an unwilling caregiver, the Hotline will categorize this as an immediate response and follow the steps outlined below.

Children and Youth brought into CFSA by a Parent or Caregiver

As noted, a parent or caregiver may bring a child or youth to CFSA because they are no longer willing to or able to care for them. When this occurs, complete the following steps:

1. Obtain the same initial information from the parent or caregiver and child as you would from a Hotline call, i.e., name and age of the parent and child, the identified concerns, and any imminent risks to the child’s safety.
2. If the parent’s concerns involve delinquent behaviors, then the Hotline worker will attempt to offer resources to remedy the situation.
3. If the parent is unwilling to accept resources and insists on leaving the child, the parent or caregiver will be informed that they must meet with a social worker prior to leaving a child at CFSA.
4. The Hotline worker will notify the Hotline supervisor of the status regarding the “unwilling or unable” parent.
5. Based on the conversation with the supervisor, a determination will be made as to whether to enter the information as an investigation or an I&R. The supervisor may direct you to document the report as an I&R if the family is seeking services and plans to continue caring for the child.
6. If the decision is made to bring the child into care, an Exchange of Custody form (see [Appendices](#)) must be completed by anyone leaving a child before CFSA can take physical custody of the child.
7. A report of “unwilling or unable” will be entered into FACES.NET.

Children and Youth brought into CFSA by MPD

1. If an MPD officer brings a child into the Agency and requests CFSA to take physical custody of that child, obtain the information from the officer regarding the concerns related to the child and have the officer complete an Exchange of Custody form.
2. If the concern includes a child without a parent or caregiver, the Hotline worker will obtain all demographic information concerning the parent or caregiver as well as information concerning their unavailability and document the information in FACES.NET as “unwilling or unable”.

Vulnerable Child

Research indicates that certain groups of children are at higher risk of maltreatment compared with their peers and **may be** considered “vulnerable”. A “vulnerable child” is a child who is unable to protect him or herself. Certain factors such as age, health, and physical, emotional, and social development are factors that may increase a child’s vulnerability to maltreatment.

Gathering information about how a child might be vulnerable is important when determining if reported information indicates that a child may be unsafe. As the Hotline worker, you must consider the relationship between all the information reported and any unique characteristics of the child shared.

Based on your initial evaluation, there may be legitimate concerns regarding the child’s safety that you want to ensure that you capture in FACES.NET to help inform the investigator’s assessment. The following table lists the child vulnerability factors identified in FACES.NET:

A “**vulnerable child**” includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless; exposed to behavior, conditions or circumstances that he or she is powerless to manage; and is susceptible and accessible to a threatening parent or caregiver.

Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size and dependence.

CHILD VULNERABILITY FACTORS		
0 – 5 YEARS OLD	MEDICALLY FRAGILE	PHYSICALLY DISABLED
DEVELOPMENTALLY DELAYED OR DISABLED	EMOTIONALLY DISTURBED	SERIOUS ILLNESS OR HEALTH PROBLEM
UNABLE TO COMMUNICATE	PRONE TO INCONSOLABLE CRYING	SUICIDAL IDEATIONS
SEXUALLY PROVOCATIVE, JUVENILE DELINQUENT, OR SIGNIFICANT BEHAVIORAL PROBLEMS.	UNDER THE AGE OF 14 AND PREGNANT	

Screening Criteria

As stated above, it is the role of the Hotline worker to establish whether or not the information gathered during a report of child maltreatment meets the definitions of abuse or neglect.

You will use the SDM® Child Abuse and Neglect Screening Assessment to determine whether a report should be accepted for investigation. In order for a report to the Hotline to be classified as child maltreatment and accepted for investigation, it must meet the following criteria:

1. Information of suspected maltreatment meets the definition of abuse or neglect.
2. The alleged victim is under the age of 18 years old or up to age 21 if the child has an open ongoing foster care case with CFSA.
3. Perpetrator is the child’s parent, guardian, custodian, or adult household member (intra-familial abuse); or anyone legally responsible for the child’s welfare (institutional abuse); or any individual who causes a child to be trafficked (commercial sexual exploitation of a child and sex trafficking).
4. Sufficient identifying information to locate the victim or the family (such as the name of the child and parent, last known address or where the child can be located).
5. Report is made in good faith.



Assigning a Response Time

All CPS reports that you determine need to be investigated will require an assigned response time of “immediate” (within 2 hours) or within 24 hours.

Immediate Response

The Hotline worker will assign an immediate response time in consultation with the Hotline supervisor whenever a report of suspected abuse or neglect indicates the child’s health or safety is in *immediate danger*, i.e., the child is at imminent risk of harm or is reported to be in a dangerous situation that requires an immediate response. Examples of abuse or neglect in these circumstances may include but are not limited to the following criteria for an immediate response:

HOTLINE IMMEDIATE RESPONSE EXAMPLES	
Child who is left alone	Family living in an abandoned building, or living without essential utilities, or environmental hazards are present and are a safety concern
Child with a serious medical condition or serious injury that requires immediate medical attention	Walk-in
Child fatality	Caregiver is currently or was recently violent or out of control
Child has been caged, bound, or is significantly physically restricted in the home	The caregiver is incapacitated and cannot make a reasonable judgment about the child’s safety
The caregiver has made a plausible or credible threat to seriously harm or abandon the child	The caregiver is currently involved in a dangerous criminal activity, e.g., weapons are accessible in the home or the caregiver was arrested
A perpetrator has sexually abused a child and still has access to the child	Caregiver appears suicidal or homicidal
	When MPD is on the scene and there are concerns about abuse or neglect

If the report requires an immediate response, then follow the procedures outlined below:

1. Consult the Hotline supervisor immediately.
2. Hotline supervisor notifies the Investigations unit next up on the rotation schedule.
3. Immediately call 911 for assistance if the child is presumed to be in immediate danger, the child alone, or a crime is in progress.
4. In the event that a criminal investigation may be necessary, the Hotline supervisor verbally (i.e., by telephone – not by email) notifies MPD’s Youth and Family Services Division (YFSD) and requests an immediate response to the abuse report; the Hotline worker notifies MPD YFSD via email to cps.mpd@dc.gov with the assigned CPS investigative worker’s name and contact information.

24-hour Response

A 24-hour response time is assigned when a report of suspected abuse or neglect indicates that the child is not in immediate danger or at imminent risk of abuse or neglect.

Documentation

One of your most important responsibilities is to accurately document in FACES.NET the information gathered from the caller. Not only is accurate documentation required by policy and best practice standards, it is also required to help support and guide the decision-making process in terms of next steps in the investigation. Further, accurate documentation in FACES.NET provides data for quality assurance purposes and the Agency’s ability to track trends in the population being served by CFSA.



REPORT TYPES AND PROCEDURES

REPORT TYPES AND PROCEDURES

The following section outlines the different types of calls that may come into the CPS Hotline along with the procedure outlining the Hotline worker's response and required FACES.NET input. Please note that the below information is not exhaustive, and you should consult a supervisor with any questions regarding a report you may receive.

Information and Referrals (I&R)

The following section outlines examples of calls requesting information or referrals for services directing the caller to another agency or community resource. As noted earlier, these calls are entered into FACES.NET as an "Information and Referral" (I&R).

1. A Hotline worker receiving a call that involves maltreatment occurring in another jurisdiction that involves a CFSA ward processes the report as follows:
 - a. Gather the Information.
 - b. Select "Complaint (non-CPS)" as the I&R type.
 - c. E-mail or fax a copy of the I&R referral snapshot to the applicable jurisdiction. The worker should also provide the caller with the Hotline number to the applicable jurisdiction. Mandate reporters should also be advised of the legal obligation to report to that jurisdiction themselves.
2. A Hotline worker receives a call from another jurisdiction requesting a courtesy home assessment or interview when the family resides in the District.
 - a. Gather the information and require the caller to send the request to CFSA on agency letterhead.
 - b. Select "Non-Investigatory Response - Courtesy Interviews" as the I&R type and submit to the supervisor for review and assignment.
3. A call with no allegations of child maltreatment that involves a parent or caregiver who desires to apply for legal custody or joint custody:
 - a. Gather the information.
 - b. Refer the caller to the appropriate neighborhood-based service provider.
 - c. Select "General Information Requests" as the I&R type.
4. A call with no allegations of child maltreatment but involves a child who is refusing to comply with parental rules and guidelines, or who is engaging in criminal activity, or refusing to attend school:
 - a. Gather the information.
 - b. Assess the circumstances being reported for any appropriate support or service needs for the family.
 - c. Refer the caller to the appropriate neighborhood-based service provider.
 - d. Select "Complaint (non-CPS)" as the I&R type.



Whenever possible, however, the Hotline worker should research any possible history of Agency involvement for every child, parent, caregiver, and household member identified.

Documentation Procedures

1. Prior to entering the referral in FACES.NET the Hotline worker will complete a client search for any possible history of Agency involvement with the family.
2. Selecting the correct client will ensure that any prior history for the family is automatically added to the *Hotline Recommendations* screen under *Associated Referrals* and *Associated Case* sections.
3. If the search reveals that there is an open investigation, you should review the open investigation and identify if the Hotline call you just received included new allegations, or the same allegations currently being addressed in an open investigation.
 - a. If you discover that the allegations are the same as those previously reported in the open investigation, and the alleged maltreater and victim are the same, enter a contact note in FACES.NET.
 - b. If a Hotline call includes new allegations or new incidents related to the same allegations received for an open investigation, link the new referral to the open investigation on the *Hotline Recommendations* screen under *Make Association* or the *Link This Referral* section.
4. Follow notification procedures on new referrals received regarding any current CFSA client.

Duplicate Reports

If you discover through the FACES.NET search that the report you are entering duplicates a report currently under investigation, you should enter a Contact note in FACES.NET with the additional information.

A duplicate report must include **ALL** of the following facts. If any of the below criteria is not met, a new referral must be entered.

1. The same allegations
2. The same maltreater and alleged victim (if there is an additional maltreater or victim, a new report should be entered)
3. The same incident must be reported and cannot be an ongoing concern (e.g., hygiene, clothing, supervision)
4. Previously investigated allegations pertain to the same incident (if applicable)

New Reports on Open Cases

Screened in allegations where there is an open case are investigated by CPS. The supervisor will notify the assigned social worker and supervisor of the new report and CPS assignment.

Screened out reports on open cases will be forwarded to the assigned social worker, supervisor, program manager and administrator with the Hotline determination.

Linked Referrals

Any referrals with new allegations or a new incident related to an open investigation on the same family may be linked to the existing open investigation. Choose the “Link This Referral” option on the FACES.NET *Hotline Recommendations* screen.

30-Day Returns

If an investigation was closed less than 30 days ago, you should indicate in the history section if the new referral is to be reassigned to the same investigative social worker who closed the investigation on the same family.

Companion Referrals

Companion referrals occur during the following instances:

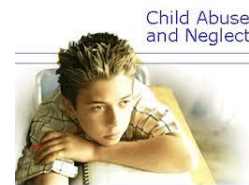
- A Hotline report involves two or more families residing in the same home and the allegations pertain to both families (e.g., senior mom and junior mom living in the same household and exposed to a dangerous environment).
- A Hotline report includes allegations involving children from two different households, but the children have one parent in common (e.g., the father), and the parent in common is also the alleged maltreater and the allegations pertain to both families.
- For child-on-child incidents that rise to the level of concern for sexual abuse, enter one referral for the perpetrating child

Best practice standards require that only one investigative social worker be assigned to the companion referrals.

Neglect

What is Neglect?

Neglect is when the child does not have a caregiver to provide her with basic needs. Neglect can include, emotional neglect, educational neglect, physical neglect, and inadequate or dangerous housing. Because neglect often leaves no visible scars, it is more likely to go undetected. Yet it is the most common type of maltreatment that children experience, and it has consequences that are just as serious as abuse. Chronic neglect may also have a lifelong impact on a child and may result in future injury or harm.



As stated earlier in the section on legal definitions, neglect encompasses all types of maltreatment that CFSA investigates or assesses. The subcategories of specific neglect allegations and abuse allegations are detailed in the following pages but the basic procedures for neglect allegations apply to all Hotline calls.

Examples of Neglect

- Deprivation of adequate food, clothing, or shelter
- Educational
- Medical
- Inadequate or Lack of Supervision
- Substance Use
- Domestic Violence

Remember: Neglect is not based on a lack of financial means.

Types of Reports Requiring Special Procedures

Substance Use

The Improved Child Abuse Investigations Amendment Act of 2002, effective October 19, 2002 (DC Law 14-206; DC Official Code § 16-2301(9)(A)(viii), (ix), (x)), includes the following as definitions of “neglected child” as one...

...who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in their system at birth;

...in whose body there is a controlled substance as a direct and foreseeable consequence of the acts of omissions of the child’s parent, guardian, or custodian; or

...who is regularly exposed to illegal drug-related activity in the home.



The above language was added to cover situations for a child exposed to drugs in utero, as well as a young child who presents evidence of ingestion of or exposure to illegal drug activities.

The Amendment Act of 2002 also added the restriction that the “...Court may not make a finding of neglect based solely on a finding that a child is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in their system at birth” [DC Official Code § 16-2317(b)]. The purpose of the amendment was, in part, to have CPS authorities investigate the circumstances of the drug use and offer appropriate services. Hospital personnel, as mandatory reporters, must notify the Hotline when there is a positive toxicology report on a newborn. CFSA must then investigate to determine if there is any other evidence of neglect or abuse.

The term “drug-related activity” is defined as “the use, sale, distribution or manufacture of a drug or drug paraphernalia without a legally valid license or medical prescription” (DC Official Code § 16-2301(37)). The aforementioned Act also defines a neglected child as a child “who is born addicted or dependent on a controlled substance” (DC Official Code § 16-2301(9)(A)(viii)).



Categories of Allegations related to Substance Use

- Positive toxicology of a newborn (excludes alcohol or unknown substances)
- Controlled substance in the system of a child
- Substance use by a parent, caregiver, or guardian (impacting parenting)
- Exposure to *illegal* drug activity in the home (excludes alcohol)
- Fetal alcohol syndrome disorder (FASD) where a pregnant mother’s use of alcohol impacts the development and well-being of the unborn child

Note: *If any of the above allegations are chosen, then the system will require a specific drug to be selected prior to Hotline approval.*

FACES.NET DRUG LIST
THC
PCP
Cocaine/Crack
Opiates (i.e., oxycodone, heroin, codeine)
Methadone/Suboxone
K2 or Synthetics
Hallucinogens (i.e. Ecstasy, Molly, LSD)
Barbiturates
Methamphetamine (or “Meth”)
Fentanyl
Alcohol
Unspecified/Unknown
Other

Examples of Allegations of Substance Use

- Manufacturing of meth in the presence of a child
- Selling, distributing, or giving illegal drugs to a child
- Use of a controlled substance by a caregiver that impairs the caregiver’s ability to adequately care for the child
- Drug-related activity that has contributed to or may contribute to violent behavior within the child's home environment



The following questions and guidance can help you interview the caller:

- a. Was there a positive toxicology screening for a newborn or mother?
- b. Who is using substances?
- c. What is the known drug of choice?
- d. Does a caregiver appear to be currently under the influence of drugs or alcohol?
- e. Probe the caller for descriptive behaviors (e.g., an indication that there is substance use).
- f. If the caller states that the substance use impacts the parent or caregiver’s ability to care for the child, ask for specific examples.
- g. Do the children have access to drugs or drug paraphernalia?

Procedures

1. Allegations related to any of the aforementioned drug-related activities are documented as a referral and entered into FACES.NET.
2. If the caller reports the parent or caregiver is using drugs or alcohol, the maltreatment type is “substance use with (specify drug type)”. The Hotline worker should make an assessment to determine if the parent is currently under the influence of drugs, thereby posing a safety concern for the child. If the caller’s information indicates that the parent is currently under the influence of drugs, the Hotline worker must contact MPD and request a safety check. **Safety Checks** do not meet the criteria for a CPS investigation, but these checks do warrant some level of assessment or follow up by CPS personnel. Safety checks are also documented in FACES.NET.

3. If the Hotline caller reports the sale, distribution, or manufacturing of a drug, the maltreatment type is “exposure to illegal drug-related activity”.
4. Calls from hospitals (mandated reporters) regarding a newborn testing positive for drugs in their system are entered into FACES.NET as “neglect”; the maltreatment type is “positive toxicology”. Hotline workers must screen in all positive toxicology referrals.
5. Hotline workers must screen in all FASD referrals.
6. For hospital calls that report only the new mother as testing positive for drugs, and not the newborn, the Hotline worker documents the allegation as “substance use impacting parenting”. The newborn and any other children in the household are documented as child victims.
7. Ask if the hospital staff member has referred the parent for substance use treatment, any other hospital interventions, and whether the mother has a plan for the care of her child after leaving the hospital.
8. Ask if visiting nurse services will be requested for the home.
9. Inform the hospital staff member that if additional information indicating neglect is obtained from the nurse’s home visit, the nurse should immediately make a report to the Hotline.

Please Note: Although alcohol and THC (marijuana) are legal, usage can negatively impact parenting and can result in a child being neglected.

Fetal Alcohol Spectrum Disorder (FASD)

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects include physical, mental, behavioral, and learning disabilities with possible lifelong implications.

In its December 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA), the United States Congress introduced a new reporting requirement for mandated reporters of instances of child abuse and neglect. The federal law (§ 106(b)(2)(B)(ii) of CAPTA) now requires that the District of Columbia have in place...

...policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born **with** and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, **or a Fetal Alcohol Spectrum Disorder**, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants.

If you receive a report regarding FASD from a medical professional, you must enter a CPS referral for screen-in and assignment.

Children Left Alone and Children in Imminent Danger



A child is considered to be “left alone” when the child is currently without parental care or supervision. Remember: A child without parental care or supervision may include an older child (e.g., 11-17 years old) with cognitive impairments or a medically fragile diagnosis. The Hotline worker must determine the circumstances based on the facts provided during the Hotline call. A “child left alone” is considered to be in imminent danger.

“**Imminent danger**” is defined as any situation that requires an immediate response from CFSA or MPD to ensure the child’s safety.

The following section of [DC Official Code § 4-1301.05\(d\) and \(e\)](#) addresses the use of MPD in such situations:

The police shall immediately after a report is received commence an investigation of a case of a neglected child in immediate danger which case was referred from the Agency or reported directly to the police.

Upon the receipt of a report alleging a child is or has been left alone or without adequate supervision, the police shall respond to the report immediately and shall take such steps as necessary to safeguard the child until an Agency staff member arrives. Provided, however, that if the Agency does not arrive within a reasonable time, the police may transport the child to the Agency.

Note: *CFSA has determined that a child aged 10 or under should never be unsupervised for any period of time (see [Administrative Issuance Children’s Self-Care and Care for Others](#)).*

For those over the age of 10, be sure to consider the following factors:

- The age of the child
- The physical, mental and emotional maturity level of the child
- The behavioral history of the child
- Any known physical disabilities of the child
- Prior preparation by a parent, guardian, caretaker or responsible adult who has discussed self-care with the child, use of potentially dangerous appliances (such as an iron or stove), emergency preparedness and contact numbers, and/or fire escape plans
- The accessibility of a parent, guardian, caretaker, or responsible adult by phone or in person



Procedures

1. If the caller is reporting a child left alone or a child in imminent danger, gather the necessary assessment information. In addition, you must find out the following facts:
 - The length of time the child has been left alone
 - The nature or type of presenting imminent danger
 - Caregiver who left the child alone
 - Any medical conditions
 - Prior history of leaving the child alone
 - Whereabouts of the caregiver

2. After gathering information, contact MPD emergency at 911 for a welfare check. *Ensure that you get the dispatcher's number* and request MPD assistance with the situation described by the caller. Also provide the dispatcher with the address and number of children. **Request that the officer call the Hotline staff as soon as the officer has determined a disposition.**
3. Enter all information into FACES.NET, including the information provided by the MPD officer who responded to the request once received.
4. If the officer reports that there is a child or children left alone or in imminent danger, or if a response is received from inside the home but no parent or adult caregiver is present, the call shall be entered into FACES.NET as an **immediate response referral**.
5. If the officer reports that there was no response from the home, the report will be entered as a **24-hour referral or R.E.D Team review**.
6. If the officer reports that the parent or caregiver arrived on the scene after the officer's arrival, and the parent is deemed appropriate (e.g., not under the influence of a substance or displaying any mental health issue that would impair the ability to supervise the child), a **24-hour referral** or recommendation for **R.E.D Team review** is entered into the system.

Lack of Supervision

Inadequate or Lack of Supervision

Inadequate or lack of supervision occurs when a parent or guardian refuses or fails to provide parental care or control. Inadequate supervision occurs when parents utilize inappropriate caregivers, e.g., leaving their child in the care of someone who is either unable or should not be trusted to provide care.



Examples of inappropriate caregivers include young children, a known child or sex abuser or someone with current and known drug problems or mental health issues. Additional examples include leaving a child with perhaps an appropriate caregiver but without the caregiver's consent.

Examples of Inadequate or Lack of Supervision

Although accidents happen in every home, certain accidents may occur as a direct result of lack of supervision. Some examples include:

- A parent is home ironing and leaves a four-year old child in the room while she goes to talk on the phone downstairs. The child sustains burns while trying to iron a shirt.
- A caregiver puts a young child in the bathtub and leaves the room "for a minute". The child drowns.
- Children ages 3, 4, and 5 are playing in an alley near a busy street, riding small tricycles while the caregiver sits around the corner talking with her boyfriend.

What is the Age that a Child Requires Appropriate Adult Supervision?

District law says a child is anyone under age 18 years. The law does not, however, give a specific age at which children can be left alone at home. A caregiver needs to use their judgment to determine at what age or maturity level a child may be home alone and under

what circumstances. There are instances when leaving a child alone crosses the line into neglect. When handling a report regarding a child left alone, you should ask questions to determine the nature of the allegation and whether the child is safe at the time of the call (e.g., a 2-year-old who is home alone at the time of the call needs to be treated as an “immediate response” report. MPD needs to be contacted to request a safety check). You should ask about the following things:



- **Age of the child:** The younger the child, the higher the risk when a caregiver leaves the child home alone.
- **Needs of the child:** This includes the maturity, medical needs, and cognitive functioning of the child. For example, an older child who is 17 years old may have severe developmental delays, unruly behavior, or significant medical needs. This child may not be safe alone.

- **Length of time the child is left alone:** In general, the shorter the time alone, the lower the risk.
- **Safety:** Has the caregiver set ground rules for the child while home alone? Does the child know how to reach the caregiver? Does the child know what to do in an emergency? Does the caregiver have a backup plan in case he or she cannot get home on time? In general, proper planning and preparation lowers the risk.

Educational Neglect



What is Educational Neglect?

According to DC Official Code §16-2301(9)(A)(ii), a neglected child is a child...

...who is without proper ...**education as required by law** ...and the deprivation is not due to the lack of financial means of their parent, guardian, or custodian. (Emphasis added.)

Every parent or guardian in the District who has custody of a minor between the ages of 5 and 18 must ensure that they regularly attend school. A parent who does not ensure that their child’s educational needs are being met may be substantiated for educational neglect. This form of neglect may often be accompanied by other concerns, ranging from issues with transportation or childcare to high-risk circumstances such as substance use, domestic violence, and mental illness or housing issues.

Examples of Educational Neglect

The following examples support an allegation of educational neglect:

- The child or children are not enrolled in an educational program, Job Corps, or home schooling.
- The child’s school has a record of chronic unexcused absences (10 or more).

Note: Reports for youth in high school that do not contain allegations of other types of neglect are considered truancy issues.

- The parent or guardian fails to cooperate with the school’s efforts to ensure the child’s attendance.

- The parent or guardian does not comply with the requirements for home instruction. (Home instruction occurs when the teacher comes to the child’s home.) The District of Columbia Public Schools’ (DCPS) Home and Hospital Instruction Program (HHIP) provides instruction and support to students who have had their educational programs interrupted because of a physical disability or health impairment resulting in confinement to home or a hospital for three weeks or more.

Note: *The DC Office of the State Superintendent of Education (OSSE) also offers parents and legal guardians a choice to provide regular education through a [home-schooling program](#). OSSE reminds all parents wishing to home school their children that they must submit an annual Intent to Home School form by August 15th for the coming school year. If a child is currently enrolled in a school, the parent must submit the form at least 15 days prior to withdrawal from any school and before home schooling can begin.*



- The child’s special education needs are not met, including a parent’s failure to attend individual education plan (IEP) meetings.
- The child is not in school and there is no indication of a request or permission for the parent to school the child at home.

Procedures for Reporting Educational Neglect

DCPS and DC Public Charter Schools (DCPCS) both notify the Hotline via the online Educational Neglect Reporting Form when a student ages 5-13 accumulates 10 or more unexcused absences within a semester. The schools also submit the form at any point (prior to 10 absences) in which there are educational neglect concerns for students ages 5-17. The Hotline worker should not accept direct reports from schools unless there are additional neglect allegations unrelated to educational neglect. If school staff contact the Hotline to report educational neglect ONLY, you should direct the school reporter to the [online reporting system](#), which is located on the CFSA website.

1. Reports alleging unexcused absences involving school age children along with any other neglect allegations are taken and entered into FACES.NET.
2. Reports from high schools are considered truancy issues if they do not contain allegations of other types of neglect. You should direct high school staff to complete one of the following steps: a) submit a referral through the educational neglect online reporting form, b) contact a supervisor or program manager from CFSA’s Educational Neglect Triage Unit for a consult, or c) follow truancy procedures by filing a petition through the District’s Superior Court. As the Hotline worker, you will document the call in FACES.NET as an I&R.
3. The Hotline worker may also accept educational neglect reports from sources other than DCPS, even if the number of days absent is not known by the caller. If the caller is reporting a pattern of seeing the children home or in the neighborhood during normal school hours, you must accept this report and enter it as suspected educational neglect. You should also submit the child’s name and DOB to cps-attendancerequests@dc.gov prior to submitting the referral to the assigned Hotline supervisor for approval.

Educational Neglect Triage Unit Process

The Educational Neglect Triage Unit (Triage Unit) consists of family support workers (FSW) who are responsible for processing and gathering information regarding the educational neglect reports. Triage Unit staff work to form working relationships with designated school staff throughout the District to obtain pertinent information to guide the screening process.

1. Report is submitted by school personnel via AVOKA (web-based reporting system).
2. Triage Unit Supervisor conducts preliminary screening followed by assignment to Triage Unit worker.
3. Report is received by Triage Unit worker via the Educational Neglect Web-Portal.
4. Triage Unit worker reviews the report for accuracy and completion, to determine whether follow up with the school is necessary.
5. Triage Unit worker contacts family (if necessary) and contacts reporter to gather or confirm information to inform the report.
6. Triage Unit worker consults the supervisor on a potential S/I's prior to any FACES entry
7. Triage Unit worker enters information into FACES with screening recommendation.
 - a. A referral number is created and the worker enters referral information into the referral tracking log/ AVOKA.
 - b. Triage Unit worker conducts FACES search to identify prior history and to establish whether there is any active involvement with CFSA. i. Triage Unit worker creates a summary of pertinent FACES history and includes this information in the report.
 - c. Triage Unit worker completes all FACES screens including demographics, allegations and narrative.
 - d. Worker updates AVOKA by entering the FACES referral number.
 - e. Worker updates FACES referral by entering AVOKA job number.
 - f. Triage Unit worker submits FACES referral and AVOKA approval for supervisory review and final approval.
 - g. Triage Unit supervisor reviews information and makes decision to screen out or screen in to Investigations.

Note: *The triage process is completed within 5 business days.*

Medical Neglect

Medical neglect occurs when those responsible for the care, custody, and control of the child deny or deprive medical or surgical treatment or intervention that is necessary to remedy or ameliorate a child's life-threatening or injurious medical condition.

Examples of Medical Neglect

- A child exhibits an obvious wound, break, or injury and is not receiving medical attention.
- Neglecting treatment for dental cavities where they become abscessed or septic.



- Failure to follow up on prescribed treatment, appointments, and tests for a diagnosed chronic disease such as diabetes, asthma, tuberculosis, HIV, cancer, liver disease, or cardio-respiratory support in an infant (e.g., training in and use of a heart monitor).
- A child exhibits symptoms of failure-to-thrive.

Failure-to-thrive

Failure-to-thrive is a medical condition, due to non-organic means, in infants and children who are not making normal progress in physical growth, specifically falling below the mean height and weight for their age and sex. As mandated reporters, medical personnel call the Hotline to report failure-to-thrive.



The following questions can help guide your interview with the caller:

1. Is there a medical opinion that failure-to-thrive is due to parental deprivation?
2. What is the current physical state of the child?
3. Is there an indication of withholding food from the child?
4. Is there any other possible medical explanation for the medical findings?

Procedures

Some referrals involving health-related issues or concerns may require immediate action, especially if the issue or concern has the potential to lead to more serious medical concerns. The following examples of health concerns **may** require the Hotline worker to assign an immediate response for investigation. (If the report states that a child has been without treatment for the condition, supervisory consultation should be part of this decision.)

- Asthma
- Diabetes
- Complications for an infant on a sleep apnea monitor
- Complications for a child with tracheostomy or gastrostomy tubes
- Dehydration in a very young child
- Labored breathing (when muscles under the rib cage or between ribs draw inward with each breath) - **call 911 immediately**
- Child is a threat to self or others and the parent or caregiver refuses treatment.

The Hotline worker takes these types of reports and follows procedures according to the information gathered during the interview.

Domestic Violence

What is Domestic Violence?

[DC Official Code § 16-1001\(9\)](#) defines domestic violence (DV) as an intra-family offense that is...

...an act punishable as a criminal offense that is committed or threatened to be committed by an offender upon a person to whom the offender is related by blood, adoption, legal custody, marriage, domestic partnership or with whom the offender has a child in common.



In some circumstances, the person and the offender share or has shared a mutual residence, or maintains or has maintained a romantic, dating, or sexual relationship. See [DC Official Code § 16-1001\(6\)](#). A person seeking a protection order under this subparagraph must reside in the District of Columbia or the underlying intra-family offense must have occurred in the District of Columbia.

The DC Code's DV definition describes situations of abuse within varying types of relationships, including intimate partner relationships between spouses, former spouses, domestic partners, boyfriends and girlfriends, those with children in common, lovers, or those in an intimate relationship where sex may not be involved. The definition also describes DV among family (i.e., persons related by blood) or household members, including DV between adult siblings, or between an adult and an aging parent.

DV includes the threat as well as the actual use of violence and there is usually a pattern. The pattern tends to be repeated with more frequency and more severity over time.

Why are calls involving Domestic Violence (or Intra-family Offense) accepted by Hotline workers handling child abuse and neglect calls?

The presence of DV in the home can pose significant physical and emotional risks to children. When children are **exposed** to DV in the home, it may impact child safety and well-being. **Exposure** goes beyond "witnessing". Exposure can include watching or hearing the violent incident, direct involvement (such as trying to intervene), or experiencing the buildup of tension prior to the violence or experiencing the aftermath of an assault (e.g., seeing bruises or observing the DV victim sink into depression). Further, DV tends to create the potential for children to copy those negative aggressive behaviors and attitudes. Children who repeatedly witness DV may develop the inability to cope with or resolve conflict without the use of violence.

SPECIAL NOTE: *Exposure to DV does not in and of itself constitute abuse or neglect. Rather, CPS must assess and document whether DV in the home has resulted in actual harm or specific risk of harm to the children.*

Examples of Domestic Violence

Examples may include but are not limited to the samples in the table below.

EXAMPLES of DOMESTIC VIOLENCE	
Physical Abuse	Emotional Abuse
Sexual Abuse or Assault	Manipulation or Control of Children
Psychological Abuse	Coercion, Intimidation, Threats
Verbal Abuse	Isolation Techniques

Why is it important that we pay close attention to DV reports?

Many factors can place children at risk, but domestic violence is one of the most pervasive. A growing body of research tells us that DV and child abuse often co-occur in families, and that children who live in homes where DV occurs are themselves at risk of being abused. Even when children are not the direct victims of physical violence, they can be profoundly affected by exposure to violence in their homes.

Given the substantial overlap between DV and child abuse, and the severe impact both can have on children, it is critical that intervention occurs when there is suspicion of or known instances of children being exposed to DV. CFSA assumes a comprehensive role to provide safety and support to DV survivors and their children. CFSA refers all DV survivors for needed services. When appropriate or possible, CFSA will also refer the abusive partner to services, such as batterer's intervention programs that are designed to help the offending partner understand the source of their actions, to accept change *and* hold themselves accountable.

Key Questions

Given the frequency of DV occurring in combination with substance use, mental health issues, and child abuse and neglect, the Hotline worker must routinely explore these areas of concern with each call. If the Hotline worker learns of the presence of one or more of these safety and risk factors during a call, they should explore the identified factors more closely, using the following guidelines to gather information:



- a. What is the nature of the current violent incident?
- b. Who is the primary aggressor or abusive partner?
- c. Is there any known history of severity and frequency of violence in the home?
- d. Is there any known history of police involvement?
- e. Does the reporter know of any history of weapons in the home?
- f. Has the abusive partner threatened to cause death or bodily harm to themselves or others?
- g. Are there any other orders of protection or prior DV allegations on previous reports?
- h. Is there any knowledge of the child interfering in DV incidents?

Determining Safety and Risk for Domestic Violence Calls

The Hotline worker must assign an **immediate** response for any DV-related call that includes any of the following safety and risk factors creating an immediate threat to any household member:

The abusive partner...

- has used a weapon or threatened the adult survivor with a weapon.
- has access to a gun.
- threatened to kill the adult survivor.
- caused serious physical injury to the adult survivor.
- tried to choke (or strangle) the adult survivor.
- forced the adult survivor to have sex.
- is drunk or high every day or nearly every day.
- has beaten a female survivor while she was pregnant.
- is violently or constantly jealous.
- has threatened or tried to commit suicide.
- is violent outside the home.

The Hotline worker must also assign an **immediate response** whenever an adult survivor reports a fear for life based on threats by the abusive partner.

Assessment of Danger to Children

The Hotline worker must gather information regarding the following threats to any children in the home where DV is a concern:

- There is suspicion or evidence that the abusive partner or the adult survivor physically or sexually abused a child.
- A child has been physically injured during a DV incident.
- A child narrowly escaped physical injury during a DV incident.
- The abusive partner has forced the adult survivor to witness or participate in abuse of a child.
- The abusive partner controls how the adult survivor disciplines the child.
- The abusive partner uses the children to control the adult survivor.
- The child has been forced to witness or participate in abuse of the adult survivor.
- The abusive partner threatened to harm or kidnap a child.
- A child is especially vulnerable due to age or other factors.
- A child is threatening harm to self or others.

Mental Illness of the Parent or Caregiver



Diagnosis of parental mental illness does not in and of itself constitute neglect. Nevertheless, the effect of a parent's mental illness is varied and often unpredictable for children. Some parents are able to manage their illness with proper support. When the parent's illness or symptoms interfere with the ability to provide appropriate care for the child, and there is no other adult able to provide proper care, then the Agency becomes concerned about the risk to the child.

The following questions can help guide your interview with the caller:

- a. Who is suspected to have a mental health issue or mental illness?
- b. Does this person have a diagnosis?
- c. What are the behaviors being demonstrated?
- d. Is there a pattern for these behaviors?
- e. Is the person currently in crisis?
- f. What is the known or suspected impact of the mental illness on the parent or caregiver's ability to supervise, protect, or care for the children?

Note: *If the Hotline worker receives information that a parent's current mental state may present a safety concern for the child, the Hotline worker must contact MPD immediately and request a safety check.*

The following situations are examples that may constitute a safety concern:

- The parent is hallucinating.
- The parent is acting aggressively or violently.
- The parent is threatening self-harm or child harm.
- The parent has access to a dangerous weapon (e.g., firearm, knife, or any other weapon) and is threatening a child.

Depending on the report from MPD following the visit to the home, you will proceed as noted:

1. If the officers report that there is a child in immediate danger and they received a response from inside the home, you should enter the call in FACES.NET as an **immediate response referral**.
2. If the officers report that they did not receive a response from the home, enter the call as a 24-hour referral.
3. If the officers report that the parent or caregiver appears to be stable (i.e., not displaying any mental health issue that would impair appropriate and safe supervision of the child), enter a 24-hour referral or send the referral for a R.E.D Team review.



Physical Abuse

What is Physical Abuse?

Generally, physical abuse is characterized by a visible, external physical injury or “invisible” internal injuries (see examples below). Even if the parent or caregiver did not want or intend to hurt or injure the child, CFSA should determine whether it was an accidental, unavoidable injury during its investigation. The injury may have resulted from severe discipline, including injurious spanking, or physical punishment that is inappropriate to the child's age or condition. The injury may be the result of a single episode or indicative of repeated episodes and can range in severity from minor marks to severe bruising and death.



Examples of Physical Abuse

- Bruises or fractures
- Burning, biting, or cutting
- Striking a child with a closed fist
- Inflicting injury by shaking, kicking, or throwing the child
- Interfering with a child's breathing
- Spanking a child and leaving marks that are not temporary in nature

What Are Signs of Possible Physical Abuse?

Indicators of physical abuse may be obvious external or behavioral signs in a child:

- Broken bones
- Bruises, abrasions, or lacerations
- Burns
- Bite marks
- Head injuries
- Fractures
- Unexplained injuries (discrepancies, blame, or inconsistent stories)
- Fear or over-protectiveness of parents or caregivers
- Excessively passive, overly compliant, apathetic, withdrawn, fearful, or excessively aggressive behavior
- Destructive or physically violent behavior



- Attempts to hide injuries (e.g., wears excessive layers of clothing, especially in hot weather)
- Difficulty sitting or walking
- Clingy behavior and forms indiscriminate attachments
- Drastic behavioral changes in and out of parental or caregiver presence
- Depression, self-mutilation, substance use, suicide attempts, or disorders related to sleeping or eating

What is the difference between discipline and abuse?

Discipline is reasonable in manner, moderate in degree, and does not constitute cruelty. Physical discipline, such as spanking, is not considered “abuse” as long as it is reasonable and causes no bodily injury to the child and does not leave any bruising or marks on the child’s body or emotional well-being. This distinction depends on several factors, including age, circumstances, location, triggering events, recurrence, and mental capacity of the child.

Discipline ***should never involve the following actions:***

- Burning, biting, cutting
- Striking with a closed fist
- Inflicting injury by shaking or kicking
- Non-accidental injury to a child under 18 months
- Interfering with a child’s breathing
- Threatening a child with a dangerous weapon
- Using an object to hit a child

Keep in mind that abuse can be inflicted without the child having been beaten, without there being visible marks, or without the use of objects (e.g., belts, cords, spoons, or hangers). A child does not have to have bruises to be disciplined beyond reason. Examples include kneeling on rice, grits, or dry beans and standing for long periods of time with outstretched arms, or any other forced act that may lead to physical fatigue.

In the case of a serious or life-threatening injury, MPD’s YFSD may also investigate. *Note: The Hotline worker must refer abuse or neglect perpetrated by non-family members to MPD for investigation.*

The following procedures apply after obtaining the assessment information for reports of physical abuse:

- a. Determine the response time, either immediate or 24-hour. If immediate is considered, consult with your Hotline supervisor.
- b. Enter the information into FACES.NET and search FACES.NET for any prior reports.
- c. The supervisor will assign immediate response referrals utilizing the **Immediate Response Log**.
- d. You must report all physical abuse allegations to MPD’s YFSD via email and include a copy of the referral snapshot. Send to cps.mpd@dc.gov.
- e. Forward the completed abuse referral to the Hotline supervisor electronically through FACES.NET for approval.

Medical Child Abuse

Medical child abuse occurs when a child receives unnecessary and harmful or potentially harmful medical care at the instigation of a caregiver. The caregiver induces real or apparent symptoms of a disease, medical condition, or physical injury in a child, through unnecessary medical care. Previously, this form of abuse was labeled as Munchausen Syndrome by Proxy (MSBP), Factitious Disorder, and Pediatric Condition Falsification. The new term, Medical Child Abuse, focuses on the child being harmed and not on the parent's motivation. The Hotline worker should be mindful that reporters may still refer to the allegation as MSBP.

Remember: Medical child abuse is not the same as medical neglect, which is specific to a child being deprived of necessary medical care. Again, medical child abuse occurs when the caregiver is responsible for the child getting too much medical care, care that the child does not need or care that is harmful or potentially harmful. This allegation type is uncommon at the Hotline stage of a report by a non-medical professional because of the amount of medical information necessary. However, other professionals may also have information related to the child's ongoing medical care (i.e., medical case managers and therapists).

Examples of Medical Child Abuse

- A parent falsely claims a child had a seizure and the child is put on anti-seizure medication.
- A child receives multiple diagnostic tests, including needle sticks, x-rays, and procedures based on exaggerated or false claims by the parent.

Procedures

- Enter the information into FACES.NET and search FACES.NET for any prior reports.
- Probe the reporter for information related to possible unnecessary medical care, tests, procedures, and medications.
- Consult your Hotline supervisor as needed.
- Forward all medical child abuse reports to MPD's YFSD via email at cps.mpd@dc.gov.

Mental Injury to a Child (aka Mental or Psychological Abuse)

What is Mental Injury?

According to the National Committee for Prevention of Child Abuse, mental injury is a term for child maltreatment that results in impaired psychological growth and development. It is closely aligned with emotional injury or abuse. As defined by [DC Official Code § 16-2301\(31\)](#), mental injury means harm to a child's psychological or intellectual functioning which may be exhibited by severe anxiety, depression, withdrawal, or outwardly aggressive behavior, or a combination of those behaviors. It may also be demonstrated by a change in behavior, emotional response, or cognition.



Examples of Mental Injury

Typically, mental injury or abuse is more difficult to assess than physical abuse because of the lack of physical proof. Yet, it may have some severe and long-lasting consequences.

Mental injury often occurs alongside other forms of neglect or abuse that may be easier to identify. Some examples of mental injury are:



- Rejection, intimidation, humiliation
 - Threatening a child's life
 - Chronic verbal abuse
 - Hostile acts producing fear or guilt
 - Excessive demands on a child's performance
 - Lack of nurturance, intimacy, affection and acceptance
 - Encouragement or permission by the caregiver for the child to use drugs or alcohol
- Encouragement or permission of maladaptive behavior (e.g., delinquency, assault, shoplifting) under circumstances whereby the parent or caregiver is aware of the existence and the seriousness of the problem, but does not intervene
 - Threatening a child with a weapon or death

The above-cited actions may damage the child's intellectual or psychological functioning, as well as impair the child's ability to function within a normal range of behavior. Emotional injury frequently takes the form of verbal assault (e.g., constant belittling, insulting, criticizing, and demeaning) which undermines a child's sense of self-empowerment, and a child's sense of control over their own ability to survive the abusive environment. In addition, verbal assault lowers a child's self-esteem and sense of well-being.

What Are the Signs of Possible Mental Injury?

There are many possible signs that a child may have experienced mental abuse:

- Fear or over-protectiveness of parents or caregivers
- Discrepancies, blame, inconsistent stories
- Excessively passive or aggressive, overly compliant or apathetic, withdrawn or fearful behavior
- Fear or anxiety
- Clingy behavior and indiscriminate attachments
- Drastic behavioral changes in and out of parental or caregiver presence
- Depression, self-mutilation, substance use, suicide attempts, and sleeping or eating disorders

The following questions can help guide your interview with the caller:

1. Is the child suffering from an emotional disorder which the parents are unwilling or unable to treat?
2. Is the child's life in danger?
3. Is the child's well-being at risk?
4. What behaviors of concern is the child exhibiting? Is there a pattern of behavior?

Institutional Abuse

What is Institutional Abuse?

It is possible that any form of abuse or neglect described in this manual may occur while a child is in the care of an institution. If you receive a Hotline call with allegations that the maltreatment was caused by employees of an institution, then you should classify the maltreatment as “institutional abuse” in FACES.NET. However, see below as not all institutions fall under the jurisdiction of CFSA.

Types of Institutions

Some common examples of institutions include the following:

- Resource (foster) homes for children in the custody of CFSA, including kinship or pre-adoptive homes
- Congregate care facilities
- Psychiatric residential treatment facilities
- Emergency care facilities, including runaway shelters and youth shelters
- Boarding schools
- Daycare, child care, or before and aftercare facilities licensed by OSSE
- Juvenile detention facilities under the jurisdiction of the District of Columbia’s Department of Youth Rehabilitative Services (DYRS)



Of the institution types above, CFSA has the legal authority to investigate the following institutions when the allegation involves a ward of CFSA:

- Foster homes for children in the custody of CFSA, including kinship or pre-adoptive homes, located in the District of Columbia
- Daycare centers, including before and after-care programs licensed by OSSE (even if the child is not a ward)
- Congregate care facilities (group homes, independent living programs, etc.), located in the District of Columbia
- In-patient psychiatric hospitals located in the District of Columbia

When an institutional investigation involves a CFSA ward placed in a foster home or facility located in another jurisdiction, you must immediately report the allegations to the appropriate jurisdiction for investigation and document the report as an I&R. CFSA will monitor the status of any action taken by the licensing and monitoring authority in that jurisdiction, as well as ensure that the child’s safety and well-being needs are met by teaming with the assigned social worker.

Examples of Institutional Abuse

Any circumstance falling under the definition of abuse and neglect that occurs in an institution should be considered an example of institutional abuse

Examples of child maltreatment in institutions that are NOT institutional abuse to be investigated by CFSA:

- Day schools
- Hospitals
- Parks and recreation
- Camps
- Home health aides

Procedures

Reports concerning allegations of institutional abuse are assigned to CFSA's **Institutional Investigation Unit**. After hours' immediate response reports and reports received on weekends are assigned to a CPS investigative social worker for initiation.

1. Institutional abuse reports must be screened for the immediate response or 24-hour response criteria.
2. The Hotline worker must document in FACES.NET any suspected maltreatment or other risk to the health or safety of a child located in the institutional facility.
3. An **Institutional Abuse allegation** is entered as follows:
 - Check the institutional abuse section of the Hotline report.
 - a) If the abuse occurred in a facility, enter the name of the facility in the "CFSA facility" box.
 - b) If the abuse occurred in a foster home, indicate the name of the foster parent in the "Provider" box.
 - c) Once you enter either the facility or the provider, select "Find" and FACES.NET will search the database to locate your entry.
 - d) If a foster parent is not located, this may not be a CFSA-licensed foster parent. If this happens, you must consult a supervisor.

Note: Only CFSA foster homes, contracted foster care agencies, and contracted group homes are listed in FACES.NET.

In instances where a facility is not located, enter the name of the facility in the "Other Facility" box.

The screenshot displays the FACES.NET web application interface. At the top, it shows the logo for the District of Columbia Child and Family Services Agency and the text 'FACES.NET'. Below the navigation tabs (Referral, Case, Client, Provider, Admin), the 'Hotline Report' form is visible. The form includes a sidebar with 'Organizer', 'Focus', and 'History' tabs, and a 'User Name' field showing 'FENISE YVETTE JACKSON'. The main form area contains several sections: 'Hotline Report' with fields for Date Created, Time Created, Referral ID, Intake Date, Intake Time, AM/PM, Referral Type, and Contact Type; a search section for Household Name and Staff Name (currently 'FENISE JACKSON'); an 'Institutional Abuse' section with sub-sections for CFSA Facility, Provider, and Other Facility; and a 'Reporter Information' section with fields for Prefix, First, Middle, Last, Suffix, Relationship to Report, Anonymity, Mandated Reporter, Address, and Phone numbers (Phone 1, 2, 3 with Extn).

4. You should enter the remainder of the report in the same way as other abuse and neglect reports. If a specific staff person has not been named as the maltreater, you can enter a general term such as “day care staff” for the maltreater.
5. When institutional abuse reports involve daycare centers, enter the parents’ names and address, but do not identify them as the caregiver under “roles”.
6. You must email allegations of institutional abuse to MPD’s YFSD in the same fashion as all abuse reports. Again, the e-mail address is cps.mpd@dc.gov.
7. Institutional abuse reports on children in the custody of or committed to CFSA but placed outside of the District in another jurisdiction must be reported immediately to the appropriate jurisdiction for investigation, *and* immediately referred to the Placement Unit, Contract Monitoring Unit, as applicable, for follow-up action via email. You must document this report as an I&R.
8. Email notification is required to be sent to the following staff when a report is received regarding a ward of CFSA:
 - Assigned social worker, supervisor, program manager, and administrator – Note: if NCCF or another private child placing agency has case management responsibility for the child, copy all program managers and the child placing agency program director.
 - CFSA placement supervisor and program manager (for all resource homes)
 - Licensing supervisor and program manager (CFSA resource providers only)
 - Resource parent support supervisors (CFSA resource providers only)
 - Private child placing agency contract monitors (All private providers)

Sexual Abuse

What is Sexual Abuse?

[DC Official Code § 16-2301\(32\)](#) defines sexual abuse as “(A) Engaging in, or attempting to engage in, a sexual act or sexual contact with a child; (B) Causing or attempting to cause a child to engage in sexually explicit conduct; or (C) Exposing a child to sexually explicit conduct.” (For further detailed information, please refer to the definition section.)

Remember: Sexual abuse includes both touching offenses (fondling or sexual intercourse) and non-touching offenses (exposing a child to pornographic materials). It may also involve varying degrees of violence and emotional trauma.

Examples of Sexual Abuse

The most commonly reported cases of sexual abuse involve incest, i.e., sexual abuse occurring among family members, including members in biological families, adoptive families, and stepfamilies.

Types of Sexual Abuse	
Anal Penetration	Exposure to Adult Sexuality
Digital Penetration	Fondling
Enticed to Expose Self or Masturbate	Oral/Genital Contact
Exhibitionism	Vaginal Penetration

What Are Signs of Possible Sexual Abuse?

Frequently, behavioral signs of sexual abuse manifest themselves prior to physical signs.

Behavioral Signs of Sexual Abuse in a child:

- Exhibits sexualized behavior (precocious knowledge of explicit sexual behavior, or engages self or others in overt or repetitive sexual behavior)
- Is hostile or aggressive
- Is fearful or withdrawn
- Is self-destructive (self-mutilates)
- Seems mature beyond chronological age
- Has an eating disorder
- Is a substance user
- Runs away



Physical indicators in a child:

- Bruising around genital area
- Swelling or discharge from vagina or penis
- Tearing around genital area, including rectum
- Visible lesions around mouth or genitals
- Lower abdominal pain
- Painful urination or defecation
- Sexually transmitted diseases

Note: *Physical indicators of sexual abuse are most often identified by a physician.*

Procedures

- a. Obtain the required assessment information previously outlined and determine if the referral is an immediate or 24-hour response. **Note:** The referral may require an immediate response if the maltreater has access to the child.
- b. Enter the report into the appropriate FACES.NET screens as a sexual abuse report.

Note: *A minor cannot be named as perpetrators unless they are an alleged perpetrating parent or caregiver.*

- c. If the allegation involves a child who has been sexually abused by an individual who is not a parent or caregiver, document the Hotline call as an I&R and include the child's family information.
- d. You must forward the following allegations to MPD's YFSD:
 - i. child-on-child and non-relative sexual abuse categories.
 - ii. If the perpetrator is the parent.
 - iii. If the perpetrator is unknown or if there is no clear information regarding where the children were exposed, enter the referral as an I&R.
- e. You must email a copy of the referral snapshot or the I&R summary report to YFSD. The e-mail address is: cps.mpd@dc.gov.

Reports Concerning Child-on-Child Sexualized Behavior

Children Displaying Harmful Sexual Behaviors

At times you will receive reports of concern for possible sexual abuse or exposure to sexually explicit conduct when a child displays sexualized behavior. Oftentimes, these behaviors occur in a school setting and are reported by school staff to the hotline. Behaviors may range on a continuum from normal and developmentally appropriate to highly abnormal and violent. Important to note is the distinction between the kinds of normal, developmentally appropriate types of sexual play which may occur between children, and those which are problematic, abusive, or harmful.

Consultation with the Hotline supervisor is important especially with sexual abuse allegations involving multiple children and impacting multiple families or those involving siblings.

If a report is received for a child-on-child incident that rises to the level of concern for sexual abuse, the Hotline worker will:

- Enter one referral for the child who is displaying the harmful sexual behavior with an allegation of sexual abuse by an unknown maltreater
- Enter one I&R for the other child who was the victim

If a report is received for a child-on-child incident that rises to the level of concern for sexual abuse, with both children displaying harmful sexual behavior or it is unclear, the Hotline worker will:

- Enter two referrals with an allegation of sexual abuse by an unknown maltreater for both children

If a report is received for a child displaying ongoing sexual behaviors that are not connected with one particular child or incident, the Hotline worker should enter one referral:

- Enter the referral with an allegation of sexual abuse by an unknown maltreater if the behaviors are not developmentally appropriate and rise to the level of concern
- Enter the referral as a screen out after supervisory consultation if the behaviors do not rise to the level of concern

If a report is received for harmful sexual behavior between siblings, the Hotline worker will:

- Enter the referral with an allegation of sexual abuse by an unknown maltreater for the sibling displaying the harmful sexual behavior and immediately consult with a supervisor as the report may rise to the level of an Immediate Response given the access between the siblings in the home.

Non-CPS Criminal Incidents

CPS only investigates maltreatment by caregivers, including daycare providers, licensed resource parents, residential school staff, and some facility staff if the victim child is a ward of the District. However, other reports involving harm to children, where the alleged perpetrator is **not** acting *in loco parentis* (i.e., substituting as a parent and caregiving accordingly) may require an MPD response. As a Hotline worker, you would enter these reports as screened-out referrals and forward them via email to YFSD at cps.mpd@dc.gov.

Examples of Non-CPS Criminal Incidents

Physical and Sexual Assaults

- Child is assaulted by a non-caregiver who does not reside in the home and the parent responds appropriately and in a protective capacity.
- Child is assaulted by school staff, transportation staff, janitor, recreation center staff, or individual associated with a religious organization.



Non-Consensual Sexual Activity

- Child under 16 is engaging in sexual activity with a partner who is older by 4 or more years.
- Child at any age is forced to engage in sexual activity.

Dangerous Activity

- Child has an injury caused by a bullet.
- Child has an injury caused by a knife or other sharp object or weapon.

Pornography/Internet Crimes

- Pornographic or nude photos or videos of children are distributed by another child or adult via text or internet, without additional concerns about sex trafficking.
- Child is solicited online.

Procedures

1. Obtain the assessment information and enter it into FACES.NET.
2. Include demographic information and a description of the incident or assault.
3. Search FACES.NET for any prior CFSA involvement with the family and household members.
4. E-mail a copy of the report summary to MPD's YFSD at cps.mpd@dc.gov and cps.notifications@dc.gov, as well as your Hotline supervisor.

Child Fatalities

Requirements for Hotline Staff

1. Upon receiving the report of a child's death, **the Hotline worker must immediately notify the Hotline supervisor on duty** and enter the information contained in the report of the death into FACES.NET as a child fatality.
 - a) If the manner or cause of death is reported as suspicious, enter the information into FACES.NET as an investigation requiring an immediate response.
 - b) If the report is for a non-suspicious death (e.g., a child has died of natural causes), the information is entered as an I&R.
2. For reports entered as investigations, the Hotline worker completes the [Critical Event Reporting Form](#) and forwards it to the Hotline supervisor on duty.
3. The Hotline worker forwards all reports of child fatalities to MPD's YFSD.

Procedures

1. Upon receiving a report on a child's death, you must immediately enter the information contained in the report into FACES.NET as a child fatality. All fatalities of children under the age of 18, involving an allegation of child abuse or neglect, are accepted by the Hotline as an **immediate response** referral for investigation.
2. You will complete the Critical Event Reporting form.
3. For reports of children known to the Agency within the past 5 years that are entered as I&Rs, you will consult with the supervisor to determine whether a Critical Event Reporting form is needed.

Remember!

- Gather the assessment information, including caller information, demographics, and circumstances surrounding the fatality, location of the victim child, other children present in the home, the safety of the other children, and location of the parents.
- Immediately perform a search in FACES.NET for any prior family involvement with CFSA.
- Notify the supervisor of the fatality, including the results of the FACES.NET search. The supervisor will notify the CPS program manager and the program administrator.

Miscellaneous Reports

Safety Issues

As Hotline staff, you will get calls related to a variety of safety issues that are important but do not fall under the definition of abuse or neglect. In other words, they do not require a formal CPS response.

Concerns include the following examples:

- Suicidal youth
- Substance-abusing child
- Violent child
- Gang involvement of a child
- Criminal activity
- Unprotected or promiscuous sexual activity of a teen
- Family crisis, such as a fire or other catastrophe
- Sudden loss of primary caregiver due to death or serious illness
- Appearance/reappearance of dangerous individual in the household
- Hospitalization/incarceration of caregiver with other caregiver providing care

Procedures

- In most instances, you will gather the information from the caller and provide an appropriate referral for support or services and enter the call as an I & R.
- You may contact MPD depending on the nature of the caller's concerns.
- You will inform the caller that even if you call MPD, they should also call MPD.
- There are some situations which may prompt you to request a safety check from MPD dispatch. When these types of reports come into the Hotline, the Hotline supervisor should be notified. These types of calls may at times be converted to a CPS referral.

Absent Children (Abscondences)

If the Hotline worker receives a call with no allegations of child maltreatment that involves a child who was listed as a missing person on the National Crime Information Center (NCIC) database and has since been found (e.g., by MPD), the Hotline worker enters the call as an I&R when meeting the following criteria:

- The child is not a ward of CFSA.
- For children who are wards of CFSA, complete a contact in FACES.NET and email notification to the ongoing social worker and chain-of-command for CFSA or the private agency. In cases where there are allegations of abuse or neglect of a CFSA ward, the Hotline worker shall generate a new report for investigation.
- The child does not have an open case with DYRS, nor does the child have criminal charges pending in the District.
- The child is brought to CFSA. (These are considered immediate I&Rs.)
- MPD has been unable to arrange for the parents or other jurisdiction to return the child within 5 hours of locating the child, and the child is not a resident of the District of Columbia. Attempts to get these children home will vary; therefore, you should consult your supervisor in these situations. Efforts made to get the jurisdiction involved should be made with a Hotline supervisor consult.

False Reports

If the Agency determines that a false allegation has been knowingly falsely reported or was made in bad faith, the Agency refers the report to the Office of the Attorney General, which determines whether any formal prosecution is warranted. See [DC Official Code § 4-1301.06\(d\)](#). Please consult with your supervisor if you believe that caller has knowingly made a false report, or a report was made in bad faith.

Military Reports

CFSA coordinates with the appropriate military installation when the Hotline receives an allegation of child abuse or neglect involving active duty military personnel.

Note: *Please follow the MPD notification procedures regardless of whether the alleged perpetrator is on active military duty.*

1. Obtain basic demographic information for military reports of maltreatment, including information on each family member considered to be involved in the child abuse or neglect of the child.
2. Obtain the name of the individual who is on active duty. (The military only maintains records of active personnel.)
3. Share all reported information with the military installation and MPD, as appropriate.

Runaways Brought to CFSA

In accordance with a Memorandum of Understanding (MOU) between CFSA, MPD, and DYRS, any children who have runaway from their parents or caregivers can be brought to CFSA if ALL of the following criteria have been met:



1. MPD has determined that the child is a runaway (missing person) through a check of the Washington Area Law Enforcement System (**WALES**) and **NCIC**. WALES is an MPD database that provides MPD access to the NCIC. You must find out who filed the missing person's report and obtain their contact information; and,
2. The runaway does not have any pending charges in DC or in the jurisdiction where the youth resides. (Runaways who have charges pending should be brought to DYRS by MPD); and,
3. The police have attempted to return the child to the parents during a 3-hour timeframe, if the child resides in the District, and the parent cannot be located. You should document any contact information for the child's parents, caregiver, or other emergency contacts noted in the missing person's report. In the instance where there is no home number, the police may elect to take the child to the address in the missing person's report.

Procedures

When all of the above criteria have been met, the report should be processed in the following manner:

1. The information is entered into FACES.NET as a referral and assigned to the next available CPS unit.
2. The police officer who has custody of the child will complete a Juvenile Incident Report and complete an Exchange of Custody form.
3. The referral snapshot and the CFSA Exchange of Custody form should be given to the unit assigned to the child, and the MPD officer should speak with the assigned social worker.
4. If the child makes allegations of neglect or abuse that occurred in another jurisdiction, then the Hotline worker contacts the appropriate CPS administration for that jurisdiction to make a report. The fact that a report has been called into another jurisdiction must be noted in the referral.

Reports Regarding Persons of Special Interest

In the event that a report of suspected abuse or neglect involves an individual of special interest, the Agency provides an elevated level of confidentiality to avoid any improprieties or conflict of interest. *See the Investigations Procedural Operations Manual or the Investigations Policy.* Individuals of special interest include but are not limited to elected or appointed government officials, MPD officers (including officers in the Youth and Family Services Division (YFSD)), CFSA and private agency employees (including their relatives), as well as vendors and other CFSA-contracted employees, and/or a high-profile incident being tracked by the media. The Director or administrator can also designate persons other than those identified above as "persons of special interest".

In such reports the following procedures apply:

1. Immediately notify the Hotline supervisor so that they can inform CPS to restrict access to the report to the assigned investigator, their supervisor, program manager, and administrator.
2. If the allegation involves CFSA personnel, the information goes into FACES.NET according to the procedure connected to the allegation being made. If you become aware of the *special interest* status of an individual involved in an allegation, this information must be communicated to your supervisor and program manager. The program manager usually makes any decisions regarding restrictions to FACES.NET access for this type of referral.
3. If the allegation involves an MPD officer, the Agency will notify MPD's YFSD to conduct a joint investigation.

Commercial Sexual Exploitation/Sex Trafficking Reports

1. For reports of commercial sexual exploitation/sex trafficking, the hotline worker receives and records the information, and in consultation with the supervisor, determines the direction of the referral:
 - a. If the legal caregiver or other member of the household is identified as the alleged perpetrator, then the report is entered into FACES.NET as a child abuse/neglect referral "sexual exploitation of a child by a caregiver".
 - b. If the alleged perpetrator is not the parent, guardian, legal custodian, or other adult member of the household, the report will be entered into FACES.NET as a child abuse/neglect referral "sexual exploitation/sex trafficking of a child (by a non-caregiver)".
 - c. When a child is brought to CFSA, CPS-I shall conduct an investigation to ensure child safety and well-being with a goal of reuniting the youth with their family of origin.
2. All reports that indicate alleged commercial sexual exploitation/sex trafficking regardless of whether the alleged perpetrator is the caregiver or not must be referred to MPD. The Hotline worker shall send a report to MPD immediately and no later than 24 hours after the information is received.

Note: See the [Sex Trafficking Identification and Response](#) administrative issuance for more information.

Diplomatic Immunity Reports

DC is uniquely situated as both a residential area and a capital city where foreign dignitaries hold residence in an embassy or a consulate that represents the dignitaries' native countries. Globally, most foreign dignitaries are exempt from certain laws of the host country in which they are working. This exemption is called "diplomatic immunity."

A foreign dignitary is not only the Ambassador but certain other persons in the United States working for their government. This will also include their immediate family members, such as their spouse, and children. Persons obtain such diplomatic status with the permission of the United States Department of State (the U.S. State Department) and are registered as such. **Note:** *Not all persons working for a foreign government in the U.S. obtain diplomatic status. For example, many embassies bring their cooks or gardeners, but they do not receive diplomatic status or immunity.*

Unlike many other jurisdictions, Hotline reports in DC may occasionally involve someone who has diplomatic immunity. If there is reason to believe or there is a presumably valid claim of diplomatic immunity, the Hotline worker will obtain information and demographics about the alleged maltreater, including their position, embassy affiliation, and immunity status. You should enter the report in FACES.NET and immediately notify CFSA's Office of the General Counsel (OGC) to report situations involving person's with diplomatic immunity where there is alleged child maltreatment and await further instructions from the OGC.

If there are calls indicating an imminent injury or risk of the child's life, the MPD should be notified, informed of the (potential) diplomatic status, and a CPS investigation should begin.

Child 13 Years of Age or Younger with Third Juvenile Delinquency Petition

Hotline calls concerning a child, 13 years old or younger, who has had a third juvenile delinquency petition are assigned for a CPS investigation concerning the child's care by their parent, guardian or custodian.

DEFINITIONS

Definitions

Abandonment – “Evidence...sufficient to justify an inference of neglect: (A) the child is a foundling whose parents have made no effort to maintain a parental relationship with the child and reasonable efforts have been made to identify the child and locate the parents for a period of at least 4 weeks since the child was found; (B) the child’s parent who gave a false identity at the time of the child’s birth, since then has made no effort to maintain a parental relationship with the child and reasonable efforts have been made to locate the parent for a period of at least four (4) weeks since his or her disappearance; (C) the child’s parent, guardian, or custodian who is known but who has abandoned the child in that he or she has made no reasonable effort to maintain a parental relationship with the child for a period of at least 4 months; or (D) the child has resided in a hospital located in the District of Columbia for at least 10 calendar days following his or her birth, despite a medical determination that the child was ready for discharge from the hospital, and the parent, guardian or custodian of the child did not undertake any action or make any effort to maintain a parental, guardianship, or custodial relationship or contact with the child. DC Official Code §16-2316(d)(1)

Abused – The term "abused", when used with reference to a child, means:

- (A) (i) infliction of physical or mental injury upon a child;
(ii) sexual abuse or exploitation of a child; or
(iii) negligent treatment or maltreatment of a child.
- (B) (i) The term "abused", when used with reference to a child, does not include discipline administered by a parent, guardian or custodian to his or her child; provided, that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. For the purposes of this paragraph, the term "discipline" does not include:
- (I) burning, biting, or cutting a child;
(II) striking a child with a closed fist;
(III) inflicting injury to a child by shaking, kicking, or throwing the child; (IV) nonaccidental injury to a child under the age of 18 months;
(V) interfering with a child's breathing; and (VI) threatening a child with a dangerous weapon or using such a weapon on a child. For purposes of this provision, the term "dangerous weapon" means a firearm, a knife, or any of the prohibited weapons described in § 22-4514.” [DC Code §16-2301(9)(A)(23)]

Acting “in loco parentis” – The term *in loco parentis* is Latin for "in the place of a parent" or "instead of a parent," and refers to a person who puts himself or herself in the situation of a lawful parent by assuming obligations and responsibilities of a parent.

Caregiver: Refers to the adult in the household who is obligated and entitled to provide for the child’s safety, well-being, routine care, and supervision. For purposes of this POM, the term “caregiver” has been used inclusive of the legal terms parent, guardian, and custodian.

Child – Child “means an individual who is under 18 years of age...” [DC Code §16-2301(3)]

Controlled Substance – “A drug or chemical substance, or immediate precursor, as set forth in Schedules I through V of D.C. Official Code § 48-901.02 et seq., that has not been prescribed by a physician.” [DC Official Code §16-2301(9)(A)(36)]

Custodian – “A person or agency, other than a parent or legal guardian:
(A) to whom the legal custody of a child has been granted by the order of a court; (B) who is acting in loco parentis; or
(C) who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.”
[D.C. Official Code § 16-2301(12)]

Drug-related activity – “The use, sale, distribution, or manufacture of a drug or drug paraphernalia without a legally valid license or medical prescription” [D.C. Official Code § 16-2301(37)].

Guardian – A person who is not the parent of a child, but who has been appointed by the court to promote the general welfare of the child.

Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

Immediate Danger: When a dangerous situation is present or likely to occur in the immediate future.

Intra-familial abuse – The abuse of a child by a person who is related to the child by blood (i.e., biological parents), legal custody (i.e., custody via court order), marriage or domestic partnership (including step-parents), or by an individual who has assumed parental responsibilities or obligations for the child.

Mental Injury: “Harm to a child's psychological or intellectual functioning, which may be exhibited by severe anxiety, depression, withdrawal, or outwardly aggressive behavior, or a combination of those behaviors, and which may be demonstrated by a change in behavior, emotional response, or cognition”[D.C. Official Code § 16-2301(31)].

Neglected Child: A neglected child means a child ...

“(i) who has been abandoned or abused by his or her parent, guardian, or custodian, or whose parent, guardian, or custodian has failed to make reasonable efforts to prevent the infliction of abuse upon the child. For the purposes of this sub-subparagraph, the term "reasonable efforts" includes filing a petition for civil protection from intrafamily violence pursuant to D.C. Official Code § 16-1003;

(ii) who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian;

(iii) whose parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity;

(iv) whose parent, guardian, or custodian refuses or is unable to assume the responsibility for the child's care, control, or subsistence and the person or institution which is providing for the child states an intention to discontinue such care;

(v) who is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused;

(vi) who has received negligent treatment or maltreatment from his or her parent, guardian, or custodian;

(vii) who has resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian, or custodian of the child has not taken

any action or made any effort to maintain a parental, guardianship, or custodial relationship or

contact with the child;

(viii) who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth;

(ix) in whose body there is a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian; or

(x) who is regularly exposed to illegal drug-related activity in the home.” [D.C. Official Code 16-2301(9)(A)(i-x)]

Negligent Treatment or Maltreatment: “Failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect and the deprivation, is not due to the lack of financial means of his or her caregiver, guardian, or other custodian” [D.C. Official Code § 16-2301(24)].

Parent – A parent is the mother or father at the time of birth or upon adoption or other legal designation.

Physical Injury – “Bodily harm greater than transient pain or minor temporary marks” [D.C. Official Code § 16-2301(30)].

Referral – A report of child abuse/neglect called into the Hotline.

Sexual Abuse – In reference to a child it means:

(A) Engaging in, or attempting to engage in, a sexual act or sexual contact with a child; (B) Causing or attempting to cause a child to engage in sexually explicit conduct; or (C) Exposing a child to sexually explicit conduct. [D.C. Official Code § 16-2301(32)]

Sexual Act – means (A) Penetration, however slight, of the anus or vulva of another by a penis; (B) contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or (C) the penetration, however slight, of the anus or vulva by a hand or by any object, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person. (D) The emission of semen is not required for the purposes of subparagraphs (A) – (C) of this paragraph.” [D.C. Official Code §§ 16-2301 (34) and 22-3001 (8)]

Sexual Contact – “The touching with any clothed or unclothed body part or object, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person.” [D.C. Official Code §§ 16-2301 (35) and 22-3001 (9)]

Sexual Exploitation – “ When a caregiver, guardian, or other custodian allows a child to engage in prostitution”, or it means “when a parent, guardian, or other custodian engages a child or allows a child to engage in obscene or pornographic photography, filming, or other forms of illustrating or promoting sexual conduct....” D.C. Official Code §§ 16-2301(25)

Sexually Explicit Conduct “actual or simulated:

(A)sexual act; (B) sexual contact(C) bestiality; (D) masturbation; or (E) lascivious exhibition of the genitals, anus, or pubic area.” DC Official Code §16-2301(33)

“Screening-in” a report – An allegation of child abuse or neglect that meets the District’s standard for investigation. A report that reaches the meets the states standard for investigation is called a referral.

“Screening-out” a report – The allegation did not meet the District’s standard for an investigation.

Vulnerable Child: A child who is unable to protect him or herself. This includes a child who is dependent on others for sustenance and protection. Evaluating information about child vulnerability is crucial when trying to determine if a child is vulnerable to an identified safety threat. Vulnerability is judged according to the child’s physical and emotional development, ability to communicate needs, mobility, physical size, and level of dependence.

APPENDICES

Appendix A

District of Columbia Child and Family Services Agency Intake Hotline Reporting Form

Reporter Information	
Name	
Agency	
Phone	
Address	
Role/Title	

Child Information	
Name	
DOB	
Gender	
School/Grade	
Special Needs/Diagnosis/Medication	
Current Location	
Legal Involvement (probation, etc)	
Is allegation involving this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information	
Biological Mother Name, DOB	
Biological Father Name, DOB	
Primary Caregiver Name	
Primary Caregiver DOB	
Primary Caregiver Address	
Primary Caregiver Phone	
Secondary Caregiver Name	
Secondary Caregiver DOB	
Secondary Caregiver Address	
Secondary Caregiver Phone	
Sibling Information (Name, DOB, Location, Biological Father)	
Other Children in the Home (Living, Staying or Visiting)	
Other Adults in the Home (Living, Staying, or Visiting)	
Family's Race/Ethnicity	
Primary Language	

Narrative	

Safety and Risk Questions	
Domestic Violence	
Mental Health	
Substance Abuse	
Human Trafficking/Sexual Exploitation	
CPS History	
Police History	
Family Supports (Community Organizations; Family or Friends who can assist the family)	

After-Call Review	
Notifications?	
Are Allegations Reflected in the Narrative?	

Sex Trafficking Screener

1. Has the child ever left home overnight without the parent/guardian knowing where the child is?
2. Do you know who the child was with when they were away from the home?
3. Did someone keep the child from returning home?
4. Did the child ever say they received money, clothes, food, or drugs?
5. Have you ever observed the child dressed in inappropriate clothing or provocative clothing?
6. Does the child use sexual language or terminology that is too mature for their age?
7. Does the child often have poor hygiene and wear clothing that is unwashed or have an odor?
8. Does the child frequently run away?
9. Does the child attend school regularly?
10. Is the child involved in a romantic relationship or interested in adults or older men?
11. Does the child suddenly have an excess amount of cash or expensive items such as jewelry, clothing, shoes or purposes?
12. Does the child possess hotel keys?