I. AUTHORITY	The Director of Child and Family Services Agency (CFSA, or Agency) adopts this policy to be consistent with the Agency's mission and all applicable federal and District of Columbia laws and regulations, including the federal Child Abuse Prevention and Treatment Act (CAPTA) and its implementing regulations, as well as provisions in Title 4 (Chapter 13) and Title 16 (Chapter 23) of the District of Columbia Code, and the *LaShawn A. v. Gray* Implementation and Exit Plan (IEP).
II. APPLICABILITY	All CFSA and CFSA-contracted personnel.
III. RATIONALE	CFSA is required to have a Child Abuse and Neglect Hotline operating on a 24-hour, 7-day per week basis. This document provides CFSA's policy governing Hotline operations.
IV. POLICY OVERVIEW	CFSA operates the District's Child Abuse and Neglect Hotline, which accepts allegations of child abuse and/or neglect on a 24-hour, 7-day per week basis. Reports of alleged child abuse and/or neglect are received by trained Child Protective Services (CPS) staff through several methods, including the Hotline call center (202-671-7233), walk-in reports, and other forms of communication (e.g., faxes, emails, and letters). CPS Hotline staff members receive, review, screen, document, and refer reports of suspected abuse and/or neglect of children. CPS Hotline staff members also operate with an understanding of the need for timely and sometimes urgent responses to reports. Upon receipt, review, and screening of a Hotline report, CPS staff assigns the report to one of the following three pathways, based on a determination of the most appropriate response: (1) Family Assessment, (2) CPS Investigation, or (3) Information and Referral (I&R). For calls that are assigned as I&Rs, CPS Hotline staff may refer reporters to the resources available through CFSA's community partners, e.g., the Healthy Families/Thriving Communities Collaboratives, other government agencies, and other entities, as applicable, for services. *For definitions of abuse and neglect, and other key terms, please refer to Attachment A: Definitions. For specific details on Hotline procedures and functions, staff members should refer to the Hotline Procedural Operations Manual (HPOM).*

V. GENERAL POLICY	1. CPS staff collects and documents information related to reports on alleged child abuse and neglect. Staff handles these reports with a sense of urgency, respect, attentiveness, and cultural responsiveness. a. Hotline staff members must document the date and time of each report received, along with their name, in FACES.NET. b. When receiving reports from an individual in need of language assistance, the CPS staff member will refer (as applicable) to CFSA's *Language Access Services* policy or the policy on *Services for the Deaf and Hard of Hearing*. c. Hotline staff members are active recipients of information. This means that they gather, assess, and extract the following information by asking thorough, probing, empathetic, and clarifying questions with the goal of understanding the basis of the caller's concerns and the current status of the child and his or her family's circumstances: i. Reporter identification (*Only mandated reporters are required to provide their identity, occupation, contact information, and a statement of any actions taken regarding the child; other reporters may request to be anonymous*.) ii. Information on the nature, extent, and alleged cause of the child maltreatment iii. Conditions prompting the report and the urgency of the situation iv. Co-occurring conditions (e.g., domestic violence, substance abuse, and mental health concerns) v. Family composition vi. Family demographics (e.g., age, gender, name, and home address) d. Hotline workers search FACES.NET for any history related to the child who is subject of the report. A review of FACES.NET will verify if the information gathered in the report is new or additional information on an open matter, or if there is any other history related to the family. 2. Based on information gathered from the caller, the Hotline worker determines the appropriate pathway and response time for the Hotline report. 3. The Hotline worker accurately documents the report in FACES.NET under one of the three following categories: a. Family Assessment b. Investigations c. I&Rs 4. Depending on the above categories, once the Hotline report information is documented in FACES.NET, staff members complete the following applicable steps: a. Family Assessments: staff members forward the report to the supervisor for review, approval, and assignment.

b. Investigations: a Hotline report that is entered into FACES.NET as a referral for investigation will be assigned one of two response times - immediate (i.e., within 2 hours) or within 24 hours (*see Attachment A: Definitions*).

i. Immediate response time: staff forwards the Hotline report to the supervisor for review, approval in the FACES.NET system, and immediate assignment.

ii. 24-hour response time: staff forwards the Hotline report to the appropriate supervisor for review, approval, and subsequent transmittal to the CPS administrator's box for assignment.

c. I&R: staff forwards the report to the supervisor who will review the report and either approves it as an I&R for services provided by other public or private agencies, or has it entered into FACES.NET as a referral for a family assessment or investigation.

5. CPS staff members immediately forward reports of alleged child abuse, including child sexual abuse, to the MPD Youth Investigations Branch (YIB) by email at YDChild@dc.gov and cps.mpd@dc.gov.

a. Such reports will be categorized as an investigation and shall be assigned either an immediate response time or a 24-hour response time, based on the nature of the circumstances surrounding the allegations.

b. Reports on alleged child abuse are expected to be jointly investigated by both CFSA and YIB.

c. For reports that require an immediate response time, CFSA initiates the investigation within the 2-hour timeframe even if YIB staff is not available.

6. The contents of all Hotline reports are confidential. There are, however, exceptions regarding certain information that may be released to certain individuals. Please refer to the Agency's *Confidentiality Policy* for clarification or discuss with an appropriate supervisor.

7. All CPS staff adheres to federal and District rules and regulations (cited in the Authority section of this document) while performing functions related to the Hotline and receiving reports of child abuse and/or neglect.

a. CPS management provides quarterly summaries to the Mayor and Council regarding the number and types of reports made to the single reporting line.

b. CPS staff attends annual training on Hotline procedures, specifically the Hotline Procedural Operations Manual. The training is provided by CFSA's Child Welfare Training Academy.

8. In the event of any questions or concerns, CPS staff must consult with a supervisor and/or manager.

VI. SPECIALTY REPORTS	Certain reports received by the Hotline have different requirements from the general policy statements above. 1. Other Jurisdictions: CPS staff receiving reports involving maltreatment occurring in another jurisdiction will document the call as an I&R and forward the report to the supervisor in addition to forwarding the report to the jurisdiction where the alleged maltreatment occurred. CPS staff will provide the reporter with the contact information for the other jurisdiction. 2. Institutional Abuse: Reports alleging abuse and/or neglect in a foster home, facility, or institution are received, documented, and forwarded consistent with the general policy stated above. In addition, if the facility is contracted with CFSA, the report is simultaneously forwarded to CFSA's Facilities Licensing Unit. 3. Missing Children Who are Wards of CFSA: For calls involving information on missing children who are wards of CFSA, CPS staff immediately notify the supervisor, the assigned social worker, the supervisory social worker, program manager, and the CFSA Child Location and Support Services Specialist (CLASS). 4. Child Fatalities: Unless MPD is the originator of the report, CPS staff immediately notifies YIB of any child fatality by using the following email addresses: YDChild@dc.gov and cps.mpd@dc.gov. Staff should refer to the *Child Fatality Review* policy for additional details. a. All fatalities involving an allegation of abuse and/or neglect are referred for investigation for any child under the age of 18 (and for older youth up to age 21 if there is an open case with CFSA). b. CPS staff immediately completes a critical event reporting form and forwards the form to the supervisor, who will review the form and forward it by email to the Child Critical Event Distribution List. 5. Diplomatic Immunity: For calls alleging child maltreatment involving a child or family with diplomatic immunity, CPS staff receives, documents, and forwards the report consistent with the general policy. Once it is determined that the person alleged to have maltreated a child has diplomatic immunity, no investigation may proceed unless authorized by the CPS administrator. Only diplomats, their spouses, and their children have diplomatic immunity. Neither embassy staff nor non-U.S. citizens who are members of the general public have diplomatic immunity. 6. Persons of Special Interest: Prior to documentation of the Hotline report in FACES.NET, CPS staff orally notifies the CPS supervisor for further direction. Personnel involved in an allegation are restricted from access to the case in FACES.NET.

	7. Criminal Incident: CPS staff with a reasonable belief that a child or youth under CFSA care and custody has been the victim of a crime immediately contacts MPD to report the incident (unless MPD is the originator of the report). Upon completion of filing a report of the incident with MPD, CPS staff immediately completes a Critical Event Reporting Form and forward the form to the supervisor, who will review the form and forward it by email to the Child Critical Event Distribution List. CPS staff shall also contact the child or youth's assigned social worker (the "ongoing" social worker) and supervisor to inform them of the criminal incident. CPS staff will document the report as an I&R. 8. Fetal Alcohol Syndrome Disorder (FASD): CPS staff receiving a Hotline report regarding FASD immediately contacts CFSA's Office of Clinical Practice for follow up and services. CPS staff will document the report as an I&R.
VII. ATTACHMENTS	**A.** Definitions **B.** Critical Event Reporting Form

DEFINITIONS

Abuse and Neglect

See DC Code §16-2301 for a complete description of the law.

Abused Child

The term "abused" - when used with reference to a child - means

a. infliction of physical or mental injury upon a child
b. sexual abuse or exploitation of a child
c. negligent treatment or maltreatment of a child

The term "abuse" 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.

"Sexual Abuse" means

a. engaging in, or attempting to engage in, a sexual act or sexual contact with a child;
b. causing or attempting to cause of child to engage in sexually explicit conduct; or
c. exposing a child to sexually explicit conduct.

"Intra-Familial Abuse" is defined by CFSA as the abuse of a child committed by a person who is related to the child by blood, legal custody or marriage or has assumed parental responsibilities or obligations for the child.

Neglected Child

A "neglected child" means a child

a. who has been abandoned or abused by his or her parent, guardian, or other custodian, or
b. who is without proper parental care or control, subsistence, or 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 other custodian; or
c. whose parent, guardian, or other custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity; or
d. 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; or
e. who is in imminent danger of being abused and whose sibling has been abused; or
f. who has received negligent treatment or maltreatment from his or her parent, guardian, or other custodian; or
g. who 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.

(No child who is good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly-accredited practitioner thereof shall for that reason alone be considered a neglected child.)

Differential Response

Differential Response (DR) is a practice approach that allows for alternative responses to Hotline reports on alleged child neglect accepted for referrals. For example, rather than a report automatically being referred for an investigation, the report may be referred for a family assessment in order to provide services for family stabilization.

Family Assessment

Family assessment means an evaluation, for the purpose of developing a service plan, to determine:

(A) A family's strengths and needs;
(B) The safety of any children in the home, including assessing whether there exists a risk of abuse or neglect of any child, but excludes a determination as to whether a report of abuse or neglect is substantiated, inconclusive, or unfounded;
(C) A family's ability to function as a cohesive unit; and
(D) A family's access to resources.

DC Code sec. 4-1301.02(9A)

Information and Referral (I&R)

Reports that refer the caller for services or activities provided by other public agencies or private service providers. Such services may include a brief assessment of client needs (but not a diagnosis or evaluation) to facilitate an appropriate referral to community resources or to services provided by another jurisdiction. The following types of reports are assigned as I&Rs:

- Abscondence
- Abscondence return
- Assaults (Non-CPS)
- Complaint (Non-CPS)
- Courtesy Interviews
- Curfew Violations
- General Information Requests
- Protective Services Alerts
- Runaway

Institutional Abuse

Maltreatment of a child located in any of the following facilities:

a. Foster homes
b. Congregate care facilities
c. Residential hospital facilities
d. Emergency care facilities, including runaway shelters and youth shelters
e. Boarding and traditional day schools (excepting DC public schools)
f. Licensed daycare facilities or homes
g. "New Beginnings" (or its successor), the juvenile detention facility located in Laurel, MD but under the jurisdiction of the District of Columbia's Department of Youth Rehabilitation Services.

Investigation

The investigation determines whether a child has been harmed or is at risk of harm. Its purpose is to reduce the risk of harm and increase the safety of the child while simultaneously determining the need for services to support family stabilization.

Maltreatment

Used as a substitute for "abuse and/or neglect".

Mandated Reporter

A "mandated reporter" is an individual whose professional status (e.g., employment as a social worker, physician, teacher, or counselor) legally requires the individual to report all suspected child abuse or neglect to the appropriate state agency. All CFSA employees are mandated reporters and must report any new allegations of abuse and neglect to the Hotline, even if the allegations are on an open investigation or on an existing case. See DC Code § 4-1321.01 et seq.

Persons of Special Interest

Elected or appointed government officials, MPD officers (including officers in the Youth Investigations Branch [YIB]), CFSA and private agency employees (including their relatives), as well as vendors and other CFSA-contracted employees. CFSA may restrict access to FACES.NET for Hotline reports involving persons of special interest.

Report

Communication to the CPS Hotline, either by telephone, walk-in, or other forms of communication that alleges child maltreatment.

Response Times

24-Hour Response Time: The "24-hour response" time is assigned to a report when there is no immediate danger or imminent risk of abuse or neglect. This response time may also be designated if there is reason to conclude that physical evidence to substantiate an abuse event will be available after the end of a 24-hour investigative response.

Immediate Response Time: Assigned when a report of suspected abuse or neglect is received that indicates the child's health or safety is in *immediate danger*, i.e., there is a dangerous situation that can be viewed as an emergency requiring an immediate response.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Critical Event Reporting Form

DISCLOSURE WARNING - The information inside in this form may contain electronic-protected health information (ePHI) which is confidential and protected from unauthorized disclosure by federal confidentiality laws. If transmitting this form electronically, please ensure that data is secure both in transmission and upon delivery to the intended recipient. Transmission of this document via open networks and unsecure networks is strictly prohibited.

I. Demographic and Hotline Information (*to be completed by Hotline Staff)*

Child(ren)'s Name(s)	Race	DOB	Gender

Nature/Type of Critical Event	
Name of Agency (if applicable)	

Date of Hotline Call:	Time of Hotline Call:	Hotline Worker:
Date of Critical Event:	Time of Critical Event:	
Address Where Incident Occurred:		
Individual Making Report:	Relationship to Child:	
Current Report Referral ID #:		
Date of Police Notification:		
Child is/was hospitalized because of this incident? ☐ Yes ☐ No ☐ N/A (Child Fatality)		

Does this CE Report warrant a CPS investigation? ☐ Yes ☐ No

II. CFSA Case Status

☐ Family has no prior involvement with CFSA

☐ Active	☐ Closed Case	☐ Past Referrals
Case ID: _____	Case ID: _____	Referral # and Disposition and Status:
Referral #: _____	Date Closed: _____	1. _____ _
Facility Placement: _____	Social Worker: _____	2. _____ _
Social Worker: _____	Supervisor: _____	3. _____ _
Supervisor: _____	Administration: _____	4. _____ _
Administration: _____		5. _____ _
		6. _____ _

III. Nature and Type of the Critical Event (check all that apply)

☐ **Death**

☐ **Near-Fatality or Serious Bodily Injury**

- ☐ **Abuse** *(resulting in a near-fatality or serious bodily as determined and reported by a medical or other qualified professional. Please identify the nature of the abuse below.)*
  - ☐ Sexual Assault ☐ Broken bones ☐ Scalding burn in a child under Six (6)
  - ☐ Trauma or injury ☐ Other
- ☐ **Neglect** *(resulting in a near-fatality as determined and reported by a medical or other qualified professional)*

IV. Location of Critical Event

☐ Foster Care Home
☐ Institution
☐ Home of Biological Parent
☐ In the community
☐ Other

V. Narrative Description of the Critical Event (Please describe in the space provided):

VI. Alleged Maltreater Information

Name: _____ DOB: _____ Address: _____

VII. Biological/Adoptive Family Information

Mother's Name: _____ DOB: _____ Address: _____

Father's Name: _____ DOB: _____ Address: _____

VIII. Foster Parent/Other Caretaker Information

Name: _____ DOB: _____ Address: _____

Name: _____ DOB: _____ Address: _____

Other Caretaker's Name: _____ DOB: _____ Address: _____

ACTIONS TAKEN/UPDATES

Child(ren)'s Name(s)	
Nature/Type of Critical Event	
Name of Agency (if applicable)	

Actions Taken *(documented by assigned social worker within 24 hours of critical incident occurrence*)

Update(s)
(documented by assigned social worker and forwarded to meeting participants within 30 days of Critical Event meeting; updates to include changes in treatment planning, court action, health, placement, etc.))

Date of Update: