



## Recording Teen Mom Cases Frequently Asked Questions

### Pointers to Remember:



1. In order to establish a teen parent in FACES, the teen parent must be participating as child on the Client Info screen, and the parental relationship must be recorded on the Relationship screen as Mother (Teen).
2. In order to establish teen pregnancy in FACES, the client must be participating as child on the Client Info screen, and have a medical condition of "Pregnancy".
3. Management Report CMT075 lists information on teen mothers and pregnant teens.

### Client demographics

Shante Jackson - 30 year old mother  
Female Scott - 15 year old daughter  
Kiana Scott - 6 months old (Female's daughter)

### ***Q1. How do you record a case where a teen mother is in foster care but the teen's child is not?***

#### ► Scenario

A case is opened against Shante Jackson who physically abused her daughter Female. However, Kiana was not victimized. Female was removed and placed in foster care. Kiana also resides in the foster home with her mother, Female. Kiana is not "in care".

## Role in Case

Case → Client → Client List → General Info

Shante - “Alleged Maltreater” and “Birth Parent” (see Figure 1)

The screenshot displays a web application interface for client management. At the top, there are navigation tabs: Summary, General Info (selected), Demographics, Relationships, CKL, Child Fatality, and More. Below the tabs, the 'General Information' section is visible, with a legend indicating that '\*' denotes required fields, '\*\*' denotes half-mandatory fields, and '†' denotes AFCARS fields. A 'Duplicate Client' checkbox is present. The 'Client Details' section includes fields for Prefix, First Name (SHANTE), Middle, Last Name (JACKSON28), Suffix, and Maiden Name. It also includes fields for Gender (Female), Date of Birth (04/21/1981), SSN, Medicaid#, In Household (Yes), Deceased status, Date of Death, Death Certificate#, and Number of persons in household (0). The 'Dates of Involvement in Case' section includes Start Date (01/09/2006), End Date, Reason For End Date, Non-participating Member checkbox, Participating as a Child\* (No), and Reason Description. The 'Citizenship/Religion' section includes Citizenship/Alienage\* (US Citizen), Alien Registration Number, Nationality, and Religion. The 'Role in Case / Language' section is highlighted, showing a list of roles: Alleged Maltreater and Birth Parent. There are 'Select' buttons for both roles and a 'Need Interpreter' checkbox. At the bottom, there are 'Save', 'Cancel', and 'RFAI' buttons.

Figure 1

Female - "Alleged Victim" and "Child" (see Figure 2)

COLUMBIA SERVICES AGENCY FACES.NET

Provider Admin PPW Case [Go]

Summary **General Info** Demographics Relationships CKL Child Fatality More

**General Information**  
: Denotes Required Fields \*\* Denotes Half-Mandatory Fields #Denotes AFCARS Fields  Duplicate Client

Client Residence Other

**Client Details**

Prefix First\*\* Middle Last\*\* Suffix Maiden Name  
[ ] FEMALE [ ] SCOTT28 [ ] [ ]

Gender\* Date Of Birth SSN Medicaid# In Household  
Female 07/20/1996 [ ]  SSN Verified Yes

Deceased Date Of Death Death Certificate# Number of persons in household  
[ ] [ ] [ ] 0

**Dates of Involvement in Case**

Start Date\* End Date Reason For End Date  Non-participating Member  
01/09/2006 [ ] [ ] [ ]

Head of the Household Participating as a Child\* Reason Description  
Yes [ ] [ ]

**Citizenship/Religion**

Citizenship/Alienage\* Alien Registration Number Nationality Religion  
US Citizen [ ] [ ] [ ]

**Role in Case / Language**

Role in Case\* Languages  Need Interpreter  
Alleged Victim Child [ ]

[ Select ] [ Select ]

: **Save** Cancel RFAI

Figure 2

Kiana - "Child" (see Figure 3)

mySelectViewClient.html:selectClient.html:selectClient.html:selectClient.html:selectClient.html

**General Information**

\* Denotes Required Fields    \*\* Denotes Half-Mandatory Fields    #Denotes AFCARS Fields

Duplicate Client

**Client**   Residence   Other

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**Client Details**

Prefix   First\*\*   Middle   Last\*\*   Suffix   Maiden Name

  KIANA      SCOTT     

Gender\*   Date Of Birth   SSN   Medicaid#   In Household

Female   09/15/2011       SSN Verified   Yes

Deceased   Date Of Death   Death Certificate#   Number of persons in household

     0

---

**Dates of Involvement in Case**

Start Date\*   End Date   Reason For End Date    Non-participating Member

03/19/2012     

Head of the Household   Participating as a Child\*   Reason Description

Yes  

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**Citizenship/Religion**

Citizenship/Alienage\*   Alien Registration Number   Nationality   Religion

US Citizen        

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**Role In Case / Language**

Role In Case\*   Languages    Need Interpreter

Child  

Select   Select

Figure 3

DRAFT

## Legal Status

Case → Court → Status

Female – CFSA “Committed” or “Shelter Care” (see Figure 4)

Kiana – Non-CFSA “Non Ward” (see Figure 5)

**Client Status**  
\* Denotes Required Fields \*\* Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Legal Custody Status	Legal Status	Begin Date	End Date
▶ CFSA	Commitment	03/19/2012	

**Legal Custody Information**

Legal Custody Status  
 CFSA  Non CFSA  Court Ordered Exception

Reason

Legal Status \*      Begin Date \*      End Date  
Commitment      03/19/2012

Relationship      Name \*      Address  
           

New Save Cancel

Figure 4

**Client Status**  
\* Denotes Required Fields \*\* Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Legal Custody Status	Legal Status	Begin Date	End Date
▶ Non CFSA	Non-Ward	03/19/2012	

**Legal Custody Information**

Legal Custody Status  
 CFSA  Non CFSA  Court Ordered Exception

Reason

Legal Status \*      Begin Date \*      End Date  
Non-Ward      03/19/2012

Relationship \*      Name      Address  
Mother      Female Scott28 (845339)     

New Save Cancel

Figure 5

## Placement

Case → Placement → List of Clients → List of Placement Episodes

Female – Placement Service line: Room & Board Traditional FC Teen Parent -1 Child (see Figure 6):

Kiana – No placement information recorded.

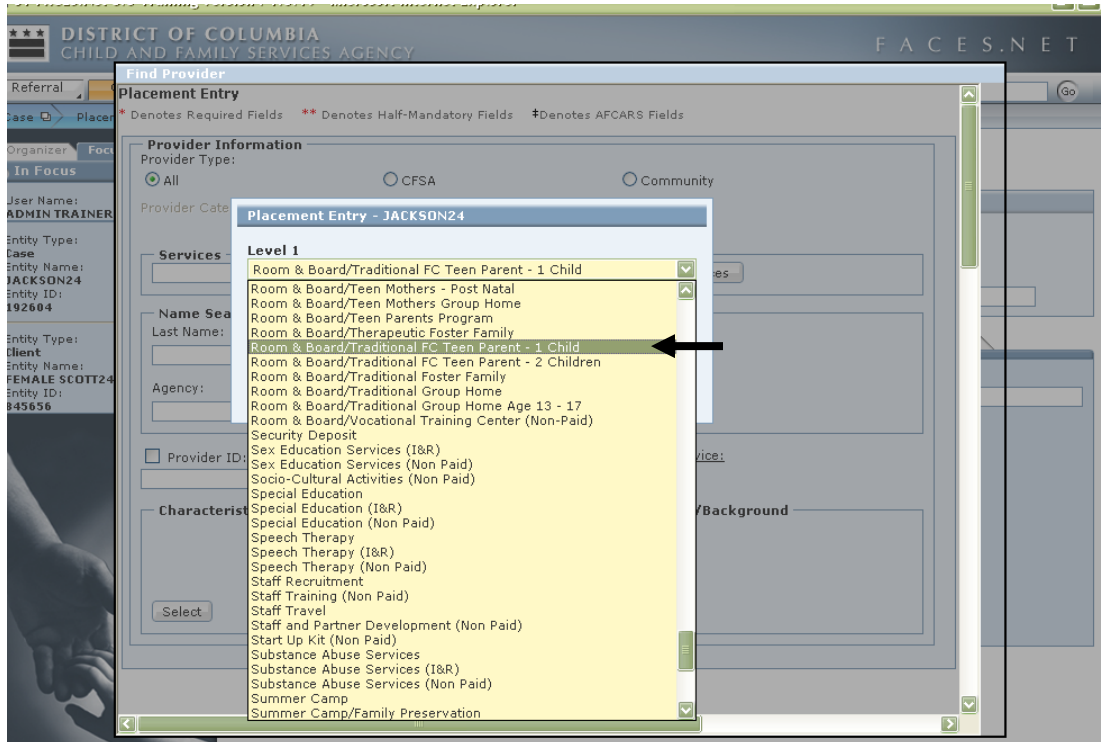


Figure 6

**Q2. How do you record a case where a teen mother is in foster care and the teen's child is also in care, residing with teen mom?**

### ► Scenario

A case is opened against Shante Jackson who physically abused her daughter Female Scott and her granddaughter, Kiana Scott. Female and Kiana were both removed from the home and placed in foster care. Female and Kiana reside in the same foster care placement.

## Role in Case

Case → Client → Client List → General Info

Shante - “Alleged Maltreater”, “Birth Parent” and “Relative” (see Figure 7)

**General Information**  
\* Denotes Required Fields \*\* Denotes Half-Mandatory Fields † Denotes AFCARS Fields  Duplicate Client

**Client** Residence Other

**Client Details**

Prefix	First**	Middle	Last**	Suffix	Maiden Name
	SHANTE		JACKSON28		
Gender*	Date Of Birth	SSN	Medicaid#	In Household	
Female	04/21/1981		<input type="checkbox"/> SSN Verified	Yes	
<input type="checkbox"/> Deceased	Date Of Death	Death Certificate#	Number of persons in household		
			0		

**Dates of Involvement in Case**

Start Date*	End Date	Reason For End Date	<input type="checkbox"/> Non-participating Member
01/09/2006			
<input type="checkbox"/> Head of the Household	Participating as a Child*	Reason Description	
	No		

**Citizenship/Religion**

Citizenship/Alienage*	Alien Registration Number	Nationality	Religion
US Citizen			

**Role In Case / Language**

Role In Case*	Languages	<input type="checkbox"/> Need Interpreter
Alleged Maltreater Birth Parent Relative		
Select	Select	

Save Cancel RFAI

Figure 7

Female - “Alleged Victim” and “Child” (see Figure 8)

LUMBIA SERVICES AGENCY FACES.NET

Provider Admin PPW Case [Go]

Summary **General Info** Demographics Relationships CKL Child Fatality More

**General Information**  
† Denotes Required Fields \*\* Denotes Half-Mandatory Fields ‡ Denotes AFCARS Fields

Duplicate Client

Client Residence Other

**Client Details**

Prefix First\*\* Middle Last\*\* Suffix Maiden Name  
[ ] FEMALE [ ] SCOTT28 [ ] [ ]

Gender\* Date Of Birth SSN Medicaid# In Household  
Female 07/20/1996 [ ] [ ] SSN Verified [ ] Yes

Deceased Date Of Death Death Certificate# Number of persons in household  
[ ] [ ] [ ] 0

**Dates of Involvement in Case**

Start Date\* End Date Reason For End Date  
01/09/2006 [ ] [ ] [ ]  Non-participating Member

Head of the Household Participating as a Child\* Reason Description  
Yes [ ] [ ]

**Citizenship/Religion**

Citizenship/Alienage\* Alien Registration Number Nationality Religion  
US Citizen [ ] [ ] [ ] [ ]

**Role In Case / Language**

Role In Case\* Languages  Need Interpreter  
Alleged Victim Child [ ]

[ Select ] [ Select ]

Save Cancel RFAI

Figure 8



Kiana – “Alleged Victim” and “Child” (see Figure 9)

**General Information**  
! Denotes Required Fields    \*\* Denotes Half-Mandatory Fields    #Denotes AFCARS Fields

Duplicate Client

Client    Residence    Other

---

**Client Details**

Prefix	First**	Middle	Last**	Suffix	Maiden Name
	KIANA		SCOTT		
Gender*	Date Of Birth	SSN	Medicaid#	In Household	
Female	09/15/2011		<input type="checkbox"/> SSN Verified	Yes	
<input type="checkbox"/> Deceased	Date Of Death	Death Certificate#	Number of persons in household		
			0		

---

**Dates of Involvement in Case**

Start Date*	End Date	Reason For End Date	<input type="checkbox"/> Non-participating Member
03/19/2012			
<input type="checkbox"/> Head of the Household	Participating as a Child*	Reason Description	
	Yes		

---

**Citizenship/Religion**

Citizenship/Alienage*	Alien Registration Number	Nationality	Religion
US Citizen			

---

**Role In Case / Language**

Role In Case*	Languages	<input type="checkbox"/> Need Interpreter
Alleged Victim Child		
Select	Select	

:  
**Save**    Cancel    RFAI

Figure 9

DR

## Legal Status

Case → Court → Status

Female – “Committed” or “Shelter Care” (see Figure 10)

**Client Status**  
\* Denotes Required Fields \*\* Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Legal Custody Status	Legal Status	Begin Date	End Date
CFSA	Commitment	03/19/2012	

**Legal Custody Information**

Legal Custody Status  
 CFSA  Non CFSA  Court Ordered Exception

Reason  
[Text Field]

Legal Status \*  Begin Date \*  End Date

Relationship  Name \*  Address

New Save Cancel

Figure 10

Kiana – “Committed” or “Shelter Care” (see Figure 11)

**Client Status**  
\* Denotes Required Fields \*\* Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Legal Custody Status	Legal Status	Begin Date	End Date
CFSA	Commitment	03/19/2012	

**Legal Custody Information**

Legal Custody Status  
 CFSA  Non CFSA  Court Ordered Exception

Reason  
[Text Field]

Legal Status \*  Begin Date \*  End Date

Relationship  Name  Address

New Save Cancel

Figure 11

**Placement:**

Case → Placement → List of Clients → List of Placement Episodes

Female – Placement Service line: Room & Board/Traditional Foster Family (see Figure 12)

Kiana – Placement Service line: Room & Board/Traditional Foster Family

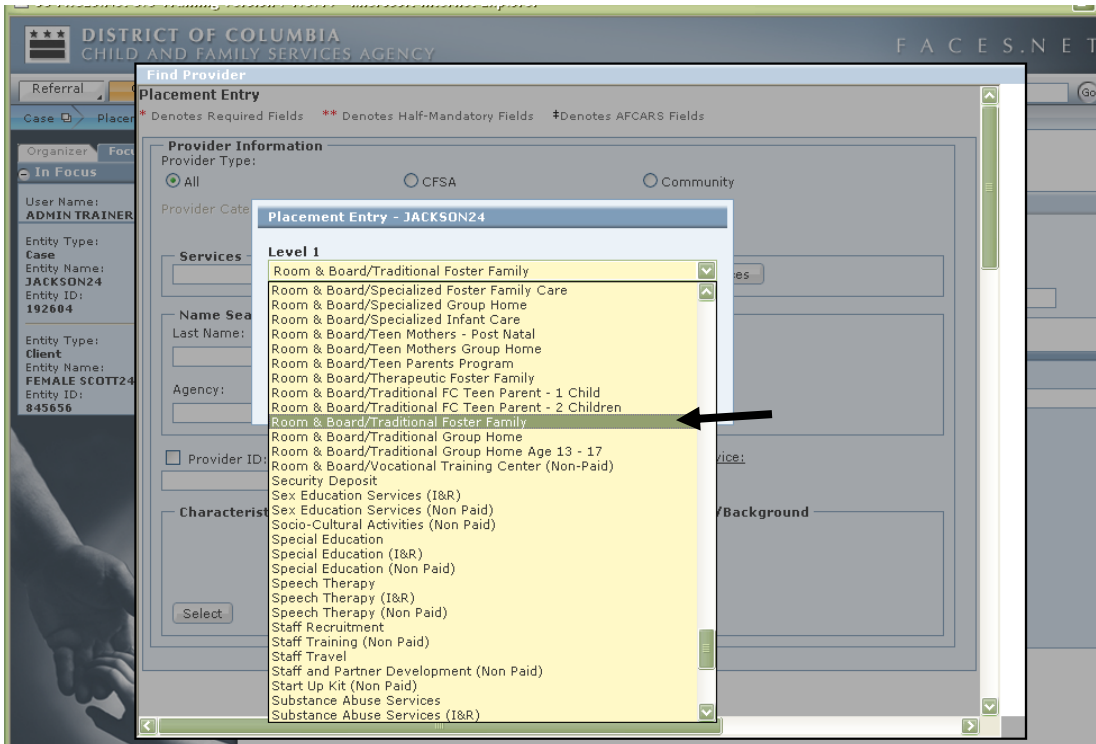


Figure 12

**Notes:**



- Establish relationships on Relationships screen.
- Teen parent placement providers are paid at an increased rate.
- Teen parent rates are only paid if the teen's child (ren) is recorded as "Non-Wards".
- The number of children should be appropriately selected on the **Placement Entry** service line (e.g. Teen – 1 Child or Teen – 2 Children).
- When both Teen Mom and Child are victims in a case then placements should be recorded separately for each client.

### Reference Current Logic for MGMT Report CMT075

- All Children in Foster Care and In-Home aged between 13 and 20 identified as a Teen Parent or a Pregnant Teen.
- Teen Parents who have a relationship established as a Mother or Father included in the report.
- Type of Service –
  1. Not in Legal Placement - Awaiting Teen Mother Program Placement,
  2. Room & Board/Teen Mothers - Post Natal
  3. Room & Board/Traditional FC Teen Parent - 1 Child
  4. Room & Board/Therapeutic FC Teen Parent - 2 Children
  5. Room & Board/Adolescent & Pre-Natal Continuing Level I
  6. Room & Board/Teen Mothers Group Home Continuing Level II
  7. Room & Board/Teen Mothers Group Home Continuing Level I
  8. Room & Board/Specialized FC Teen Parent - 1 Child
  9. Room & Board/Specialized FC Teen Parent - 2 Children
  10. Room & Board/Therapeutic FC Teen Parent - 1 Child
  11. Room & Board/Teen Parents Program
- Teens pregnancy related diagnosed conditions like –
  1. Pregnancy
  2. Preg Compl Nos-Unspec
  3. Pregnancy W/ Other Poor Obs Hx
  4. Preg State, Incidental
  5. < 24 Weeks Gestation
- Teens with child identified as a Daughter or Son in the relationship screen.