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	Chapter No./Name	4 – Child Protective Services (CPS)
	Part No./Name	4 – Child Protective Services Intake
	Section No./Name	Child Protective Services Intake
	Document No./Name	4-400 Receipt of Child Abuse and/or Neglect Reports
	Effective Date	June 1, 2017

I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) that Child Protective Services (CPS) Intake is inclusive of all policy for the intake process for all types of reports of child abuse and /or neglect.

II. PROCEDURES

During the CPS Intake process, it is expected that most reports will be received by DCFS Centralized Intake. The local office may receive a report when the reporter is unwilling to be referred to centralized Intake.

A. CPS INTAKE PROCESS

1. Centralized Intake Receipt of Reports

Reports of child abuse and neglect are received orally, in writing, by fax and e-mail by the Centralized Intake Unit per the LA Children's Code, [Article 610](#). Reports involve children:


- living with their families,
- in foster/adoptive homes,
- in restrictive care facilities,
- receiving day care in child day care centers, and
- receiving day care in registered family child day care homes.

[Article 610](#) mandates DCFS to receive reports involving all alleged perpetrators. When DCFS is not responsible to respond to the report, it is referred to the appropriate law enforcement agency. Refer to Child Welfare (CW) Policy [4-400 G](#), Referral of a Reporter, and CW Policy [4-403 C](#)., Caretaker.

Centralized Intake staff creates the ACESS intake case upon receipt of the report. This includes conducting clearances and submitting the case to the Centralized Intake queue for the Centralized Intake supervisor to review and approve.

2. Local Office Receipt of Reports

The local office staff is responsible for conducting the required department data clearances when the report is received in the local office. The intake case is created as soon as possible, but within 24 hours, and must include the data clearance information. Intake reports that are received from medical professionals and law enforcement shall be created in ACESS immediately upon receipt. Refer to CW Policy [4-405 B](#) and CW Policy [4-407 A](#) for Department Data checks. The report is immediately forwarded to the Centralized Intake queue for the intake decisions. When the situation may require an

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immediate response, the CW Form [CPS-3](#) is emailed to the DCFS Centralized Intake Unit Mailbox which is monitored 24 hours a day.

B. ACCESS INTAKE CASE

The information from the reporter is documented with notes on the CW Form [CPS-3](#) Intake Notes, or in the ACCESS intake case. When notes or the CW Form [CPS-3](#) are used, they may be destroyed once the information is included in the ACCESS intake case. Reports received in-writing are attached to the intake case.

C. INTERVIEW WITH THE REPORTER


Refer to the CPS DECISION MAKING HANDBOOK, [Section 2, Report Acceptance](#). It includes guidance for intake interviewing skills and eliciting basic report information.

1. Information to Obtain from Reporter

The worker shall obtain as much pertinent information as possible from the reporter. This includes information about the alleged child victim, his condition, his caretaker, his location, when the incident occurred, any immediate safety concern and the reporter's reason to believe the child is abused and/or neglected.

Children's Code, [Article 610](#), states the report shall contain specific information, if it is known. It includes the following:


- a. The name, address, age, sex, and race of the child and if the child has special needs
- b. The nature, extent, and cause of the child's injuries or endangered condition, including any previous known or suspected abuse or neglect to the victim or his siblings
- c. The name and address of the child's parent(s) or other caretaker
 - If the reporter does not know the name and address of the child or the caretaker, he must be able to provide sufficient information to reasonably expect a worker to locate the child victim and the caretaker. If there is a current emergency and the reporter only has an automobile license plate number or a description of an act of abuse/neglect in a public place without additional identifying information, the reporter shall be advised that the information will be referred to law enforcement who have the capacity to respond immediately. The reporter should also be advised that they may also contact law enforcement.

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- d. The names and ages of all other members of the child's household
- e. An account of how the child and his situation came to the reporter's attention
- f. Any explanation of the cause of the child's injury or condition given by the child, the caretaker, or any other person
- g. The name of the person or persons who are thought to be the perpetrator or have contributed to the harm or injury to the child
- h. Any additional relevant information about the child, his condition or the situation. This should also include the following:
 - Any safety concerns, what the reporter thinks is necessary to assure the child's safety, any family members and/or others who may be available to protect the child, if necessary, and any mitigating factors currently contributing to the alleged victim's safety * (including consideration given to issues of sexual orientation or gender identity expression) **
 - Family's attempts to resolve their problems and/or to protect the child from harm
 - Cause of the abuse/neglect, and
 - Family strengths and support systems
- i. The name and address of the reporter
- j. If they have made a previous report involving the alleged child victim or his siblings. If so, ask
 - Number of times they have reported
 - Approximate dates of their reports
 - Person reported
 - Office or Centralized Intake they reported
 - Any outcome of the report of which they are aware, and
 - Any additional relevant information they recall about the report

When it is a report of abuse/neglect in a **residential facility**, the intake worker should ask if the facility is a licensed DCFS, DHH, or Department of Corrections facility. Also ask the type of license (child caring facility, group home, emergency shelter, etc.).

In accordance with the Indian Child Welfare Act, the worker shall ask the reporter the following question: "Do you know if the child or anyone in the family is a member of a tribe or eligible for membership of an Indian Tribe?" The aforementioned question shall be asked at the receipt of every report. The Reporter's response shall be documented in the comments section of the Intake Client Page in ACESS, respective to each member of the case.

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2. Information Collection in the Six Areas of Assessment

WHAT IS THE EXTENT OF THE MALTREATMENT?


This is a straightforward assessment question concerned with facts and evidence which support the presence of maltreatment which comes from worker observation, interviews, written reports and corroboration. This includes making a conclusion (substantiation) about the type of maltreatment (sexual abuse, lack of supervision, etc.); the specific symptoms (physical and emotional); facts (injuries/constant hitting) which are consistent with the maltreatment; and information on similar incidents and events. The child victim and maltreating parent/caretaker should be clearly identified.

WHAT ARE THE SURROUNDING CIRCUMSTANCES OF THE MALTREATMENT?

This qualifies the maltreatment by placing it in a context or situation that (1) precedes, leads up to the maltreatment or (2) exists while the maltreatment is occurring. By selectively “assessing” this area separate from the actual maltreatment, we achieve greater understanding of the severity of the maltreatment. In other words, the circumstances that accompany the maltreatment are important and are significant alone and qualify the severity of maltreatment. The worker should include parental intent and any impairment by substance use or otherwise out-of-control behavior while it occurred. Describe how the parent/caretaker explains the maltreatment and family conditions; what attitude the parent has about it; and other problems connected with the maltreatment such as mental health problems. * Worker should also consider whether the maltreatment is attributed to issues of sexual orientation or gender identity expression. **

HOW DO THE CHILDREN FUNCTION?

Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the “normalcy” standard. So, it is critical that the worker have a working understanding of child development, given that the worker will be considering how a child is functioning in respect to what is expected given the child’s age. Among the areas the worker will consider in information collecting and “assessing” are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits, and sexual behavior. * Issues of sexual orientation and gender identity expression should also be considered. ** Additionally, the worker will consider the child’s physical capabilities, including vulnerability and ability to make needs known. The intake worker will also gather information regarding special needs of the child. * The intake worker will also gather information regarding special needs of the child. **

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HOW DO ADULT CARETAKERS FUNCTION?

This assessment question has strictly to do with how adults (the Caretakers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, and problem solving. Among the things the worker would be concerned about in gathering information and assessing are behavior, communication, ability to relate to others, intellect, self-control, problem solving, coping, impulsiveness, and stress management. It also includes adult mental health and substance use. It is concerned with whether role performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance, and coherence. It is important to remember that recent (adult related) history is captured here, such as employment experiences, criminal history, previous relationships, and so on. Involved parents, not residing in the household should be considered in this assessment area.


WHAT ARE THE GENERAL PARENTING PRACTICES?

When considering this assessment question, it is important to keep distinctively centered on the overall parenting practices that are occurring and not allow the maltreatment effects or incident or disciplinary practices to affect information collection. Among the issues for consideration within this question are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, reasons for being a parent, satisfaction in being a parent, knowledge and skill in parenting and child development, expectations, empathy, decision making in parenting practices, history of parenting behavior and protectiveness.

WHAT ARE THE DISCIPLINARY PRACTICES?

This assessment question separates out a function of parenting that focuses on the caretakers approach and beliefs in the disciplinary process. Information here include the parent's methods, the source of those methods, purpose or reasons for, attitudes about context of, expectations of discipline, understanding, relationship to child and child behavior, and meaning of discipline.

Caretaker Protective Capacity is assessed as part of collecting information in the six assessments. Protective capacities are personal and parenting behavioral, cognitive and emotional characteristics within the family environment that can be mobilized and that result in the parent or caretaker being protective. A behavioral protective capacity is a specific action, activity or performance that is consistent with and results in appropriate parenting and protective vigilance. Cognitive protective capacity is specific intellect, knowledge, understanding and perception that results in appropriate parenting and protective vigilance. An emotional protective capacity is a specific feeling, attitude or identification with a child that motivates the parent/caretaker to exhibit appropriate parenting and protective vigilance. Environmental protective capacities are evident

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through support from family and friends, stability of the living environment, positive interactions with others, and a connection to the community.

3. Danger to the Worker

The intake worker shall ask about any possible danger to the CPS worker. Inquire about any danger from a person, any animals or the location of the victim. Any information about actual or possible dangers to the worker from a person in the report, the neighborhood, or the home shall be documented in the ACESS intake case.

4. Special Needs Children


If the alleged victim is reported to be a special needs child, Centralized Intake Staff shall specifically capture and document information obtained from the reporter regarding facts as it relates to the special needs (cerebral palsy, cancer, heart defects, muscular dystrophy, autism, Down syndrome, etc.) of children and those children who are non-verbal. Centralized Intake shall also inquire about resources in the home. This information is to be documented in the reporter section of the intake narrative and the child functioning. If the family has a prior history with the department, this also shall be noted by providing TIPS history on the reporter page.

5. Child Fatality Reports and Possible SIDS

When the report includes information of an unexpected child death, a suspicion of Sudden Infant Death Syndrome (SIDS) or the child was co-sleeping at the time of death, probing questions should be asked. The following are examples:

- What was the condition of the home?
- Who was caring for the child?
- What was the condition of the caretaker(s)?
- Was there any substance use or abuse by the caretaker(s)?
- What was the sleeping arrangement? Was there a baby bed or crib?
- Were there any indications of abuse/neglect?
- Have there been any other child deaths classified as “SIDS” with the parent/caretaker?

Information about a child’s death is not accepted as a report of abuse/neglect unless there are suspicious circumstances and/or an abuse/neglect allegation. When there are no suspicious circumstances at the time of the initial report, the reporter is advised to contact the department if any later evidence indicates abuse/neglect.

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6. Possible Animal Abuse or Neglect

If the reporter volunteers there are animals living at the residence, the worker should request information about their care and treatment. Information about abuse/neglect of animals (animal cruelty) is documented in the intake case narrative. It shall be referred to law enforcement or animal control in order to comply with [LA R.S. 14:403.6](#), Reporting of neglect or abuse of animals.

7. Reports from Elementary Schools as Result of Denial of School Lunches

An elementary school governing authority that adopts a policy of denying a scheduled meal to a child as a result of nonpayment of school lunches is required by [LA R.S. 17:192.1](#) to report the parent's/guardian's failure to pay for lunches to DCFS.

When receiving such reports, the reporter shall be interviewed to determine if there is sufficient information in the child's circumstances and/or current condition that meets the legal definition of child abuse and/or neglect. Specifically the reporter should be asked whether the child is receiving sufficient food while with the parents/caretakers in addition to the information requested from the reporter with all reports.

8. Information to Give All Reporters


The intake worker/supervisor is expected to provide information as needed and answer any questions. They should be thanked for their concern about the child and advised that their call is important in seeking help for the child and his family.

When asked, the worker is expected to explain the intake decision making process. If the reporter asks questions or appears to be confused about the department legal limitations and/or mission, the worker should provide information to assist the reporter to better understand the department's role with families without disclosing specific investigative plans or actions.

It is important that the worker convey to the reporter that it is the department's role to investigate the report and they should not investigate on their own.

9. Information to Mandated Reporters

Mandated reporters shall be advised of their legal responsibility to follow-up their oral report with a written report within five days. The CW Form [CPS-3](#) is a form to assist them with this responsibility and is available on the DCFS website, www.dcfs.louisiana.gov. If they do not have access to the Internet, the form may be sent to them. They may use their own format to send a written report or letter. Refer to CW Policy [4-105 C](#) for the professions that are mandated reporters.

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D. ANONYMOUS REPORTERS

The worker shall explain to persons who want to report anonymously the possible need for future department contact to clarify or obtain additional information. He shall also be advised that there are only limited disclosures of the CPS record and DCFS will not identify them to the client as the reporter. The worker shall advise him that state law provides protection from civil or criminal liability for those who report in "good faith."

If the reporter still cannot be persuaded to give his identity, the intake worker shall carefully review all the information given by the reporter to assure its completeness and accuracy before ending the interview.

E. BAD FAITH OR INTENTIONAL FALSE REPORTS


Some reports of child abuse and/or neglect may be made for reasons other than concern for the welfare or protection of children. Reports of a suspicious nature include in some cases:

1. complaints by estranged or separated spouses who are involved in a custody dispute;
2. reports which contain little factual information;
3. reports in which allegations are worded in a way that cast doubt as to their accuracy, and
4. some anonymous complaints.

If the worker has reason to suspect that a report is for harassment purposes, and is an intentional false report, he should explore the motive of the reporter. If appropriate, he should advise the reporter that any person who makes a report of child abuse, neglect, or sexual abuse knowing that such information is false, may be subject to prosecution and a fine, if convicted. If the reporter indicates that he is reporting what he believes is child abuse and/or neglect, the worker shall complete the intake call. However, if the intake worker continues to suspect the motives of the reporter, he should document on the narrative of the ACCESS intake case that he is concerned that this is possibly an intentional false report and give the reason(s) for the concern.

F. NOTIFICATION OF THE DISPOSITION OF THE REPORT

Reporters shall also be advised that it is the department's policy to provide them with a written notification advising them of one of the following: the information did not meet report acceptance criteria and, therefore, the department will not conduct an investigation, the report was forwarded to law enforcement for their follow-up, or, the report was accepted for an investigation.

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Reporters should be advised the following situations are forwarded to law enforcement for follow-up:

1. The child may have been abused or neglected, but there is no involvement of a caretaker either as a perpetrator or as the person allegedly culpable in the abuse/neglect meeting the criteria for which DCFS must respond.

Care should be exercised in assuming that a parent is not involved in the injury or harm in a reported situation when a reporter states that the parent is denying responsibility/culpability. In many situations, the perpetrator will deny any responsibility for the child's injuries. It is not the responsibility of the reporter to determine the caretaker's role in the abuse or neglect.

Therefore, staff shall obtain as much information as possible about the possible involvement of the parent. This is particularly important when the alleged perpetrator has a close relationship with the parent.

It is important to obtain the identity of the reporter and a method to contact them when the report is expected to be referred to law enforcement. The reporter should be urged to contact law enforcement directly and advised that DCFS will also be forwarding the report to law enforcement.


2. A child is missing and there is no allegation of abuse or neglect by a caretaker.
3. Reports that do not contain sufficient information to locate the child or the caretaker and the allegation of the report are not abandonment or a safe haven relinquishment.
4. Reports of abuse/neglect in detention facilities.

Reporters should be advised they may also report the situation to law enforcement.

If a reporter does not want to receive a notification regarding the report, the worker shall document his request in the ACCESS intake case.

G. REFERRAL OF A REPORTER

If one or more of the elements of a report of child abuse or neglect as per CW Policy [4-403](#), Elements of a Report of Child Abuse and/or Neglect, are obviously not present, the intake worker shall attempt to refer the reporter to an appropriate resource, unless the report involves a crime against a child that DCFS is required by law to receive and forward to law enforcement. The intake information shall be entered into ACCESS. Appropriate resources for referral when the situation clearly does not meet the criteria for a report of child abuse/neglect are:

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1. Community Resources or Services, ACCESS 211 Search

Whenever possible, reporters shall be referred to other DCFS or community resources or services that might be available to assist the child or the family. The Centralized Intake worker will use the ACCESS Request for Services tool (211) as needed to refer the reporter to the most appropriate local community resources. Refer to CW Policy [1-1130](#), ACCESS Request for Services.

2. Families In Need of Services (FINS)

Workers shall refer situations that may meet the criteria for a FINS case (truancy, ungovernable and unruly behavior of children) as specified in Children's Code [Article 730](#), but do not include the elements of a report of child abuse/neglect using local office procedures.

3. Local School Boards for Educational Neglect

When educational neglect is the only allegation the intake decision shall be Not Accepted/Referral to Other Agency. Reporters of educational neglect shall be referred to the appropriate local school board. They are charged under Louisiana law with the responsibility through their visiting teachers and supervisors of child welfare and attendance for enforcing the compulsory school attendance laws.

III. FORMS AND INSTRUCTIONS

[CW CPS-2 Form and Instructions](#)

[CW CPS-3 Form and Instructions](#)

IV. REFERENCES

La. Children's Code [Article 610](#) and [Article 730](#)

La. Children's Code [Articles 1149-1160](#)

[CPI Decision Making Handbook](#)

[Memorandum 13-020](#) – Advanced Safety Focused Practice Implementation

LARS: 14:403-6 and 17:192-1

[CW Policy 4-403](#), Elements of a Report of Child Abuse or Neglect

[CW Policy 4-405B](#), Required Department Data Checks

[CW Policy 4-407](#), Report Acceptance for Out of Home Reports

[CW Policy 4-105C](#), Mandated Reporters of Animal Abuse/Neglect