

COMPLETING THE AGENCY RESPONSE, FORM PPS 2025 FOR FACILITY AND THIRD PARTY REPORTS

It is the policy of the department that the DCF response to alleged child abuse or neglect reports shall be recorded on form PPS 2025 Agency Response. Complete this form only for child abuse/neglect cases which occurred in a Facility or by a Third Party.

- CASE NAME:** Use the same case name as on page 1, Section II, #1 of form PPS 1000.
- CASE NUMBER:** Use the same case number as on page 1 of form PPS 1001.
- EVENT NUMBER:** Use the same event number as on page 1 of form PPS 1001.
- CPS SPECIALIST:** Enter the name of the assigned worker from form PPS 1002, page 2, Section III.
- DATE OF ASSIGNMENT:** Enter the date of case acceptance from form PPS 1002, page 1.

Section I: DETERMINATION OF CHILD SAFETY

Document the attempts to contact and results for each alleged victim for determination of the child's safety.

- Column A:** list each alleged victim to be contacted
- Column B:** document date and time of each attempted or completed contact
- Column C:** document location of the attempted or completed contact
- Column D:** document who attempted (CPS Specialist, Law Enforcement, etc.) or completed contact
- Column E:** document result of attempt or contact
- Column F:** document date/time safety was determined
- Column G:** document if child was/was not determined safe

Section II: PERSONS RESPONDING

Check all that apply. If other is checked, specify by agency (i.e. Health Department)

Section III: CONTACTED/INTERVIEWED

Document the verified incident date per PPM 2100. If an estimated date is entered, check the "Estimated Date" box. List by name all persons contacted/interviewed who are alleged victims, caregivers, alleged perpetrators, siblings residing in the same home, facility or placement with the alleged victim, and relevant persons. Indicate the date of contact/interview, whether interview occurred, how the interview was conducted and the results of the interview. If any person listed was not contacted and/or interviewed, document the reason why. Document the living arrangement of the alleged victim at the time of the alleged incident by selecting one of the following options:

1. Living with Father and Other Adult (FAA)
2. Living in Foster Home (FFH)
3. Living with Father Only (LWF)
4. Living with Mother Only (LWM)
5. Living with Both Parents (LWP)
6. Living with Mother and Other Adult (MAA)
7. Other Setting (OTH)
8. Living with Relative (REL)
9. Unknown (UNK)

Section IV: IMMEDIATE MEDICAL CONCERNS (SCREEN) (Required)

WAS MEDICAL EXAMINATION OR TREATMENT RELATED TO ABUSE OR NEGLECT NEEDED?

Indicate if the child(ren) was found to be in need of urgent or immediate medical attention due to the alleged abuse or neglect. Medical care, as used in this section, should relate to injuries received as a result of child abuse or neglect and should not be construed to include medical care or treatment which is non-urgent or elective. This does not include routine medical concerns. If answer is "Yes," describe actions taken to ensure medical care was provided. "Reasonable action" means taking steps which can be expected to relieve pain and suffering, prevent further harm, prevent permanent injury and/or preserve evidence. If answer is "No," explain why not.

☆ Practice Note:

If a CPS Specialist determines a child is in need of a medical examination or treatment and the child's parents fail or refuse to obtain a medical examination the CPS Specialist should take the actions a reasonable person would take in similar circumstances. The policy requiring the department to seek medical care applies to medical needs resulting from suspected child abuse or neglect only. The department is not responsible to try to meet other medical needs of the child (such as immunizations or eyeglasses) unless such needs constitute neglect.

Whether medical care is needed is a matter of discretion. While crooked teeth, dental cavity or nearsightedness would not require the department to seek medical care, an abscess of a child's jaw or an injury to the eye threatening blindness would require department action if the parents failed or refused treatment.

Non Emergencies: A worker may wish to seek advice from a medical practitioner before taking next steps. Before resorting to coercive measures the cooperation of a parent should be sought. An empathetic response to concerns of a parent about seeking medical help may allow them to be cooperative. If they cannot or will not cooperate, a patient explanation of the responsibility of the department to obtain the information and the alternatives available should be made.

Emergencies: If immediate action is required to save a life, to treat serious or painful injury or if action is needed to preserve evidence that would otherwise be lost or unobtainable, the CPS Specialist should initiate prompt action.

The CPS Specialist should request the parent take the child immediately for examination or treatment and explain the consequences of failure to do so.

The assistance of a law enforcement officer may be requested to take the child into protective custody and transport the child to medical care.

In some circumstances it may be necessary to request the assistance of the County or District Attorney in obtaining a court order directing medical care be provided.

Payment by DCF: If a parent is unwilling or unable to pay for a medical examination or treatment for a child alleged to be abused or neglected:

Check with Economic and Employment Services (EES) to determine if the child has, or is eligible for, a medical card.

Authorize payment if the family is not eligible for Medical assistance. See Administrative Services Chief for further information.

Section VI: REQUIRED SIGNATURES

The assigned CPS Specialist must sign and enter date completed. The supervisor shall sign and enter the date reviewed.

