



Intake Policies & Procedures

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I. Legal Basis for Authority

A. State Laws

MISS. CODE ANN. § 43-15-3, entitled the “Cooperation with Federal Government...,” authorizes, empowers, and directs MDCPS to

...fully cooperate with the United States Children’s Bureau and Secretary of Labor in establishing and strengthening child welfare services for the protection and care of the homeless, dependent and neglected child and children in danger of becoming delinquent. [MDCPS] is further authorized, empowered and directed to cooperate with the United States Children’s Bureau and Secretary of Labor in developing plans for said child welfare services and extending any other cooperation necessary under Section 521 of Public Law No. 271-74th Congress of the United States.

MISS. CODE ANN. § 43-21-353 outlines the duty of individuals having reasonable cause to suspect that a child is a neglected or abused child to notify MDCPS immediately and MDCPS will notify the Youth Court Intake Unit. (*See Investigation Reports & Notifications to Youth Court, District Attorney and law Enforcement when applicable* for more detail on § 43-21-353)

The Mississippi Youth Court Law, MISS. CODE ANN. § 43-21-101 et seq. outlines the definitions for abuse and neglect; child abuse and neglect intake procedure; reporting requirements for child abuse and neglect; immunity for reporting; confidentiality provisions for children’s case records; the jurisdiction of the Youth Court; the conditions under which a child may be taken into protective custody; and the authority and responsibilities of the court, MDCPS, and law enforcement officials in protecting children.

The Youth Court Law mandates MDCPS to conduct investigations and provide services when reports of suspected abuse and/or neglect are made. (MISS. CODE ANN. § 43-21-353)

The Youth Court Law also permits MDCPS to take a child into custody without a court order for no longer than 24 hours when there is probable cause to believe:

- the child is in immediate danger of personal harm, or
- the parent, guardian, or custodian is not available to provide care and supervision to the child, or
- no reasonable alternative to custody can be found.

(MISS. CODE ANN. § 43-21-303(1)(b) and (4))



MISS. CODE ANN. § 97-5-1 et seq. outlines the offenses affecting children and further identifies which offenses constitute misdemeanors or felonies and the penalties for the commission of crimes against children.

MISS. CODE ANN. § 43-21-259 requires all records involving children and the contents thereof, including the identity of the reporter, to be kept confidential except as provided in § 43-21-261.

MISS. CODE ANN. § 43-21-354 requires a statewide incoming telephone service to be maintained by MDCPS on a twenty-four-hour, seven-days-a-week basis for the purpose of reporting abuse or neglect of a child pursuant to § 43-21-353.

B. Federal Laws

1) Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA originally enacted in 1974 as P.L. 93-247 has been amended several times, most recently amended and reauthorized on December 20, 2010, as Child Abuse Prevention and Treatment Act, as amended by Public Law 111-320. Key components of P.L. 111-320 are as follows:

- An assurance in the form of a certification by the Governor that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program that includes provisions and procedures for:
 - reporting of child abuse and neglect, including a State law for mandatory reporting on child abuse and neglect by certain individuals required to report such instances (section 106(b)(2)(B)(i));
 - addressing the needs of infants born with and identified as being affected by a Fetal Alcohol Spectrum Disorder (including appropriate referrals to child protection service systems and for other appropriate services) (section 106(b)(2)(B)(ii));
 - including differential response in triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v));
 - training in early childhood, child, and adolescent development for guardians ad litem appointed to victims of child abuse or neglect in cases which result in a judicial proceeding (section 106(b)(2)(B)(xiii));
 - assuring that the State does not require reunification of a child with a parent who has been found by a court to have committed sexual abuse against a child of the parent or who the court has required to be registered in a sex offender registry under the Adam Walsh Child Protection and Safety Act of



- 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi)(V) and (VI));
- requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(B)(xxii)); and
 - technology systems that support the child protective service system and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii)).
- A description of policies and procedures:
 - encouraging the appropriate involvement of families in decision-making pertaining to children who experienced child abuse or neglect (section 106(b)(2)(D)(iv));
 - promoting and enhancing collaboration among child protective services, domestic violence, substance abuse, and other agencies in investigations, interventions and service delivery to children and families affected by child abuse or neglect (including children exposed to domestic violence) (section 106(b)(2)(D)(v)); and
 - regarding the use of differential response, as applicable (section 106(b)(2)(D)(vi)).
 - An assurance that the State, to the maximum extent practicable, has coordinated its CAPTA State plan with its title IV-B State plan (section 106(b)(2)(A)).
 - An assurance that programs and training funded under title I of CAPTA address the needs of unaccompanied homeless youth as defined in the McKinney-Vento Homeless Assistance Act (i.e., a youth not living in the physical custody of his/her parent or guardian who lacks a fixed, regular, and adequate nighttime residence, including youth awaiting foster care placement) and meet the requirements of McKinney-Vento Homeless Assistance Act (section 106(b)(2)(F)).

2) The Adoption and Safe Families Act of 1997 (ASFA)

ASFA of 1997 (P.L. 105-89) focuses on the safety, permanency and well-being of children in foster care and establishes the framework for the current child welfare system. Significant parts of this law relating to safety establish that:

- Child health and child safety are identified as the paramount concerns for MDCPS decision-making, including making reasonable efforts to prevent placement.
- Safety must be addressed in safety plans or integrated into case plans and services



must address conditions related to safety.

- Case reviews must consider child safety in placement and potential dates upon which a child can return home safely.
- Responsible agencies must conduct concurrent planning that involves working toward reunification and simultaneously working on other permanency options based on permanency and safety considerations to accelerate the permanent placement of children in care.

3) Indian Child Welfare Act of 1978 (ICWA)

ICWA (P.L. 95-608) establishes exclusive jurisdiction over Indian child custody proceedings.

An Indian tribe shall have jurisdiction **exclusive** as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing federal law.

Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

C. Exceptions & Limitations

A MDCPS Worker may not enter a home without permission of the occupant, except by court order.

II. MDCPS Procedures for Service Activities

A. Family Centered Practice Principles

The purpose of child welfare services and child protective services in a Family-Centered Practice culture or service environment is to enable children to safely grow up in their own families. The primary and essential component of a Family-Centered Practice approach is the engagement of and the development of a relationship with the family through an active and ongoing commitment to and execution of a practice approach which recognizes the value and dignity of the family, consistently and genuinely displaying respect and consideration for all family members, encouraging and allowing families to make their own decisions and solve their own problems. The major practice techniques causing effective engagement and resulting in meaningful relationships are family team meetings and individualized service planning through a family case planning process. The object is to solve family problems so children can grow up safe and sound at home.

The philosophy of the Mississippi Department of Child Protection Services (MDCPS) is Family-Centered Practice. The values, philosophy, and principles must drive actions and decisions across



the entire spectrum of practice from Intake to Permanency. Relationships must be built with families from initial engagement through case closure – relationships built on faith, honesty, justice, and trust. Each individual, each parent, each child, and every family is different and unique. Family differences must be recognized, acknowledged, appreciated, and respected. Judgment must be suspended. Relationships must be formed, built, nurtured, and maintained. Strengths must be identified and emphasized.

Family-Centered Practice identifies family strengths, support systems, and community services that will assist families in acquiring the resources, taking action, making decisions, and developing the skills they need to safely take care of their children and reduce the risk of future maltreatment. Strength-based assessment is an assessment protocol that looks at families' capabilities, strengths, and resources throughout the life of the case, supporting the development of strategies built on competencies, assets, and resources. Reports of child abuse or neglect or other intakes received by MDCPS are subjected to a strength-based, structured intake process which allows for the concerns of the reporter to be heard, documented, and screened by intake workers.

An effective intake process enhances both the quality and consistency of the information collected and emphasizes the strengths of the family about whom the report is being made. The initial relationship developed within a MDCPS case is the relationship developed with the reporter. Reporters should feel valued, supported, and understood as the information provided by reporters regarding the circumstances being reported about the family significantly affects MDCPS response.

B. Definitions

Safe

A child is safe when there are no immediate threats of serious harm due to the caregivers' actions or inactions, or the protective capacities of the family are able to mitigate these threats.

Unsafe

A child is unsafe when the caregivers' actions or inactions present immediate threats of serious harm to a vulnerable child and the family's protective capacities are diminished.

Risk

A child is at risk when there is a likelihood that maltreatment will occur in the future.

Safety vs. Risk



Risk and safety are not interchangeable terms. Safety applies to the need for action based on an immediate threat. Risk refers to the likelihood of future maltreatment even when the immediate safety threats are not present, and is seen on a continuum from low to high. Assuring child safety begins with the report of maltreatment and continues through the investigation, initial safety and risk assessment; ongoing safety and risk assessment; developing a case plan; assuring safety during placement; reunification and case closure. Safety and risk interventions are applicable for all children whether they are in out of home placements or in their own home.

Harm

- i. *Harm is the effect of child abuse or neglect. MDCPS must address children at all levels of harm resulting from identified or alleged maltreatment.*
- ii. *Harm is the consequence of enacting the threat.*
- iii. *When a child is physically abused, it is the abuse or injury that is the harm.*
- iv. *Harm may be physical, psychological or mental, or emotional.*
- v. *The extent of damage to a child who has been harmed depends on the nature of the harm, the severity of the injury, the dynamics and characteristics of the family, and the vulnerability and sensitivity of the child.*
- vi. *The harm to the child of abuse or neglect by parents or caretakers must be weighed against the harm to the child and family of MDCPS' intervention strategy, particularly removal of the child from the home.*

Threat

The threat is the caregiver's underlying condition or contributing factor and insufficient protective capacities that led to serious harm or threatened serious harm. To assess the safety threat, the seriousness of the harm must be assessed.

Protective Capacities

Individual or family strengths, or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child are strengths that are specifically relevant to child safety. Protective capacities must be accessible and actionable and fall under the following categories:



- vii. *Personal*
- viii. *Behavioral*
- ix. *Cognitive*
- x. *Emotional characteristics and/or Resources*

Protective capacities must be accessible and actionable.

Maltreatment

An act, or failure to act or pattern of behavior that results in death, physical, medical, sexual, emotional harm or mental injury or presents imminent threat of harm to a child.

Imminent Danger

Clearly observable behavior or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and cause serious harm.

Emerging Danger

A safety consideration that arises when the underlying conditions and contributing factors associated with a danger-related risk element in the family are escalating and/or protective capacities are diminishing.

Sex Trafficking Victim

An individual subject to the recruitment, harboring, transportation, provision or obtaining of a person for the purposes of a commercial sex act, in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age as defined by the Trafficking Victims Act of 2000.

Removal

In the context of MDCPS policy, removal is when a child is removed from their home and placed in MDCPS custody.

C. Intake Process

1. Who May Make a Report



Per MISS. CODE ANN. § 43-21-353, any person who has reason to suspect the abuse and/or neglect of a child must make a report by telephone to Mississippi Centralized Intake (“MCI”), MDCPS’ 24 hour statewide Child Abuse Hotline for the reporting of abuse and/or neglect at 1-800-222-8000, or electronically at reportabuse.mdcps.ms.gov

When a reporter comes to the county office to make a report, he/she shall be educated on the report process and allowed to use a MDCPS phone to call MCI. If the reporter does not choose to make a report from the office phone, the county staff shall make the report to MCI immediately.

a) Mandated Reporters

Professional Mandated Reporters are those required by law to report suspicion of abuse or neglect. Professional Mandated Reporters include, but are not limited to, any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other professional, who becomes aware of information leading them to believe abuse or neglect to a child has occurred.

Professional Mandated Reporters are required to provide written reports of suspected child abuse and neglect. These written reports should be forwarded to MDCPS as soon as possible after the oral report is made. Professional Mandated Reporters are encouraged to report suspected abuse and neglect electronically because it will eliminate the need to send a separate, written report.

Refer to MISS. CODE ANN. § 43-21-257 which requires that any records involving children, including valid and invalid complaints, be kept confidential and not be disclosed except as provided by MISS. CODE ANN. § 43-21-261.

As child welfare professionals, all MDCPS employees are mandated to report any suspicion of child abuse or neglect. Maltreatment, including the use of corporal punishment by a Resource Parent (relative or not) on foster children, is strictly forbidden by MDCPS’s policy.

If any MDCPS staff has suspicion that a child in MDCPS custody is being maltreated in any way, or that corporal punishment is being used within any placement type, the MDCPS staff member, as a mandated reporter, will formally report to MCI any suspicions of maltreatment, including corporal punishment.

b) Immunity from Liability

Any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, school attendance officer, public school district employee, nonpublic school employee, licensed professional counselor or any other person participating in the making of a required



report pursuant to MISS. CODE ANN. § 43-21-355, participating in the judicial proceeding resulting there from, shall be presumed to be acting in good faith. Any person or institution reporting in good faith shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.

c) Anonymous Reporters

MDCPS does not require a reporter to identify him/herself as a condition for reporting suspected child abuse, neglect or exploitation. The MCI intake Worker should encourage anonymous reporters to leave contact information. This will allow the Worker responsible for responding to the report to contact the reporter for any information which would be helpful in assessing the report and working with the family.

Reporters may be reluctant to share their identities due to fear of personal repercussions or other factors. Anonymous reporting does not permit an opportunity for future contact by MDCPS; therefore, it is crucial that the intake Worker gather as much information as possible before the intake call is terminated.

2. Types of Reports

a) Abuse, Neglect and Exploitation or ANE

The ANE intake type is used to report suspicion of child maltreatment through MCI. Reports are subject to MDCPS screening procedure and, if statutory criteria are met, require official MDCPS response.

b) Information and Referrals

The Information and Referral intake type (I&R) is used for assisting the public by sharing information or referring them to any needed services not provided by MDCPS. These referrals are entered into MACWIS by county staff and MCI. I&R is also used to share information from providers to CPS staff when an incident occurs.

The I&R State Office intake type shall be used only by MCI when the designated county information cannot be established.

c) Case Management

The Case Management intake type is used to provide concrete services when a need is identified or a request is received. Concrete services are provided when possible and appropriate.

d) MCI Post Screening Narrative



(1) If additional information and/or allegations are received on an existing investigation on the same family, within 10 days of the report date, a post screening narrative shall be entered by MCI staff only.

(2) If additional reports are received on a licensed or non-licensed facility within 10 days of each other, and the alleged victim and/or perpetrator is different, a new report shall be entered.

e) CHINS/Voluntary Placement/ Safe Baby/Unaccompanied Refugee Minors/Prevention Services

This intake type is used in the following circumstances:

(1) CHINS: A “Child in Need of Supervision” (CHINS) is a child who has reached his/her seventh birthday and is in need of treatment or rehabilitation because the child:

- Is habitually disobedient of reasonable and lawful commands of his/her parents, guardian or custodian and is ungovernable; or
- While being required to attend school, willfully and habitually violates the rules thereof or willfully and habitually fails to attend school;
- Runs away from home without good cause; or
- Has committed a delinquent act or acts;
- Is placed in MDCPS custody by a Youth Court judge and there are no allegations of abuse or neglect.

(MISS. CODE ANN. § 43-21-105 (k))

(2) Voluntary Placement: An agreement between parents and custodians and MDCPS where children are placed in MDCPS custody for up to 180 days by signing the Voluntary Placement Agreement.

(3) Safe Baby: A child who is younger than 72 hours old and is surrendered by a parent to a licensed hospital which operates as an emergency department or an adoption agency duly licensed by MDCPS (MISS. CODE ANN. §§ 43-15-201 thru 209).

(4) Unaccompanied Refugee Minors (URM): URM are minors brought to the United States without their parents or who come as a result of human trafficking or exploitation. This intake type should be used only by staff in Hinds County designated to handle URM intakes.

(5) Prevention Services: Services provided to families when issues of safety and risk exist



though there is no report of abuse or neglect being made which meets the criteria for screening in for investigation.

f) Resource Inquiries

This intake type is used when individuals request information regarding licensure as Resource Parents. For cases involving Resource Inquiries the following information should be obtained:

(1) For Foster/Adopt Resource Inquiries:

- Age, gender, and race of child the applicant resource family is interested in fostering or adopting.
- Income of applicant.
- Availability of space in the home for additional children.
- Whether the applicant is interested in fostering, adopting or fostering-to-adopt.
- Marital status of the applicant.
- Previous parenting experience.
- Whether the applicant is working with a private provider to license the applicant's home.

(2) For Relative Inquiries:

- County of responsibility
- County of responsibility Worker
- Name and age of foster child
- Relation to the child
- Date the child was placed in the home, if applicable
- Reason the child was taken into custody

3. Maltreatment Definitions

Types of Maltreatment include:

Emotional Abuse/Neglect

Any acts and/or threatening statements made and/or allowed, or failure on a



periodic or continuing basis, regardless of cause, to provide adequate nurture to meet the child's needs which results in a substantial impairment of intellectual, psychological or emotional well-being and functioning of the child. It describes emotional abuse, mental injury, and other types of maltreatment. Refer to MISS. CODE ANN. § (43-21-105).

Medical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter.

(MISS. CODE ANN. § 43-21-105)

Physical Abuse

"Abused child" means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon the child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. However, physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section.

(MISS. CODE ANN. § 43-21-105).

Physical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter

(MISS. CODE ANN. § 43-21-105).

Sexual Abuse and Exploitation



"Sexual abuse" means obscene or pornographic photographing, filming or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened.

(MISS. CODE ANN. § 43-21-105).

4. Intake Procedures

a) Centralized Intake Procedures

Mississippi Centralized Intake accepts the following intake types:

- ANE;
- I&R;
- Case Management,
- CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement/Prevention Services;
- Resource Inquiries.
- MCI Post Screening Narratives

All intakes must be documented in MACWIS upon receipt.

The MCI staff shall be responsible for gathering as much information as possible from the reporter of the abuse or neglect allegations, including, but not limited to:

- how to locate the family;
- whether or not the alleged abuse and/or neglect is caused by the person caring for the child;
- access of alleged perpetrator to the alleged victim;
- nature of the abuse and/or neglect (severity, duration, type of maltreatment, etc.);
- if the report falls under the statutes of our state law as abuse and/or neglect;
- history on family/household;
- history/ability of caregiver;



- history of ANE;
- potential safety risks for Worker;
- prior criminal history of household members, if known;
- information on the victim (mental & physical capabilities/limits; age; school, etc.);
- general dynamics of the family, if known (traditions, culture differences, strengths and weaknesses;
- if the family being reported has any tribal affiliation.

MCI staff shall also inform reporters of MDCPS' responsibilities including:

- protection of reporter's identity;
- screening and investigation process and any on-going communication with the reporter;
- confidentiality/disclosure of records; and
- determining whether the victim is a Native American and/or resides on Native American tribal lands.

Intake duties of the MCI staff after taking a report include but are not limited to:

- entering the "Report Date" as the date the reporter received the report in the county or the date a child was placed in MDCPS custody;
- search for prior MDCPS involvement (METTS, MSSIS, MAVERICS and MACWIS); including but not limited to reports of abuse and neglect;
- diligent search to identify the absent parent (METTS, MSSIS, MAVERICS and MACWIS);
- forward complaints to MDCPS Complaints Unit;
- contact the language line for assistance when working with reporters having language barriers; and
- notify the appropriate county office or on-call Worker immediately when a request for immediate assistance is made by law enforcement, judges, or hospitals.

b) ANE Intakes That Require Special Handling

1. Reports of Maltreatment in Foster Care



All reports of maltreatment, including corporal punishment, involving children in custody must be reported through MCI and entered as ANE and must be initiated within 24 hours of initial intake “report date and time” and completed within 30 calendar days including supervisory approval.

The Special Investigation Unit (SIU) shall investigate all allegations of maltreatment in care, regardless of placement setting.

If information gathered from the reporter or a diligent search of MACWIS identifies the alleged victim as a child in custody, the intake Worker will:

- 1) Confirm the identity of the child.
- 2) Confirm all household members that are identified at intake and who have prior history in MACWIS.
- 3) Assign the intake to the county where the resource home/facility is located.

After it is determined the alleged victim is a child in custody, the report should be entered into MACWIS using the following guidelines:

- 1) If a report of maltreatment, including use of corporal punishment by a Resource Parent is received, the report should be entered as a Resource Report and assigned to the county where the resource home is located.
- 2) If the maltreatment occurred outside of the Resource/Facility setting, the report should be entered as an ANE with the appropriate alleged perpetrator identified and assigned to the county where the child currently resides.
- 3) If the maltreatment occurred in the child’s own home, the report should be entered as ANE and the alleged perpetrator identified and assigned to the county where the child currently resides.

2. Resource Report Option

The “Resource Report” option in MACWIS should be selected only in the following instances:

- If a report of maltreatment, including corporal punishment, by a Resource Parent is received on a child in custody.
- If a report is received on a child in custody in which alleged maltreatment occurred in the Resource Home.
- If a report is received on a child in custody in which alleged maltreatment



is a result of the Resource Family's actions or inactions.

- If a report of maltreatment is received involving a child in custody placed in a licensed or non-licensed facility.

3. *Restricted Access Investigations*

The "Restricted Access" option in MACWIS should be used only in the following instances:

- a. Reports in which a MDCPS staff person, at intake, meets one of the following criteria:
 - named as alleged perpetrator
 - named as alleged victim
 - reported as being otherwise involved with the alleged maltreatment
- b. Reports in which the alleged perpetrator or his/her immediate family member is in a position of authority, including, but not limited to: government officials, community leaders, local MDCPS and/or department heads.

4. *Tracking Disrupted and / or the Dissolution of Adoptions*

States are required by section 422(b)(12) of the Social Security Act to collect and report information on children who were adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Disruption is an adoption process that ends prior to adoption finalization, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.

Dissolution is a reversal or voiding of an adoption after it has been legally finalized. This results in the child's return to (or entry into) foster care or placement with new adoptive parents.

Tracking information requirements include:

- a. The number of children.
- b. The agencies that handled the placement or adoption.
- c. Plans for the child.
- d. The reasons for the disruption or dissolution.

Prior to supervisory approval of investigation or opening a case recommending that a child come



into State custody the ASWS will:

1. Confirm with the Investigating Worker that the following questions were asked as a part of the investigation.
 - Was the child adopted prior to entering custody?
If yes,
 - Was this child adopted from another country?
2. Document in MACWIS, on the “Supervisor Approval of Findings” Tab of Investigation in the Supervisor’s Comments section the responses to the above questions.

Before approving a case to be opened as a result of a Voluntary Placement, CHINS or Refugee intake, the ASWS will document in the *Explanation for Decision* box of the Screening Tab, the responses to the above questions.

If the child was adopted prior to entering custody, the ASWS will complete, the Report of Adoption Disruption or Dissolution Form 557*, as thoroughly as possible and submit to the Adoption Unit in State Office at disruptedadoptions@mdcps.ms.gov.

The information submitted to the Adoption Unit will be documented for tracking and reporting purposes.

***MDCPS 557 Form is located on the MDCPS Connection under adoption forms.**

c) Additional Reports Entered As ANE

1. Reports on Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources.

The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act’s existence, MDCPS has no jurisdiction to investigate allegations of abuse or neglect occurring on Native American tribal lands.

However, MDCPS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:



- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, who will notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web. (refer to Section D, ICWA)

2. Unaccompanied Refugee Minor

All ANE reports involving an Unaccompanied Refugee Minor (URM) should follow the same intake procedure for reports of maltreatment in foster care.

3. Reports of Safe Babies

Safe Babies should be reported through MCI. If the report comes directly to the county office, the Worker is responsible for making the report through the MCI system. The report shall be assigned through MCI to the county where the child is surrendered.

4. Child Fatality/Near Fatality

When an intake report is received indicating a near fatality or fatality, the following two questions must be answered for each allegation on the Allegations/Living Arrangement Tab in MACWIS:

- Is the victim in serious or critical condition, as certified by a physician, as a result of this maltreatment (near fatality)?
- Did the victim die as a result of this maltreatment (fatality)?

“Yes” is selected at intake **ONLY** if the reporter is MDCPS, law enforcement or medical personnel **AND** indicates a physician has labeled the child’s condition as “serious” or “critical” as a result of the maltreatment act (near fatality) or the child has died as a result of the



maltreatment act (fatality).

Based on information gathered during the investigation/assessment, the Worker shall **VERIFY** the answers to the two questions above on the Worker Findings Tab in MACWIS.

Answers to these questions affect the assignment of the case. The answers should be updated as new and accurate information is obtained.

5. County Intake Procedures

All reports of abuse/neglect including an emergency or after hours report from law enforcement, court, hospital, etc. received in the county offices or by an on-call Worker must be sent to MCI prior to responding to the report or immediately thereafter.

Each county office accepts the following intake types: I&R; Case Management, CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement; and Resource Inquiries/Prevention Services.

D. Screening

1. Screening Report and Assigning Response

For a report, MCI staff will determine the following criteria:

- If the family can be located.
 - If the reporter identified the county in which the family lives, adequate information exists to locate the family for screening purposes.
- If the alleged perpetrator is a parent, guardian, relative, someone in a caretaking role, foster care provider, other legal caretaker, or if the parent/guardian permits abuse or neglect to occur or fails to protect the child from maltreatment, or if the alleged perpetrator has access to the child due to the relationship with the parent or caretaker.
- If the report alleges maltreatment of the child that meets statutory and MDCPS criteria of maltreatment.
- If the child has been harmed or is in imminent risk of being harmed.

After gathering as much information as possible, MCI staff will use the MACWIS screening tool and, according to selections made, the report is screened in or out by the MCI staff. This task must be completed immediately upon receipt of report but shall be screened to the county within 90 minutes.



All reports of positive drug screens for mother and/or infant shall be screened in by MCI. MCI staff will use the statutory criteria to make the screening decision.

Level One - A report that does not meet the statutory criteria in MISS. CODE ANN. §§ 43-21-353; 97-5-39 is **screened out** for MDCPS and may receive a referral for information or a referral for services. (See Appendix A for additional information on reports that are screened out)

Level Two – A report which meets the statutory criteria in MISS. CODE ANN. §§ 43 21 353; 97 5 39, but does not meet at least one of the Level Three criteria (see list), is screened in and assigned for investigation. The assigned worker has 72 hours from the initial intake “report date and time” to initiate the investigation.

Level Three – A report which meets the statutory criteria in MISS. CODE ANN. §§ 43 21 353; 97 5 39 and at least one of the criteria listed below is **screened in** and assigned for investigation:

- Any child in the current legal custody of MDCPS
- Prior ANE report within past 12 months or multiple ANE reports regarding alleged victim
- Child is in imminent risk of harm
- Any sexual abuse
- Any life threatening neglect
- Any allegation of any child in the home ages 5 and under
- Any allegation of any age child with special needs*
- Any allegation that could be felony child abuse under state or federal law

The assigned worker has 24 hours from the initial intake “report date and time” to initiate the investigation.

*For the purpose of intake and assessment, special needs shall include but are not limited to the known or suspected presence of a medical condition, or physical, mental, or emotional disabilities.

If the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor will assign a Worker for immediate response.

2. County Screening Process



The Intake Supervisor/designee has two (2) hours from receipt of report for assignment.

All Level III reports of maltreatment of children, including children in MDCPS custody must be initiated within 24 hours of the initial intake “report date and time” and completed within 30 calendar days including supervisory approval.

All reports of positive drug screens for mother and/or infant that have been screened in by MCI shall be assigned by the Intake ASWS to a worker for investigation/assessment.

A copy of all screened in reports of abuse/neglect shall be sent to the county youth court and felony reports shall be sent to the county youth court/prosecutor/DA and law enforcement.

If the Intake Supervisor/designee in the county responsible for investigating the report determines that the screened-in report does not meet criteria for investigation and the report does not meet the standards required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation, the Intake Supervisor/designee changes the screening decision, documents the reason for screening the report out in the justification/rationale box, citing the Miss. Code and notifies the Regional Director (RD) or SIU Bureau Director (BD) that the request for reconsideration has been submitted via MACWIS for review and approval. The RD or BD shall reconsider the Intake Supervisor’s determination that the report does not meet criteria for investigation. If the RD or BD concurs with the Intake Supervisor’s decision to screen out the report, then the RD or BD shall notify the Youth Court Intake Officer and the appropriate Director of Field Operations or the Director of Continuous Quality Improvement by e-mail, attaching the referral form from MACWIS.

When the Intake Supervisor/designee determines the report meets standards as required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation but the report was screened out by MCI staff, the supervisor/designee changes the screening decision, documents the reason for changing the screening decision in the justification/rationale box citing the Miss. Code, and notifies the RD or BD by telephone that the request has been submitted for review and approval.

The Intake Supervisor then submits the screening request via MACWIS to the RD or BD for final approval. If the RD or BD agrees with the decision to screen in, the report will go back to the Intake Supervisor via MACWIS for assignment.

The RD or BD shall notify by email with the Reconsideration Form attached, to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be tracked and maintained by the RD or BD. If the RD or BD disagrees with the Intake Supervisor’s recommendation, to screen the report in, the original decision made by MCI stands.

a) Screening Reports of Maltreatment in Out-of-Home Settings



An out-of-home setting is a place providing temporary supervision or care of children outside the child's home. This includes, but is not limited to, a day care center, school, juvenile detention facility, residential care facility, group home, or church. When MDCPS receives a report that a child has been the victim of act meeting the statutory definition of ANE in an out-of-home setting, the following screening requirements apply.

When a report of ANE in an out-of-home setting is received by MCI, the Intake Worker shall ascertain from the reporter whether the alleged perpetrator is the parent, guardian, custodian, person responsible for the child's care or support, or an adult relative or household member with access to the child. For purposes of this screening question, "person responsible for the child's care or support" means "the person who is providing for the child at a given time." MISS CODE ANN § 43-21-105. This includes stepparents, foster parents, relatives, babysitters, residential facility staff, or any other individuals who stand in a role similar to that of a child's parent in providing for the child's needs. This does not include teachers, daycare workers, security guards at juvenile detention centers, or church employees/volunteers.

- If the Intake Worker confirms that the alleged perpetrator is the parent, guardian, custodian, person responsible for the child's care or support, or an adult relative or household member with access to the child, the report shall be screened in and assigned to the county for investigation of the alleged ANE or, if the child is in foster care, to the Special Investigations Unit.
- If the Intake Worker confirms that the alleged perpetrator is not the parent, guardian, custodian, person responsible for the child's care or support, or an adult relative or household member with access to the child, the report will be screened out.
- If the Intake Worker cannot ascertain sufficient information from the reporter to confirm whether the alleged perpetrator is the parent, guardian, custodian, person responsible for the child's care or support, or an adult relative or household member with access to the child, the report shall be screened in and assigned to the county for investigation or, if the child is in foster care, to the Special Investigations Unit. If the report was an e-report, the Intake Worker shall call the reporter to determine whether additional information is available to determine the relationship between the alleged perpetrator and alleged victim before a screening decision is made.

Upon receipt of a report of ANE in an out-of-home setting, the county Intake Supervisor/SIU Bureau Director shall immediately notify the law enforcement agency in whose jurisdiction the act occurred by phone and email regardless of whether the report is screened in for investigation by MDCPS.

If the out-of-home setting is a facility licensed by any entity, the county Intake Supervisor/SIU



Bureau Director shall immediately notify the licensing agency by phone and email regardless of whether the report is screened in for investigation by MDCPS.

After the report of ANE is screened, the county Intake Supervisor/SIU Bureau Director shall refer the report to the district attorney's office and the youth court in whose jurisdiction the act is alleged to have occurred by phone and email.

b) Duplicate Reports

In order to classify a report as a “duplicate report” and to screen it out for investigation, it must be determined if the new information includes:

- 1) Same alleged perpetrator(s);
- 2) Same victim(s)
- 3) Same types of child maltreatment(s); and
- 4) Same incident

If the prior investigation has been completed, the COR Supervisor must always make sure the prior report was thoroughly investigated. Information on the same report will be entered into MACWIS and screened out.

c) Child on Child Reports

In order for a child to be considered a perpetrator, he/she must meet **one** of the following conditions:

- They are in a caretaker role, or
- They are identified by the reporter as the perpetrator or aggressor in an abusive act against another child.

The MCI staff must also assess the possibility of parental neglect having contributed to one child harming another.

d) Additional Reports on An Open Investigation

If there is an open investigation and an additional report is made, but it is not a duplicate report, the additional allegation should be added to the open investigation on the post allegation tab and the additional report should be screened out.

e) Reports Involving More Than One County



MCI may receive a report of child ANE when the incident occurred in one county and the child lives in another county. The report should be screened to the county of residence of the child and the COR Worker is responsible for notifying law enforcement in the county where the incident occurred.

f) Reports Involving Foster Children

The Special Investigation Unit (SIU) shall investigate all allegations of maltreatment in care, regardless of placement setting.

All reports received through MCI that meets the statute and MDCPS criteria for maltreatment or is a report of corporal punishment and the identified victim is a foster child, the report must be screened in as a level three. The reports shall be screened to the SIU Supervisor where the Resource Home/ Facility is located.

If the alleged maltreatment occurred outside of the resource placement setting and the resource parent/household members were not involved the report shall be entered as ANE and screened to the SIU Supervisor.

If MCI receives a report that meets the statute and MDCPS criteria for maltreatment or is a report of corporal punishment and the identified victim is a foster child, the report must be screened in as a level three. The report and the screening are sent to the SIU Supervisor where the Resource Home/Facility is located. If the alleged maltreatment occurred outside of the resource/facility setting and the resource parent/household members were not involved the report should be entered as ANE and screened to the SIU Supervisor.

g) Screening Special Investigations

If the report is determined during intake to be a Special Investigation, it is screened according to normal screening procedures and sent to the RD for final decisions and assignment.



III. APPENDICES

Appendix A

Reports which may be screened out at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation. – Exception: All reports of mother/child testing positive for drugs will be screened in.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF, Food Stamps, Child Support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the Department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused / neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criteria does not apply, the report should be considered for investigation.



- a. Alleged victim was age sixteen (16) or over at the time incident occurred, and
- b. Alleged victim is a normally functioning child, and
- c. Alleged victim, age 16 or over, willfully consented, and
- d. Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
- e. No parental or caretaker neglect is suspected.

If a report is considered outside the jurisdiction of the MDCPS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the Department may be provided.

- Reports of rape, sexual molestation, or exploitation of any age child that meet all of the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.
 - a. Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
 - b. No parental or caretaker neglect is suspected.
 - c. Law Enforcement has been informed of the report.

If law enforcement has not been contacted, County MDCPS will immediately make the report to them. Other services of County MDCPS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department by County MDCPS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to MDCPS for neglect. If reporter is a non-professional, the MDCPS should determine if family is seeking



Counseling, if not, MDCPS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, MDCPS will investigate.

- Physical injury committed by one child on another that meet all of the following criteria:
 - a. Child is not in a caretaking role over the other child.
 - b. No parental or caretaker neglect is suspected.
 - c. Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by MDCPS.

Additional and Duplicate Reports:

The MDCPS sometimes receives additional reports regarding an incident or situation that has already been investigated. If a report regarding abuse or neglect is received and it includes any of the following information, it must be investigated as a new report if a MDCPS Assessment is not currently in progress:

- A new alleged perpetrator;
- A new victim;
- A new category of child maltreatment not previously reported;
- A new incident involving the same type of child maltreatment(s).

In order to classify a report as the duplicate report and to screen it out for investigation, the CPS social worker must determine if the new information includes:

- Same alleged perpetrator(s);
- Same victim(s);
- Same types of child maltreatment(s); and
- Same incident

Before any decision is made to screen out any report as being the same report, the ASWS must always make sure the prior report was thoroughly investigated.

Second reports of abuse or neglect will not be investigated if it is the same report, same victim and same incident.

