

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES		
	CHILD WELFARE POLICY MANUAL		
	Chapter:	(3) Intake	Effective Date: November 2023
	Policy Title:	Receiving Intake Reports	
	Policy Number:	3.1	Previous Policy #: N/A

CODES/REFERENCES

O.C.G.A. §15-11-2 Definition
 O.C.G.A. §15-11-30 Rights and Duties of Legal Custodian
 O.C.G.A. §15-11-390 Filing Complaint
 O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
 O.C.G.A. §19-7-5 Reporting of Child Abuse
 O.C.G.A. §19-7-6 Reporting Juvenile Drug Use
 O.C.G.A. §49-5-41 Persons and Agencies Permitted to Access Records
 Child Abuse Prevention and Treatment Act (CAPTA)
 Public Law 114-198 Comprehensive Addiction and Recovery Act of 2016

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Receive reports 24 hours a day, seven days a week, of known or suspected instances of child abuse, including reports of physical or mental injury, sexual abuse or exploitation or negligent treatment or maltreatment of a child under circumstances that indicate that the child's health or welfare is threatened.
NOTE: In Georgia, this includes child abuse (maltreatment) in the forms of physical injury or death, neglect, emotional abuse, sexual abuse or sexual exploitation, prenatal abuse, an act or failure to act that presents an imminent risk of serious harm to the child's physical, mental or emotional health, and trafficking a child for labor servitude (labor trafficking). *For the purposes of child abuse reports, the term "child" shall mean an individual who has not yet attained 18 years of age and who is not an emancipated minor.*
2. Be available and accessible to the community continuously 24 hours a day, seven days a week via CPS Intake Communications Center (CICC) at 1-855-GACHILD (1-855-422-4453).
 - a. Ensure County Divisions are accessible 24 hours a day to respond to allegations of child abuse by:
 - i. Keeping current the list of available staff in the On-Call tab in Georgia SHINES;
 - ii. Clearly listing numbers for reporting after office hours intake reports to the CICC at 1-855-GACHILD (1-855-422-4453);
 - iii. Providing the emergency 911 center, local law enforcement and providers of emergency medical services with the telephone number of the County Director and administrative staff responsible for the emergency after-hours response; and
 - iv. Assuring that a message is recorded for the principle agency telephone line directing the reporter to call 1-855-GACHILD (1-855-422-4453) to make

- reports during periods of office closure.
- b. Have a minimum of two listings in the local telephone directories and when possible, include a listing under emergency telephone numbers. Local phone listings should include:
 - i. A specific listing of "Child Abuse and Neglect Reports" under Division of Family and Children Services, listing the CPS Intake Communications Center contact number 1-855-GACHILD (1-855-422-4453); and
 - ii. A separate alphabetical listing in the white pages, which reads "Child Abuse and Neglect Reports" and contains the CPS Intake Communications Center contact number 1-855-GACHILD (1-855-422-4453).
 3. Receive intake reports via telephone, fax, other electronic submission (i.e., email, online form, etc.), mail, and in-person interviews.

NOTE: Mail, faxes and other electronic submission that meet the three components of a report are considered as having received an intake report. The date and time the intake report is received via telephone, affixed on the fax/fax cover, the mail was received in the agency, or on the email shall be used as the intake report date.
 4. Immediately contact the reporter to gather additional information when the intake report was received via telephone, fax, other electronic submission or when there is insufficient information to determine whether there is indication of child maltreatment.

NOTE: Refrain from contacting anyone other than the reporter to obtain information regarding the Intake Assessment as it is viewed as initiating the Assessment. Additional individuals may only be contacted to determine the location of the alleged maltreated child or the family.
 5. Engage the reporter to gather information to complete the Intake Assessment.
 6. Follow a three-stage information collection process: Introduction, Exploration, and Closing when gathering information from the reporter for completion of the Intake Assessment.
 7. Review the Intake Assessment to determine whether the allegation of maltreatment contains the following three required components:
 - a. An alleged maltreater in a caregiving role.

EXCEPTION: Reports alleging labor trafficking, sexual exploitation or sex trafficking do not require the alleged maltreated to be a caregiver.
 - b. A child from birth to under the age of 18 and who is not an emancipated minor.
 - c. Known or suspected allegations of child abuse per Georgia statute (O.C.G.A. §19-7-5) and DFCS policy.
 8. Inform all reporters of the following:
 - a. The ability to make an anonymous report.
 - b. Child welfare records are confidential, and your identity will not be disclosed, unless otherwise permitted by the law.
 - c. It may be necessary for the reporter to appear in court if court action is initiated to protect the child.
 - d. The law provides protection from civil or criminal liability when the report is made in good faith.
 9. Inform all mandated reporters:
 - a. Of the ability to request whether the investigation is ongoing or completed, and if completed whether child abuse was confirmed (substantiated) or unconfirmed (unsubstantiated) for the child concerning whom the report was made. If requested, notification will be provided within five calendar days of the request.
 - b. If school personnel, that DFCS shall provide written notification within 24 hours of

- the receipt of an intake report to the school personnel who made the report.
- c. That DFCS shall provide written notification within five calendar days of completing the investigation to the school counselor from the school the child was attending at the time of the reported abuse, advising of the disposition (substantiated or unsubstantiated) of an intake report assigned as an investigation. If a school does not have a school counselor, this disclosure shall be made to the principal.
10. Immediately enter all intake reports into Georgia SHINES, but no later than the end of the shift in which the intake report was received.
NOTE: Intake Assessments containing present danger situations shall be entered no later than two hours of the receipt of the intake report.
 11. Thoroughly evaluate the Intake Assessment to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
 12. Immediately provide notification of all intake assessments that contain allegations of child abuse to the appropriate law enforcement agency or district attorney. In addition, if the parent/guardian of the alleged victim child is on active duty in the armed forces of the United States provide notification to the military law enforcement and Family Advocacy Programs. Include any pictures accompanying the intake report in the notification (see policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#)).

PROCEDURES

Intake Assessment Process

The Centralized Intake Specialist will:

1. **Introduction:** During this stage, set the tone for the call by initiating a dialogue with the reporter in a professional and courteous manner.
 - a. Briefly explain the Intake Assessment process;
 - b. Inform the reporter of the ability to make an anonymous report. When the reporter wishes to remain anonymous, the Intake Assessment process will continue;
 - c. Explain confidentiality:
 - i. Child welfare records are confidential, and your identity will not be disclosed, unless otherwise permitted by the law; and
 - ii. It may be necessary for the reporter to appear in court, if court action is initiated to protect a child.
 - d. The law provides protection from civil or criminal liability when the report is made in good faith;
 - e. Obtain the reporter's name, telephone number and address, relationship to child(ren) and family, if applicable;
 - f. Allow the reporter to begin sharing his/her concerns without interruption, if possible; and
 - g. Respond with empathy to the reporter if he/she has emotional reactions to the information being shared and redirect the reporter when necessary to ensure pertinent information is gathered that is relevant to the family's functioning and potential maltreatment/safety issues.
2. **Exploration:** During the exploration phase, assist the reporter by moving toward a more focused interview approach in order to fill in any gaps in information gathered during the Introduction stage.
 - a. Obtain the name, date of birth, address, and current location of all alleged victim children;

- b. Obtain the name, date of birth, address, and current location of all caregivers and other household members (parents, grandparents, significant other, 3rd party caregivers, etc.). Attempt to gather the names and demographics on both mother and father regardless of where the child(ren) reside;
 - c. Ask the reporter if the child and/or parent/primary caregiver have, or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#));
 - d. Ask the reporter whether the parent/guardian of the alleged victim child(ren) is on active duty in the armed forces of the United States, and where he/she is stationed; and
 - e. Probe for additional information surrounding the allegations of child abuse, including when and how the maltreater abused the child, the harm/affect to the child, the likelihood of reoccurrence, and current safety of the child.
3. **Closing:** During this final stage of the Intake Assessment, ensure that all essential information has been collected from the reporter.
- a. Confirm the following information gathered:
 - i. The reporter's name, telephone number and address, relationship to child(ren) and family.
 - ii. The demographic information of the family (names, ages, relationship of household members, identification of caregiver(s) and address).
 - iii. Names of other persons including relatives who may have knowledge of the family.
 - iv. Location of the child(ren).
 - b. Review the information ask clarifying questions. Identify and note all gaps in information.
 - i. Is there enough information to determine who is included in the family and where they are right now?
 - ii. Is there enough information about the children and any vulnerabilities?
 - iii. Is there enough information to determine how the caregiver and other family/household members function day-to-day?
 - iv. Does the information (negative or positive) indicate the family's current situation, condition, or dynamics?
 - v. Does the information indicate the presence of child maltreatment?
 - vi. Does the information indicate any threats to child safety?

NOTE: Examples of information needing clarification would be statements such as a caregiver "seems depressed", "often drinks alcohol", or "seems aggressive." These are vague descriptions that need a behavioral or observable context in order to qualify this information as a present danger or impending danger situation during the decision-making process.
 - c. Ask the if he/she has any additional information that he/she feels is important to share that may not have already been revealed;
 - d. Seek the reporter's opinion regarding what he/she believes needs to happen in terms of intervention;
 - e. Obtain any information regarding worker safety;
 - f. Inform the reporter of the next steps in the intake process;
 - g. If the mandated reporter is school personnel:
 - i. Obtain the name of the child's school, school counselor or principal and document this information in the Additional Comments section in Georgia

SHINES.

- ii. Inform that DFCS will provide a written notice acknowledging receipt of the report of suspected child abuse via the Mandated Reporter Letter (see policy [3.24 Intake: Mandated Reporters](#)).
 - iii. Inform of the ability to obtain the status of an intake report assigned as an investigation, including whether the investigation is completed or ongoing.
 - iv. Explain if the intake report was assigned as an investigation, DFCS will provide written notification within five calendar days of concluding the investigation to the school counselor of the school the child was attending at the time of the reported abuse, advising of the investigation disposition (substantiated or unsubstantiated). If a school does not have a school counselor, this disclosure will be made to the principal.
 - h. Thank the reporter for contacting DFCS and end the call.
4. Analyze the information gathered during the contact with the reporter:
- a. Begin to consider and establish CPS jurisdiction for the referral, acceptance for CPS intervention, and assignment based on allegations of maltreatment and the indication of a present or impending danger;
EXCEPTION: Reports alleging labor trafficking, sexual exploitation or sex trafficking do not require the alleged maltreater to be a caregiver.
 - b. Determine if the intake report contains the three required components for an allegation of child abuse;
 - c. Thoroughly and clearly document the reported information in the narrative section of the Intake Assessment in Georgia SHINES using the reporter's words;
 - d. Conduct all required safety screenings, as outlined in policy [19.9 Case Management: Safety Screenings](#);
 - e. Complete a thorough review and analysis of DFCS history and document in Georgia SHINES (see policy [19.10 Case Management: Analyzing DFCS History](#));
 - f. Review the information reported to evaluate indicators of child maltreatment. Review the definitions of child abuse and select the category of child abuse and the corresponding maltreatment code(s) in Georgia SHINES based on the circumstances of the reported allegations; and
 - g. Review the information reported to determine if there is any indication of present or impending danger (see policy [19.11 Case Management: Safety Assessment](#)). Select the corresponding present or impending danger under each applicable Family Functioning Area. If the Intake Assessment is determined to contain a present danger situation:
 - i. Immediately staff the Intake Assessment with the Centralized Intake Specialist Supervisor to confirm the existence of a present danger situation.
 - ii. If it is determined that a present danger situation exists, contact the County Division CPS jurisdiction by telephone and inform them of the need for an immediate response.

Law Enforcement Requests for Immediate Assistance

If law enforcement contacts the CICC requesting immediate assistance, the CICC will:

1. Obtain the reason the officer requires DFCS assistance and his/her contact information.
2. Immediately notify the County Division of law enforcement's request.
3. Inform the officer that it may be necessary to contact him/her again to follow up if an Intake Assessment is necessary.

NOTE: If the officer is unavailable, follow up with the County Division to provide the

information needed, if applicable.

County Division Receipt of Intake Reports

1. When intake reports are received by telephone, mail, fax or other electronic submission (i.e., email, online form, etc.) the County Division will immediately forward the correspondence to the CPS Intake Communication Center (CICC) at CPSIntake@dhs.ga.gov.
2. When a reporter calls the County Division to make a report, forward the reporter call to the CICC line 1-855-GACHILD (1-855-422-4453); however, the County Division may take the Intake Report and relay the information to the CICC.
3. When a reporter comes directly to the County Division to make a CPS report:
 - a. Refer the reporting source to the CPS Intake Communication Center (CICC) line 1-855-GACHILD (1-855-422-4453) to take the report while in the County Office; and
 - b. If the reporter prefers to make the Intake Report face-to-face, the County Division will take the report and immediately relay the information to the CICC for entry into Georgia SHINES.

NOTE: When the County Division is taking the Intake Report if available, utilize a three-way call with the CICC in order to participate in the information gathering process with the reporter.

CICC Receipts of Intake Reports by Mail, Fax or Other Electronic Submission

When an intake report is received via mail, fax or other electronic submission (i.e., email, online form, etc.) the Centralized Intake Specialist will:

1. Analyze the information contained in the correspondence to determine if the correspondence contains the three required components.
2. Contact the reporter by telephone to gather additional information.
3. Upload a copy of the report received and the email acknowledgement from electronic submission (acknowledgement that the reporter was notified of receipt of the report) to Georgia SHINES External Documentation.

PRACTICE GUIDANCE

Caregiver means any person providing a residence for a child or any person legally obligated to provide or secure adequate care for a child including his/her parent, guardian or legal custodian; person responsible for the care of a child; other adult that continually or at regular intervals live in the home; a foster parent; an employee of a public or private residential home, childcare institution, day- or childcare facility; school personnel.

1. **Primary** caregiver: The person living in the household who assumes the most responsibility for childcare.
2. **Secondary** caregiver: A parent or other person living in, or frequently in, the household who shares with the primary caregiver the routine responsibilities for childcare. A significant other residing in the home may be a secondary caregiver even though this person has limited childcare responsibility and may not have any legal relationship or obligation to do so.

NOTE: Any person identified as a caregiver for a child should be entered as a principal in Georgia SHINES and all screenings completed and evaluated for any impact on child safety (see policy [19.9 Case Management: Safety Screenings](#)).

Person Responsible for the Care of a Child means:

1. An adult member of a child's household;

2. A person exercising supervision over a child for any part of the 24-hour day; or
3. Any adult who based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household has access to such child.

NOTE: Anyone designated as a person responsible for the care of a child should be entered as a principal in Georgia SHINES and screened in all systems for any history that could affect child safety (see policy [19.9 Case Management: Safety Screenings](#)).

Reports Involving Alleged Maltreaters who are not a Caregiver or Person Responsible for the Care of a Child

If the allegations are regarding a maltreater who is not a caregiver, or a person responsible for the care of a child, the report should not be automatically screened out without attempts to gather information about a caregiver's knowledge, willingness, and ability to protect the child from the alleged maltreater. When a third party is identified as an alleged maltreater, attempts must be made to gather and analyze information regarding the caregiver's knowledge of the alleged abuse or neglect and the caregiver's level of protection of the child during the alleged abuse or neglect or afterwards. If it becomes apparent during the Intake Assessment that the child's caregiver was not negligent, nor involved in any form of abuse and the third party maltreater is not a caregiver of the child, then DFCS will screen out these Intake Assessments and refer the case to law enforcement. An exception to this rule is in reports alleging sexual exploitation or human trafficking (labor or sex trafficking). Persons not considered third parties are:

1. Foster parents
2. Non-custodial parent living outside of the home
3. School or childcare personnel acting in a caregiver role

Case Name Descriptors.

1. Place in the name of the primary caregiver.
2. Place in the name of the minor parent when the minor parent is the primary caregiver for their child.
3. Place in the name of each primary caregiver or legal custodian when allegations of maltreatment are received regarding multiple families living in the same residence.
4. Place in the name of the caregiver from whom the child was removed when allegations of maltreatment are received that occurred prior to a child entering foster care.
5. Place in the name of each legal caregiver when it is determined the same alleged maltreater has abused or neglected multiple child victims.

Intake Interview Skills¹

The Intake Interview is predominately focused on information gathering and problem identification. The Centralized Intake Specialist is assisting the reporter to provide information and at the same time identifying and interpreting possible maltreatment, present danger situations, and impending danger safety threats. In order to gather the most information possible, the Centralized Intake Specialist must be able to use critical thinking skills to formulate logical questions based on the information the reporter is communicating. There are seven types of interviewing skills that can be used during an interview that will assist the Centralized Intake Specialist in gathering relevant information related to child maltreatment and the indication of present danger situations or impending danger safety threats. (See Intake Introduction Script)

¹ ACTION for Child Protection Intake Assessment Collection

1. **Open-Ended Questions:** These questions allow the reporter to expand on a previous question or topic, and do not lend themselves to a "yes" or "no" answer.
Example: "What happened?"
2. **Closed-Ended Questions:** These questions are used to ask for specific information and can generally be answered with "yes" or "no."
Example: "Have you seen the child with bruises before?"
3. **Reflective Listening:** This technique essentially involves making a guess as to what the reporter means or is trying to communicate. The first step in reflective listening is to think reflectively. You do not necessarily know what people mean, so you have to reflect on what they must mean and make a reasonable guess. Reflective listening statements can be as simple as repeating a word or two in order to keep the reporter talking. It can be helpful to reflect how the reporter seems to be feeling as he or she speaks.
Example: "So what you are saying is you are angry", or "You are frustrated because..."
4. **Suppressing and Refocusing:** This technique is used to stop non-productive content or feeling in an interview and to redirect the reporter to more appropriate topics. This technique should be used very selectively and only when the interviewer is certain that the content is not relevant to the report. To use this technique, acknowledge what the reporter has said and then say, for example, "I would like to talk with you now about what you actually saw happen to Susan. Tell me when you observed this." This skill is also helpful when a reporter is off topic, rambling, or repeating the same content. It is applied by redirecting the conversation to the topic that the interviewer wants to gather information on while acknowledging what the reporter has said.
Example: "I recall you saying that Mr. Simpson...Now I would like you to tell me about the older child in the home. What was his name...oh David... Tell me about him."
5. **Probing:** This skill is essential to collecting sufficient information and is applied by starting with open-ended questions. As the reporter provides information, the Centralized Intake Specialist will continue to move toward more detail with more closed ended questions, such as when, how often, when was the last time, etc.
Example: "Tell me about what happened. Tell me what you know about the family. What about Mom? Tell me about Dad. Does he seem to get angry often? How often have you noticed these angry outbursts? When was the first time? When did you most recently notice him being angry with the little boy?"
6. **Affirming:** Affirming is done in the form of selective statements of appreciation and understanding. This technique helps to demonstrate empathy. Affirming can send the message that the Centralized Intake Specialist recognizes that the reporter has a perspective and understands what the reporter's perspective is. Affirming is also used to send a message that the Centralized Intake Specialist acknowledges a reporter's right to feel a certain way.
Example: "I understand that it must be frustrating for you when you feel like you are not being heard."
7. **Summarizing:** This skill can be used to change topics with a reporter or to wrap up the call during the closing phase. The Centralized Intake Specialist will connect and draw conclusions regarding material and information that was discussed and reinforces what was said during the call. This technique will enable the Centralized Intake Specialist to prepare the reporter to move along to another topic or to close out the call. The Centralized Intake Specialist should offer an overall summary at the end of the call, including any step(s) the reporter agreed to take (i.e., contact collaterals,

advise the family of a service, etc.).

Example: “So, Ms. X, you have called today to express concern about Jimmy not receiving enough food due to Mom having insufficient income. Jimmy is in generally good health. We agreed that you would take Mom to Little Sisters Food Center to show her how to access food there. You also offered to take her there whenever she may need to go.”

Intake Reports Across County Lines

When allegations of child abuse are reported regarding a child in County A and it is determined the child is a resident of County B, County A must notify County B of the intake report and both counties will coordinate case management activities including identifying which County will have the responsibility to make the face-to-face contact with the child to ensure child safety. When an immediate response is deemed necessary, County A will be responsible for making face-to-face contact with the child in order to assess safety. Some examples are:

1. Intake report received from law enforcement in County A, requesting an immediate response to a home or the allegations indicate an immediate response is needed. The address given for the children indicate they are residents of County B and are visiting in County A. County A should provide the immediate response.
2. Intake report received from law enforcement in County A indicates the children are being taken into protective custody and need to be placed into foster care in County A. The legal residence of the children is County B. County A should complete the immediate case management activities that are required, including the assessment for child safety. Both counties should coordinate all other activities. County B should make every effort to attend the preliminary protective hearing in County A. A transfer of court jurisdiction should occur to County B.
3. When allegations of child abuse are reported regarding a child whose primary caretaker is in jail/prison, the intake report will be assigned to the County Division of the primary caregiver's legal residence prior to their incarceration, regardless of the location of the child(ren).
4. When allegations of child abuse are reported regarding a child in a hospital in County A and it is determined that the primary caretaker resides in County B, the intake report shall be assigned to County B where the primary caregiver resides.

NOTE: When it is determined that an intake report made to County A should have been made to County B, reassign the Intake Assessment in Georgia SHINES to County B immediately. County A should notify County B by telephone when this circumstance exists. Use of email may be appropriate; however, it is the responsibility of County A to ensure that County B is aware of the Intake Assessment assignment. The reassignment of the Intake Assessment in Georgia SHINES does not change the original response time assigned to ensure child safety.

Intake Reports Opened in Error

If a user accidentally opens an intake report in Georgia SHINES and the Centralized Intake Specialist has not selected alleged victims, allegations, disposition, or safety threats, then the intake may be marked as “opened in error” and closed.

Reports of Juvenile Drug Use

Persons that have reasonable cause to believe that a child is habitually using, in an unlawful manner, any controlled substance or marijuana, as defined by Georgia law is encouraged to report such information to the child's caregiver and to DFCS. If the person exercising loco

parentis control over the child is a member of any school, social agency or similar facility, the person in charge shall make the report. DFCS shall receive the information as an intake report then subsequently “Screen Out” and “Refer to Juvenile Court” if there are no allegations that accompany the report of juvenile drug use that are indicative of child abuse by the caregiver.

Child Abduction Response Team (CART)

The CART is a multi-disciplinary team authorized to investigate the abduction or endangerment of children in Georgia and is only activated upon the request of a sheriff, police chief, the attorney general, the district attorney, or designee of any of the aforementioned. CART pulls resources together allowing for a rapid and organized response to missing children.

A family involved in a CART may not necessarily come to the attention of the local DFCS office or require DFCS intervention. A DFCS state office representative serves as the CART liaison who will provide DFCS information to the CART. The DFCS state office representative may contact any local DFCS County office to obtain information about the family involved in a CART and may request the support of county staff. When directed by the DFCS state office representative, CICC should enter an intake report in Georgia SHINES noting a CART has been activated and specifying who directed the initiation of the CART intake report. If the County Division is directly contacted concerning a CART and DFCS intervention is required, the County Division will contact the CICC to relay intake report information.

Rights and Duties of Legal Custodian

A legal custodian is a person who has been given legal custody of a child by order of a court; or may be classified as a public or private agency, or other private organization licensed or otherwise authorized by law to receive and provide care for a child. The legal custodian has the right to physical custody of a child, the right to determine the nature of the care and treatment of such child, including ordinary medical care and the right and duty to provide for the care, protection, training and education and the physical, mental and moral welfare of such child, subject to the conditions and limitations of the order and to the remaining rights and duties of such child’s parent or guardian.

Categories of Child Abuse

1. Physical injury/Physical abuse
2. Neglect
3. Emotional abuse
4. Sexual abuse or Sexual exploitation
5. Prenatal abuse of a child by a parent
6. An act or failure to act that presents an imminent risk of serious harm to the child’s physical, mental, or emotional health
7. Trafficking a child for labor servitude (labor trafficking)

For additional guidance and the definitions of the categories of child abuse see Forms and Tools: Maltreatment Codes.

FORMS AND TOOLS

[Areas of Family Functioning Tool](#)

[Intake Introduction Script](#)

[Lack of Supervision Reference Guide](#)

Maltreatment Codes