

# FRAME 101

Children & Family Services

CPS & Case Management  
Field Service Specialists



# *Policy & Resource Links*



Look for this  
symbol!

Case Details

Family Unit  
Details

[Main Menu](#)

**Case Details: REED, Arthur**

Summary

Case Details

Case Number: 186428 [Edit Case](#) Status: Opened

Family Unit Details

Address: 100 E Row St  
Elmwood, ND 58888  
701-876-5309

Structure: Married two parent household, with two biological/adoptive parents

Name	Sex	SSN	Date of Birth	Participation		In Household	Action
				Start	End		
Arthur Reed	M	000-00-0000	11/02/2015	05/16/2024		No	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
DW Reed	F		01/12/2019	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Jane Reed	F		08/12/1981	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
David Reed	M		05/05/1983	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Kate Reed	F		04/04/2023	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Janie Reed	F		05/15/2024	06/28/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>

[Edit Family Unit](#) | [View Family Unit History](#)

☐ Intake

Assessment

Case Management

Legal

Placement

Plans

CHILD ABUSE AND NEGLECT REPORTS

Report Number	Report Date	Status	Agency	CPS Worker	Action
207065	05/17/2024	Assessment 106006	Adams County - Southwest Dakota HSZ	Kelsey J. Buss	<a href="#">View</a>
207064	05/16/2024	Assessment 106007	Adams County - Southwest Dakota HSZ	Valery R. Kirby	<a href="#">View</a>
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	<a href="#">View</a>

[Add CPS Report](#)

Return

Close Case

Case History

Edit Family Unit

Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	Action
				Start	End			
Arthur Reed	Male		11/02/2015	<div>05/16/2024</div>		<a href="#">Edit</a>	<div>Unknown</div>	<a href="#">View Details</a>   <a href="#">View Participation</a>
DW Reed	Female		01/12/2019	<div>05/16/2024</div>		<a href="#">Add</a> (Item Missing)	<div>Unknown</div>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Jane Reed	Female		08/12/1981	<div>05/16/2024</div>		<a href="#">Add</a> (Item Missing)	<div>Unknown</div>	<a href="#">View Details</a>   <a href="#">View Participation</a>
David Reed	Male		05/05/1983	<div>05/16/2024</div>		<a href="#">Add</a> (Item Missing)	<div>Unknown</div>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Kate Reed	Female		04/04/2023	<div>05/16/2024</div>		<a href="#">Add</a> (None Entered)	<div>Unknown</div>	<a href="#">View Details</a>   <a href="#">View Participation</a>

[Add Member](#)

Family Unit Structure

Structure: 

Married two parent household, with two biological/adoptive parents

Family Unit Address

*Select	Residents	Address
<div><div></div></div>	Arthur Reed DW Reed Jane Reed David Reed Kate Reed	100 E Row St Elmwood, ND 58888

Family Unit Preferred Telephone

Telephone: (2223334444) Ext: (12345)



# Case Details: Household Composition

**End Date:** This can be when you discover the household member left the home or the date you know they left the home.  
Ex-Info gathered from David that Molly left the home in July.

## Edit Family Unit

### Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	Action
				Start	End			
Arthur Reed	Male	000-00-0000	11/02/2015	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
DW Reed	Female		01/12/2019	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Jane Reed	Female		08/12/1981	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
David Reed	Male		05/05/1983	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Kate Reed	Female		04/04/2023	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Janie Reed	Female		05/15/2024	<input type="text" value="06/28/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Molly MacDonald	Female		04/07/1988	<input type="text" value="07/26/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>

[Add Member](#)

The CPS Workers shall update the Household Family Unit Members before submitting the CPS assessment and/or transferring the case to In-Home or Foster Care

## Case Details: REED, Arthur

### End Molly MacDonald Participation

**Start Date:** 07/26/2024

**\*End Date:**  (mmddyyyy)

**\*Reason:**

[Cancel](#) [End Participation](#)

\*Required

\*The FRAME case should contain *only* the people involved in household at the conclusion of the CPS assessment.\*

# Ending Participation

## Edit Family Unit

### Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	Action
				Start	End			
Arthur Reed	Male	000-00-0000	11/02/2015	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
DW Reed	Female		01/12/2019	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Jane Reed	Female		08/12/1981	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
David Reed	Male		05/05/1983	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Kate Reed	Female		04/04/2023	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Janie Reed	Female		05/15/2024	<input type="text" value="06/28/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Molly MacDonald	Female		04/07/1988	<input type="text" value="07/26/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>

[Add Member](#)

## Case Details: REED, Arthur

### End Molly MacDonald Participation

Start Date: 07/26/2024

\*End Date:  (mmddyyyy)

\*Reason:

[Cancel](#) [End Participation](#)

\*Required

\*Reason:

- [Cancel](#) [End Pa](#)
- Close Program
  - Death
  - Divorce
  - Left Home
  - Living Independently
  - Moved to Relative's Home
  - Runaway
  - School
  - TPR

Case Managers shall end participation for those no longer in the family unit **before** opening a new service period and an In-Home or Foster Care episode.

**End Date:** This can be when you discover the household member is no longer a part of the family unit **OR** the date you know they left the family unit **OR** the opening of the new service period if information is unknown.

**Reason:** Choose the end reason that is most applicable to the situation.

Centralized Intake

# RECEIVING THE REPORT

- All reports of Suspected Child Abuse or Neglect are sent to the *Central Intake Unit* to be processed by an **Intake Worker (IW)**.
- **IW** completes a thorough search of FRAME to avoid unnecessary duplication.
- **IW** enters the report into the FRAME system either into the current family FRAME case or creating a new one, *if needed*.

### Case Search

Search Criteria

Case Number:	<input type="text"/>
Case Name:	<input type="text"/>
Agency:	<input type="text" value="v"/>
Supervisor ID:	<input type="text"/>
Facilitator ID or Team Member ID:	<input type="text"/>
Client ID:	<input type="text"/>
Client Last Name, First:	<input type="text" value="Reed"/> <input type="text" value="Arth"/>
SSN:	<input type="text"/>

Search Results (No Cases match the Search Criteria)

# CASE NAME

Case name is identified by

**LAST NAME, FIRST NAME**

of the oldest child in the household

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**Case Details: REED, Arthur**

**Summary**

**Case Details**

**Case Number:** 186428 [Edit Case](#) **Status:** Opened



# FRAME ENTRY

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*Children in multiple cases*

*Multiple factors* are taken into consideration when determining which case a report will be entered into when the child has history in multiple cases:

- *Alleged Maltreatment*
- *Subject(s) of the Report*
  - Subject(s) relationship to the child.
  - New/Additional family unit members such as significant others and their child(ren).
- *Household the incident occurred*

**Example: Jane and David were married and had two children, Arthur and DW.**

**A FRAME case was created for Jane and David with both being listed as subjects historically.**

**Jane and David divorced. David remarried Susan and together they had two more children. A new report is received alleging that David and Susan are physically abusing Arthur and DW as well as their two children.**

**A new FRAME case would be created for David and Susan's household.**

# DATE & TIME DOCUMENTATION

The Date & Time received by Intake is documented by Intake in:

1. Report Details in FRAME
2. Case Activity Log
3. SFN 960/Tool 1

Send

To

cpsintakeunit@nd.gov

Cc

*It is important that the Zone is notifying Intake **as soon as possible** after they have had contact with a reporter if that is the initiation of the report. For example, if LE calls you directly on Thursday, 8/25/25, at 8:13 PM as they need you to respond to a home and assist them, that is the Date & Time received.*

FRAME 186428 Reed, Arthur & DW

Good Morning,

I received a phone call from Law Enforcement last night, Thursday (8/25/25), at 08:13 PM concerning Reed, Arthur & DW (FRAME 186428). I met with LE at the home and interviewed the children.

**Monica Mack | Central Intake Unit Supervisor**

North Dakota Child Protection Services

Direct Line: (701) 227-7640

Fax: (701) 328-0361



**IW will then follow back up with that *on call worker* to complete the Tool 1 and get everything inputted into FRAME *if needed*.**



# DATE & TIME DOCUMENTATION *Continued*

The date and time documented in the Assessment Details is the date and time the IW sent the report to the Human Service Zone/ CPS Supervisor.



## Intake

**Date Received from Intake:** 05/16/2024

**Time Received from Intake:** 06:20 PM

★ *If the Zone already received/reviewed the report, however, that is the date and time that will be used, regardless of when Intake received it.*

Using the previous example, it would be **Thursday, 8/25/25, at 8:13 PM**

## IMPORTANT:

1. This date and time **cannot be after** the Face to Face initiated Date and Time.

★ *If a 960 is sent to your agency, please do not fill out the bottom of the 960 with the report date and time. This should be completed by Intake only.*

# DIFFERENT REPORT TYPES

## DIFFERENT FRAME ENTRIES

### Child on Child Sexualized Behavior (CSB)



Entered as a  
Administrative Referral-  
CPS worker responsible  
for referral to LE, Case  
Logs and AR  
documentations

### Substance Exposed Infant (SEI)



No assessment is  
started- responsibility of  
CPS worker to start  
assessment due to Alt.  
Response option

### Pregnant Woman (PWA)



Unborn babies are never  
entered under the  
household (they are listed  
as non family unit  
members).

### Licensed Foster Homes & Daycares



Entered under the  
name on the license.

### Schools & Facilities



These reports are not  
kept in FRAME and  
referred to ICPS.

★REMINDER: The HSZ is responsible for referring reports that are full kitted to where it needs to go.

- *For example: Any reports that need to involve Law Enforcement.*

# Reminders

- All reports must be sent to Centralized Intake for processing.
- Zone Worker can assist reporters who wish to file reports with them and do not want to use Central Intake by completing the 960, but the worker is not the reporter. The person telling you the information is the reporter.
- **PLEASE** do not enter any reports into FRAME. All new reports must go through Centralized Intake.
- If *backtracking* must occur due to having to move reports (that have already been through Intake) into a different FRAME case, just send intake an email that this occurring as an FYI.

Child Protective Services

# Assessment Details

- Extensions up to date
- Assessment location is correct (home, foster care, childcare)
- Was safety assessed and identified?
  - Present danger and/or impending danger
- Plan for Child Safety?
  - Present Danger Plan and/or Safety Plan

Details	
Assessment Details	
Assessment Number:	106006
Assessment Type:	Standard
Conflict/Courtesy:	Neither
Alternative Response Offered:	No
Reason Not Offered:	
Alternative Response Accepted:	No
Assessment Agency:	Adams County - Southwest Dakota HSZ
CPS Worker:	Valery R. Kirby
Report Date Received:	05/16/2024 05/17/2024
Assessment Due:	08/16/2024 <a href="#">Request Assessment Extension 07/17/2024</a>
Assessment Location:	Home
Reason for Assessment:	DW, 4 and Kate, 1 found at a park, unsupervised, and unable to locate parents.
Was safety assessed:	Yes
If No, why not:	
If Yes, safety concerns identified:	Concern for supervision of children, impulse control and motivation.
CPS Emergency Plan for Child Safety:	PDP in place at onset with grandfather. Safety Plan completed.

Complete all areas; do not keep 'x' or '.', etc.

# Face to Face

- Face to face in assessment details, Tool 3, and Face to face initiation with the victim in Case Activity Log (CAL) must match.
- Case should always be initiated by face to face with victim and coded in CAL as “CPS initiated w/contact with victim”
- Face to face date and time cannot be before Date/Time Received from Intake or Report Date Received



Intake

Date Received from Intake: 05/16/2024  
Time Received from Intake: 06:20 PM

Should be equal to or before

Face to Face

Category: A Contact Date: 05/16/2024 Contact Time: 06:20 PM Contact Made By: CPS Social Worker Name: Val Kirby

=

**Contact(s):** DW Reed Family Unit Member  
Kate Reed Family Unit Member

**Date of Contact:** 05/16/2024  
**Time of Contact:** 6:20 PM  
**Contact Type:** CPS initiated w/contact with victim  
**Program:** Child Abuse and Neglect  
**Comment:** Worker met with DW and Kate upon request for LE for placement. See Tool 3 for further details.

**Method of Contact:** Face To Face  
**Status:** COMPLETED  
**Location:** Other  
**Number of Units:** 0  
**Worker:** Valery R. Kirby

&

Child(ren)	DW Reed	9/22/23	White If "Other", specify	Victim	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Face to Face Visit?	<input checked="" type="checkbox"/> Yes 6/16/2024 <input type="checkbox"/> No
If No Face to Face Visit Explain Why		Enter text.					



# Documentation

- Tool 1/960 for *all* reports
- Tool 2 (Present Danger Assessment) and SFN 455 (Present Danger Plan)- *signed*
- Tool 3/3.1/3.2- *signed*
- Tool 4 (Safety Plan)- *signed*
  - Medical records
  - School records

- Police reports
- Notification Letters to subject(s), non-subject parent(s), mandated reporters- *signed*
- Affidavit of Mailing (SFN 499) signed (for confirmed subject letters)- *signed*
- CAPTA/DD Referral (SFN 486)

- Pictures
- Court related documents
- Daycare onset letter
- All other documents obtained or created throughout the assessment process

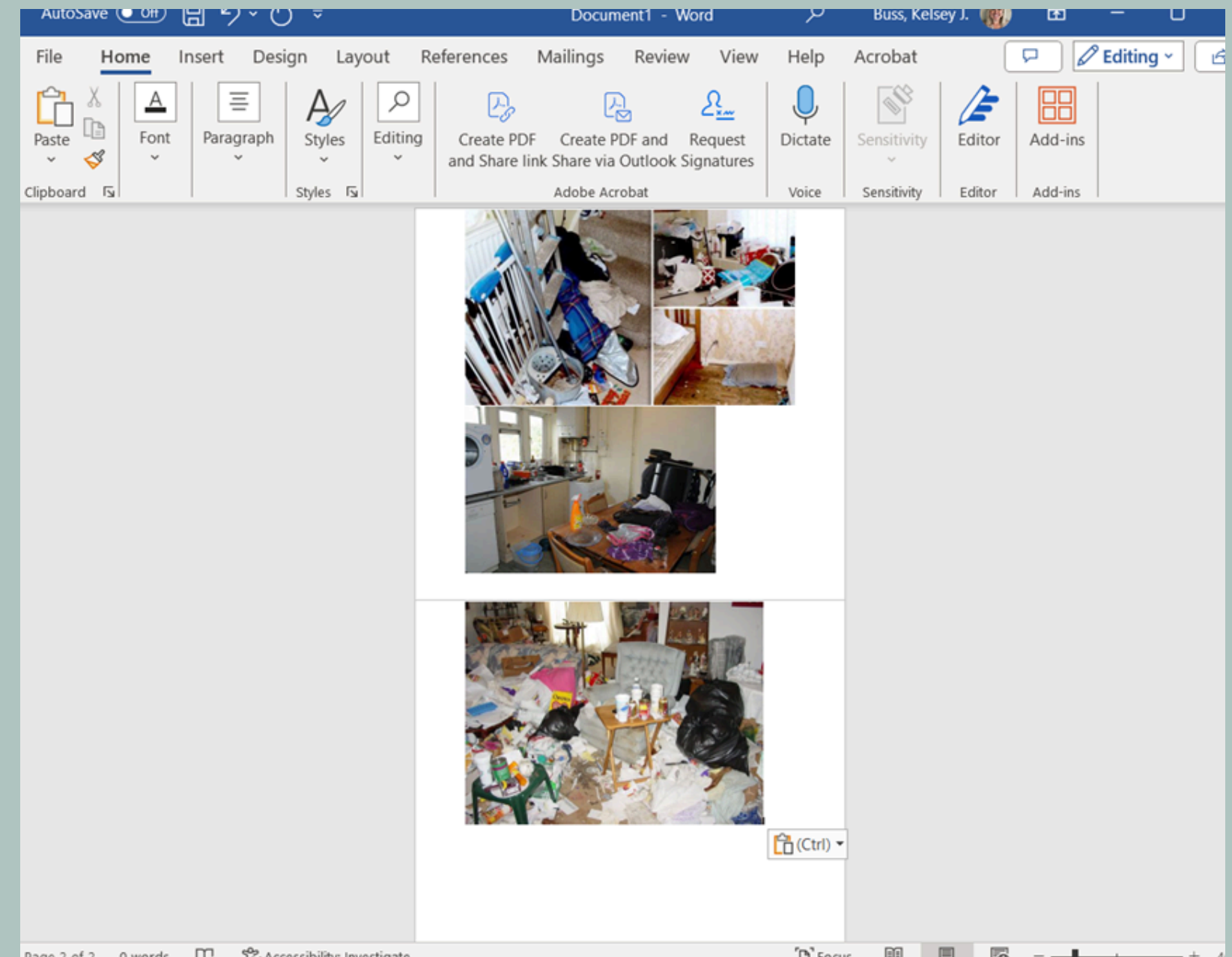
# NAMING DOCUMENTS

- Simple and consistent
- Use individual names or initials, if applicable

Documentation		
Name	Type	Received Date
Intake 5.16.24	SFN 960	05/16/2024
5.16 Police Report	Police Report	05/16/2024
Home Pictures	Other	05/21/2024
Kate Medical Records	Medical Report	05/21/2024
DW Forensic Inter.	Other	05/20/2024
Arthur Therapy Notes	Medical Report	05/21/2024
Jane CD Eval.	Other	05/21/2024
Plan of Safe Care	Other	05/21/2024
Dave- SS Agreeemnt	Safety Support Agreement	05/21/2024
SEI-AR Agreement	Alternative Response Agreement	05/21/2024
ROIs	Other	05/20/2024
Shelter Care	Court Document	05/20/2024
Present Danger Asses	Other	05/20/2024
Present Danger Plan	Other	05/20/2024
Tool 4- Safety Plan	Other	05/21/2024
Tool 3- CPSA	Other	05/21/2024
Closing Letters	Other	05/21/2024
Email Correspondence	Other	05/21/2024
<a href="#">Add Documentation</a>		

# Uploading Pictures

- Combine pictures into one document
  - Insert into a continuous word document, upload a zipped file, or combine as a PDF document
- Please, do **not** upload more than 5 pictures individually



# Substance Exposed Infants

- Unique in how Intake will initiate them
- ALL assessment should start as an Alternative Response

EIMWOOD, ND 58888

**Structure:** Married two parent household, with two biological/adoptive parents

Name	Sex	SSN	Date of Birth	Participation		In Household	Action
				Start	End		
Arthur Reed	M		11/02/2015	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
DW Reed	F		01/12/2019	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Jane Reed	F		08/12/1981	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
David Reed	M		05/05/1983	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Kate Reed	F		04/04/2023	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>

[Edit Family Unit](#)

**Intake** | **Assessment** | **Case Management** | **Legal** | **Placement** | **Plans**

**CHILD ABUSE AND NEGLECT REPORTS**

Report Number	Report Date	Status	Agency	CPS Worker	Action
207064	05/16/2024		Adams County - Southwest Dakota HSZ	Valery R. Kirby	<a href="#">View</a>
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	<a href="#">View</a>

[Add CPS Report](#)



# SEI CONTINUED

- What it will look like when Intake transfers
- Do not move into assessment until baby is named and added into the family unit as the victim
  - Delete “Unknown Unknown”

ELMWOOD, ND 58888

**Structure:** Married two parent household, with two biological/adoptive parents

Name	Sex	SSN	Date of Birth	Participation		In Household	Action
				Start	End		
Arthur Reed	M		11/02/2015	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
DW Reed	F		01/12/2019	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Jane Reed	F		08/12/1981	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
David Reed	M		05/05/1983	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Kate Reed	F		04/04/2023	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>

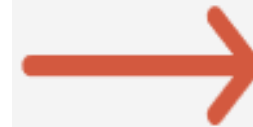
[Edit Family Unit](#)

**Intake** | Assessment | Case Management | Legal | Placement | Plans

**CHILD ABUSE AND NEGLECT REPORTS**

Report Number	Report Date	Status	Agency	CPS Worker	Action
207064	05/16/2024		Adams County - Southwest Dakota HSZ	Valery R. Kirby	<a href="#">View</a>
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	<a href="#">View</a>

[Add CPS Report](#)



**Structure:** Married two parent household, with two biological/adoptive parents

Name	Sex	SSN	Date of Birth	Participation		In Household	Action
				Start	End		
Arthur Reed	M		11/02/2015	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
DW Reed	F		01/12/2019	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Jane Reed	F		08/12/1981	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
David Reed	M		05/05/1983	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Kate Reed	F		04/04/2023	05/16/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Janie Reed	F		05/15/2024	06/28/2024		Unknown	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>

[Edit Family Unit](#)

**Intake** | Assessment | Case Management | Legal | Placement | Plans

**CHILD ABUSE AND NEGLECT REPORTS**

Report Number	Report Date	Status	Agency	CPS Worker	Action
207064	05/16/2024		Adams County - Southwest Dakota HSZ	Valery R. Kirby	<a href="#">View</a>
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	<a href="#">View</a>

[Add CPS Report](#)

View CPS Report: Suspected Child Abuse or Neglect

Report Details

Report

Number: 207064

Date of Entry: 06/28/2024

Assessment Agency: Adams County - Southwest Dakota HSZ

CPS Worker: Valery R. Kirby

Date Received: 05/16/2024

Time Received: 01:20 PM

Received By: E-Mail

Report Status: Draft

Report Source: Nurse

Initial Category: A

Originating Agency:

Original Received Date:

Reason for Report: Baby born with urine drug screen positive for methamphetamine.

Reporter Details

Name: Jamie Klauzer

Address: Trinity Hospital ND

Phone Number

Relationship:

Suspected Maltreatment

Suspected Maltreatment: Prenatal exposure to meth

Incident Date: 05/15/2024

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	Subject/Victim	Empl
Arthur Reed	Male	11/02/2015	Family Unit Member	Non-Victim	
DW Reed	Female	01/12/2019	Family Unit Member	Non-Victim	
Jane Reed	Female	08/12/1981	Family Unit Member	Subject	
David Reed	Male	05/05/1983	Family Unit Member	Non-Subject (Caregiver)	
Kate Reed	Female	04/04/2023	Family Unit Member	Non-Victim	
Unknown Unknown	Female	05/15/2024	Other	Victim	

Return Edit Assessment Administrative Assessment Administrative Referral Transfer

1

Edit CPS Report: Suspected Child Abuse or Neglect

Suspected Maltreatment

*Suspected Maltreatment	Action
Prenatal exposure to meth	<a href="#">Remove</a>
<a href="#">Add Suspected Maltreatment</a>	

\*Incident Date: 05/15/2024 (mmddyyyy) ?

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	*Subject/Victim	Empl
Arthur Reed	Male	11/02/2015	Family Unit Member	Non-Victim	
DW Reed	Female	01/12/2019	Family Unit Member	Non-Victim	
Jane Reed	Female	08/12/1981	Family Unit Member	Subject	
David Reed	Male	05/05/1983	Family Unit Member	Non-Subject (Caregiver)	
Kate Reed	Female	04/04/2023	Family Unit Member	Non-Victim	
Janie Reed	Female	05/15/2024	Family Unit Member		

[Add Nonfamily Individual](#) | [Add Unknown Subject](#)

Previous Update

\*Required

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	Subject/Victim	Employment Status	Public Assistance
Arthur Reed	Male	11/02/2015	Family Unit Member	Non-Victim		
DW Reed	Female	01/12/2019	Family Unit Member	Non-Victim		
Jane Reed	Female	08/12/1981	Family Unit Member	Subject		
David Reed	Male	05/05/1983	Family Unit Member	Non-Subject (Caregiver)		
Kate Reed	Female	04/04/2023	Family Unit Member	Non-Victim		
Janie Reed	Female	05/15/2024	Family Unit Member	Victim		

This CPS Report meets the criteria for a potential Alternative Response Assessment.

Return Edit Assessment

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3



# SEI ASSESSMENT DETAILS AND DOCUMENTATION

### Assessment Details:

- Assessment Type- Alternative Response
- Alternative Response Offered- Yes/No
- Reason Not Offered
- Alternative Response Accepted

Intake:

- Complete date and time received from intake as was not completed by intake previously due to it waiting to be pushed forward by the worker

### Additional SEI- AR Documentation:

- *Completed* Plan of Safe Care (SFN 485)
- *Signed* AR Agreement (SFN 495)
- *Completed and Signed* Safety Support Agreements (SFN 487)
- *Completed and Signed* Child Abuse and Neglect Background Inquiry (SFN 433)
- Release of Information (SFN 1059)
- Birth Medical Records

### Plan of Safe Care:

- Completed in FRAME

Details

Assessment Details

Assessment Number: 106007

Assessment Type: Alternative Response

Conflict/Courtesy: Neither

Alternative Response Offered: Yes

Reason Not Offered:

Alternative Response Accepted: Yes

Assessment Agency: Adams County - Southwest Dakota HSZ

CPS Worker: Kelsey J. Buss

Report Date Received: 05/16/2024

Assessment Due: 07/17/2024 [Request Assessment Extension](#)

Assessment Location: Home

Reason for Assessment: Janie born with positive urine drug screen for meth.

Was safety assessed: No

If No, why not: x

If Yes, safety concerns identified:

CPS Emergency Plan for Child Safety: x

Face to Face

Category: A   Contact Date:   Contact Time:   Contact Made By:   Name:

Subject Advised

Advised of concern in the report: No   Reason not advised of concern in the report: x

Repeat Maltreatment Review

Number of prior assessments:   Children ever placed out of the home:

Date of Review:   Recommendations made to the County:

Date of initial report of first assessment:   County recommendations completed:

[Edit Details](#)

Intake

Date Received from Intake:  (mmddyyyy)

Date Received from Intake:  (hh:mm)   ☐ am   ☐ pm

Documentation

[Add Documentation](#)

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	Subject/Victim	Employment Status	Public Assistance	Action
Arthur Reed	Male	11/02/2015	Family Unit Member	Non-Victim			<a href="#">View Details</a>
DW Reed	Female	01/12/2019	Family Unit Member	Non-Victim			<a href="#">View Details</a>
Jane Reed	Female	08/12/1981	Family Unit Member	Subject			<a href="#">View Details</a>
David Reed	Male	05/05/1983	Family Unit Member	Non-Subject (Caregiver)			<a href="#">View Details</a>
Kate Reed	Female	04/04/2023	Family Unit Member	Non-Victim			<a href="#">View Details</a>
Janie Reed	Female	05/15/2024	Family Unit Member	Victim			<a href="#">View Details</a>

[Edit Individuals/Caregivers/Victims](#) | [Edit Family Unit](#)

Living Arrangement at Time of Incident

Victim Name	Living Arrangement	Action
Janie Reed	Married two parent household, with two biological/adoptive parents	<a href="#">Edit</a>

Plan of Safe Care

Team Staffing/Decision

[Add Plan of Safe Care](#)

[Add Team Staffing/Decision](#)



Be sure to include all alleged maltreatments, correct subjects, and correct victims.

[illegible]

# NOTIFICATIONS

- Date Notified- date of letter and affidavits of mailing (if applicable)
- DD Referral- must send for Confirmed finding assessments for any child under 3 within the household upon and SEI- AR
- Child Near Death- Yes, only if the abuse/neglect confirmed finding led to the near death of a child, as identified by medical.
- Repeat Maltreatment = confirmed finding within 12 months of another confirmed finding

Assessment

View CPS Assessment Notifications

Date Subject Notified:

Jane Reed : 07/17/2024

David Reed : 07/17/2024

The letter notifying the subject of the decision, with affidavit of mailing, has been sent:

Jane Reed : Yes

Explanation:

David Reed : Yes

Explanation:

Non-subject parent notified:

N/A

Explanation:

Child under three (3) referred to DD?:

Yes

Explanation:

Mandated reporter notified:

Yes

Explanation:

Is this a child abuse and neglect near death?:

No

Comment:

Is this an instance of repeat maltreatment?:

No

Comment:

Return

Edit



# CASE ACTIVITY LOGS

- All contacts are documented
- Can be brief if information is in Tool 3
- Include the contact individual(s) name and role
- Correct contact type
- Correct date and time

<b>Contact(s):</b> DW Reed Family Unit Member Kate Reed Family Unit Member			
<b>Date of Contact:</b> 05/16/2024	<b>Method of Contact:</b> Face To Face	<b>Location:</b>	Other
<b>Time of Contact:</b> 6:20 PM	<b>Status:</b> COMPLETED	<b>Number of Units:</b> 0	
<b>Contact Type:</b> CPS initiated w/contact with victim		<b>Worker:</b>	Valery R. Kirby
<b>Program:</b> Child Abuse and Neglect			
<b>Comment:</b> Worker met with DW and Kate upon request for LE for placement. See Tool 3 for further details.			
<b>Contact(s):</b> Regus Compson Law Enforcement			
<b>Date of Contact:</b> 05/16/2024	<b>Method of Contact:</b> Telephone Call	<b>Location:</b>	Other
<b>Time of Contact:</b> (no time entered)	<b>Status:</b> COMPLETED	<b>Number of Units:</b> 0	
<b>Contact Type:</b> CPS Worker contact with Reporter		<b>Worker:</b>	Valery R. Kirby
<b>Program:</b> Child Abuse and Neglect			
<b>Comment:</b> Worker received call from LE to respond to school playground for found children, Kate and DW, potential placement needed.			

# Case Details: Household Composition

## Edit Family Unit

### Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	Action
				Start	End			
Arthur Reed	Male	000-00-0000	11/02/2015	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
DW Reed	Female		01/12/2019	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Jane Reed	Female		08/12/1981	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
David Reed	Male		05/05/1983	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Kate Reed	Female		04/04/2023	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Janie Reed	Female		05/15/2024	<input type="text" value="06/28/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Molly MacDonald	Female		04/07/1988	<input type="text" value="07/26/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>

[Add Member](#)

**End Date:** The date the individuals leaves the home.

## Case Details: REED, Arthur End Molly MacDonald Participation

**Start Date:** 07/26/2024

**\*End Date:**  (mmddyyyy)

**\*Reason:**

[Cancel](#) [End Participation](#)

\*Required

The CPS Workers shall update the Household Family Unit Members before submitting the CPS assessment and/or transferring the case to In-Home or Foster Care

\*The FRAME case should contain *only* the people involved in household at the conclusion of the CPS assessment.\*



# Assessment Submission Checklist

ASSESSMENT SUBMISSION  
CHECKLIST

FULL-KIT ASSESSMENT SUBMISSION IN FRAME TO FSS

Attachments

☐ All Tool 1- CPS intake forms & SFN 960(s)

☐ Tool 2.1- Present Danger Assessment(s)

☐ Tool 2- SFN 455- Present Danger Plan(s)

☐ Tool 3- CPS Assessment- *signed & dated by worker & supervisor*

☐ Notification Letters- *signed & dated*

☐ Subject

☐ Affidavit of Mailing- SFN 499 (Confirmed)

☐ CPS Appeal Insert (Confirmed)

☐ Non-Subject- document due diligence to notify for Confirmed

☐ Mandated Reporter(s) or if verbal, document in CAL

☐ Juvenile Court Notification (Confirmed only)

☐ CAPTA Referral- SFN 486 (Confirmed and SEI-AR)

☐ Tool 4- Safety Plan- *when impending danger identified*

☐ Medical, mental health, and substance use disorder records

☐ Law enforcement records; calls for service, reports, pictures, etc.

☐ Court documents; TCO, shelter care, CHIPS, GAL, etc.

☐ School records or documentation

☐ Pictures- *uploaded in zip file or together in one document, not individually*

☐ CAC/Forensic Interview documentation

☐ FCE documentation

☐ Plan of Safe Care- SFN 485- *for all Substance Exposed Infants*

☐ Substance Exposed Infants- AR Assessments- *signed and dated*

☐ Alternative Response Agreement- SFN 495

☐ Alternative Response Safety Support Agreements- SFN 487 (at least 3)

☐ Child Abuse and Neglect Background Inquiry- SFN 433 (at least 3)

☐ Releases of Information- SFN 1059

☐ Family Services Assessment (FSA) documents

☐ Petition for Involuntary Commitment-PWA

☐ All other documentation gathered throughout the life of the assessment

Additional Documentation FSS Reviewing

☐ Confirmation of safe sleep environment

☐ Evidenced-based screening tool documented as completed in CAL- *do not upload document or indicate results*

☐ Determine military status and notification to appropriate branch contact, if applicable

☐ Notification to ICWA Coordinator, if applicable, via ND ICWA Inquiry/Case Update Form

10/1/2025

NORTH  
Dakota

Health & Human Services

Be Legendary.

Page 1 of 2

ASSESSMENT SUBMISSION  
CHECKLIST

FULL-KIT ASSESSMENT SUBMISSION IN FRAME TO FSS

FRAME Data

☐ Assessment details completed entirely- *no extra characters or 'x' remains*

☐ Correct assessment location (home, childcare, foster home)

☐ Subject advised section complete

☐ Face to Face in assessment details and CAL match & is not before Date/Time Received from Intake

☐ Individuals/Caregivers/Victims section correct

☐ Suspected subjects

☐ Suspected victims

☐ Suspected maltreatments for each subject/victim

☐ Correct findings for each subject/victim

☐ Team staffing- *accurate date, team members, decision, impending danger, & details*

☐ CPS Assessment Notification

☐ All contacts documented in CAL

☐ Case initiated with "CPS initiated w/contact with victim" - *always*

☐ At least one "Monitoring Plan of Safe Care" contact for SEI

☐ Extensions up to date

☐ FRAME Summary 'Home Page'- Family Unit Details accurate- *who is in the household at the time of closing assessment- end participation with accurate dates/reason if needed*

North Dakota Child Protective  
Services Checklist  
UND Training Website



Case Management

# Family Unit Details

## Edit Family Unit

### Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	Action
				Start	End			
Arthur Reed	Male	000-00-0000	11/02/2015	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
DW Reed	Female		01/12/2019	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Jane Reed	Female		08/12/1981	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
David Reed	Male		05/05/1983	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Kate Reed	Female		04/04/2023	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Janie Reed	Female		05/15/2024	<input type="text" value="06/28/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Molly MacDonald	Female		04/07/1988	<input type="text" value="07/26/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
<a href="#">Add Member</a>								

The FRAME case should contain only the people involved in the household at the onset of the Case Management.

This information should be gathered in conjunction with CPS during the warm hand off.

Case Managers shall update the Household Family Unit Members **before** opening a new service period and an In-Home or Foster Care episode.

\*For CM it is important to check that the relationships are accurate as well as they are interconnected to permanency goals.\*



# Adding Members-Member Search

- Should be used to add members to the family unit
- Can also be used when looking for information on a parent or relative needed for parent locator requests or placement details

Name	Sex
Arthur Reed	M
DW Reed	F
Jane Reed	F
David Reed	M
Kate Reed	F
Janie Reed	F
<a href="#">Edit Family Unit</a>	

Family Unit Members	
Name	Sex
Arthur Reed	Male
DW Reed	Female
Jane Reed	Female
David Reed	Male
Kate Reed	Female
Janie Reed	Female
<a href="#">Add Member</a>	

## Steps:

1. Select Edit Family Unit on home screen
2. Select Add Member
3. Enter name and select search
4. If adding to the family unit, select Add New Client to Case
5. If just gathering information, hit previous to go back without adding a client

<b>Search Criteria</b>			
<b>Name:</b>	First	MI	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SSN:</b>	<input type="text"/>		
<b>Address:</b>	<input type="text"/>		
<b>City, State, Zip:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/> (555554444)
<b>Date of Birth:</b>	<input type="text"/> (mmddyyyy)		
<b>Sex:</b>	<input type="text"/>		
<b>Medicaid #:</b>	<input type="text"/>		
<input type="button" value="Clear"/>	<input type="button" value="Search"/>		

# Ending Participation

## Edit Family Unit

### Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	Action
				Start	End			
Arthur Reed	Male	000-00-0000	11/02/2015	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
DW Reed	Female		01/12/2019	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Jane Reed	Female		08/12/1981	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
David Reed	Male		05/05/1983	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Kate Reed	Female		04/04/2023	<input type="text" value="05/16/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Janie Reed	Female		05/15/2024	<input type="text" value="06/28/2024"/>		<a href="#">Edit</a>	<input type="text" value="Yes"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>
Molly MacDonald	Female		04/07/1988	<input type="text" value="07/26/2024"/>		<a href="#">Edit</a>	<input type="text" value="No"/>	<a href="#">View Details</a>   <a href="#">View Participation</a>

[Add Member](#)

## Case Details: REED, Arthur

### End Molly MacDonald Participation

Start Date: 07/26/2024

\*End Date:  (mmddyyyy)

\*Reason:

[Cancel](#) [End Participation](#)

\*Required

\*Reason:

[Cancel](#) [End Pa](#)

Required

[Contact Us](#)

Use Secure

open a new

AI AA, CSS, XHT

Close Program

Death

Divorce

Left Home

Living Independently

Moved to Relative's Home

Runaway

School

TPR

Case Managers shall end participation for those no longer in the family unit **before** opening a new service period and an In-Home or Foster Care episode.

**End Date:** This can be when you discover the household member is no longer a part of the family unit **OR** the date you know they left the family unit **OR** the opening of the new service period if information is unknown.

**Reason:** Choose the end reason that is most applicable to the situation.

# Client Details

Name	Sex	SSN	Date of Birth	Participation		In Household	Action
				Start	End		
Arthur Reed	M	000-00-0000	11/02/2015	05/16/2024		No	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
DW Reed	F		01/12/2019	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Jane Reed	F		08/12/1981	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
David Reed	M		05/05/1983	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Kate Reed	F		04/04/2023	05/16/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
Janie Reed	F		05/15/2024	06/28/2024		Yes	<a href="#">View Details</a>   <a href="#">Medical Information</a>   <a href="#">View Face Sheet</a>
<a href="#">Edit Family Unit</a>   <a href="#">View Family Unit History</a>							

- Member details should be completed for all participants
- For any children that are in foster care, ensure that the ICWA information is completed and indicate if the child has been adopted or had a prior guardianship

ICWA Information

Inquiry made whether the child is an Indian child as defined by ICWA?:

Yes

Is the child a member of or eligible for membership in an Indian tribe?:

Yes

Tribal Affiliation:

☐ Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, South Dakota

☐ Spirit Lake Tribe, North Dakota

☐ Standing Rock Sioux Tribe of North & South Dakota

☐ Three Affiliated Tribes of the Fort Berthold Reservation, North Dakota

☐ Turtle Mountain Band of Chippewa Indians of North Dakota

[Search Other Federally Recognized Tribes](#)

\*Is the Mother a member of an Indian tribe?:

Unknown

\*Is the Father a member of an Indian tribe?:

No

Indian Enrollment Number:

Child Information

Child Ever Adopted:

No

Age at Adoption:

Date of Last Finalized Adoption:

(mmddyyyy)

Child adopted from foreign country:

Placing Agency:

Prior Guardianship before current out-of-home care episode:

No

Prior Guardianship Date:

(mmddyyyy)

Note that placing agency is only completed if there was a prior adoption



# Absent Parents


- Complete as much information as you know
- A parent should not be listed as an absent parent AND a part of the family unit
- If they move from a part of the family unit to absent parent or vice versa, you need to end participation in the other AND their name needs to be listed exactly the same in both places---never delete
  - If not, it will cause issues with child support referrals


**Personal Details**

Date of Birth:  (mmddyyyy)

\*Sex: ☒ Male ☐ Female ☐ Unknown

SSN:

\*Absence Start Date:  08/19/2015  (mmddyyyy)


Absence End Date:   (mmddyyyy)

Parent Status:  ▼

\*Reason for Absence:  Death ▼

[Cancel](#) [Save](#)

\*Required

[Contact Us](#) 

We use Secure Sockets Layer (SSL) technology to ensure your information is secure. Will open a new window (popup).

Abandonment  
Death  
Divorce  
Incapacitated  
Jail/Prison  
Separated  
Termination of Parental Rights  
Whereabouts Unknown  
Paternity Excluded

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\*Paternity Excluded can only be identified if official determination from child support\*

# SCHOOL INFORMATION

- School information needs to be entered for any child age 5 or older regardless of their enrollment
- In order to update all areas, you need to hit *edit all* rather than going into each area separately
- The IEP information needs to be entered regardless if they are on an IEP.
- This information needs to be updated with each change in school setting as well as for the September 15 annual enrollment verification

## School Information: Arthur Reed

### Annual School Information Verification:

#### School Information

Type	Start Date	End Date	School	Last Update
Public/Private School	08/24/2023		Lakewood Elementary	07/11/2024

[Add School Information](#)

#### Individual Education Plan (IEP)

Start Date	End Date	IEP	Last Update	Action
08/24/2023		Not Applicable	07/11/2024	<a href="#">Edit</a>   <a href="#">Delete</a>

[Add Individual Education Plan \(IEP\)](#)

#### Current School Grade

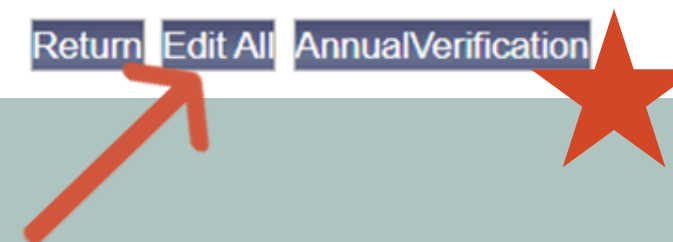
Effective Date	End Date	School Grade	Last Update	Action
08/24/2023		2 grade	07/11/2024	<a href="#">Edit</a>   <a href="#">Delete</a>

[Add Current School Grade](#)

#### Most Recent School Grade Completed

Completed Date	School Grade	Last Update	Action
06/02/2023	1 grade	07/11/2024	<a href="#">Edit</a>   <a href="#">Delete</a>

[Return](#) [Edit All](#) [AnnualVerification](#)





# MEDICAL INFORMATION

- This section is a great place to keep all medical information in one place and to follow the child through
- You MUST enter something for clinically diagnosed conditions and Health Tracks date. These are AFCARS elements.
- If there are none, you just chose none as the option
- If you do not have the information at the time of the first care plan, enter none but be sure to come back and update after the information is gathered or diagnosis are made.
- You can print a face sheet that includes all information from Med tab

## Medical Information: Arthur Reed

Immunizations Health Tracks Physical/Emotional Health Provider Medical History **Conditions** Medications

### Other Non-Clinical Problems

Description: ☐ Behavior Problems  
☐ Other  
☐ Runaway

Comment:

IQ:

### Add Clinically Diagnosed Conditions

\*Description:  ?

\*Start Date:  (mmddyyyy)

End Date:  (mmddyyyy)

Add

### Client's Clinically Diagnosed Conditions

Description	Start Date	End Date	Action
None	5/16/2024	Current	<a href="#">Edit</a>   <a href="#">Remove</a>

Immunizations **Health Tracks** Physical/Emotional Health Provider Medical History Conditions Medications

### Add Health Track

Date:  (mmddyyyy)

Add

### Client's Health Track Dates

Date	Action
05/16/2024	<a href="#">Remove</a>

Comment:

Health tracks completed through wellness visit

# Case Management Tab



Intake

Assessment

Case Management

Legal

Placement

Plans

SERVICE PERIODS

[Add Service Period](#)

TEAM MEETING NOTES

There are no Team Meeting Notes

FAMILY PRESERVATION SERVICES

[Add Family Preservation Service](#)

FAMILY TEAM DECISION MAKING

[Add FTDM Meeting](#)

CHAFEE PARTICIPANT

There are no Chafee Participants.

INDEPENDENT LIVING SERVICES(NYTD) ?

There are no Independent Living Services (NYTD).

NYTD SURVEY

There are no NYTD Surveys.

CREDIT REPORTING ?

There is no credit reporting data.

GUARDIANSHIP PROGRAM

There are no Guardianship Programs.

\*FTDM is being removed as we no longer have that service\*

Case Management

Add Family Preservation Service

Service Period: 05/16/2024 - Present

\*Services Provided:

\*County/Site #:

\*Start Date:

FGDM

mmddyyyy)

End Date:

Intensive In-Home

mmddyyyy)

Is this service the res

Parent Aide

*Select	Assessme	Number	Report(
<input type="radio"/>	No - This serv		a result of a
<input type="radio"/>	Pending - This service is being created as a result of :		
<input type="radio"/>	106007	Draft	207064 - 05/16/20
<input type="radio"/>	106006	Draft	207063 - 05/16/20 207065 - 05/17/20

Cancel

Add

# Chafee, Independent Living, NYTD Survey, Credit Reporting

Intake

Assessment

Case Management

Legal

Placement

Plans

SERVICE PERIODS

Start Date	End Date	Open Program		Action
		In-Home	Foster Care	
05/16/2024		N	Y	<a href="#">View</a>   <a href="#">Close</a>

TEAM MEETING NOTES

There are no Team Meeting Notes

FAMILY PRESERVATION SERVICES

[Add Family Preservation Service](#)

FAMILY TEAM DECISION MAKING

[Add FTDM Meeting](#)

CHAFEE PARTICIPANT

There are no Chafee Participants.

INDEPENDENT LIVING SERVICES(NYTD) ?

There are no Independent Living Services (NYTD).

NYTD SURVEY

There are no NYTD Surveys.

CREDIT REPORTING ?

There is no credit reporting data.

GUARDIANSHIP PROGRAM

There are no Guardianship Programs.





Continued

- Youth 14 & older must have independent living goals developed
- Independent Living Services should be entered monthly
- When a youth reaches age 14, a referral is made to the Chafee Independent Living Program
  - If they choose to participate in Chafee, the coordinator will enter them in as a participant and enter IL Services-this does not alleviate the CM requirement
- Credit Reporting:
  - Completed once per year by CFS
  - CFS will enter the date the report was completed and send on to CM to address with youth

**CHAFEE PARTICIPANT**

Client	Chafee Start Date	Chafee End Date	Chafee Status
[REDACTED]	04/19/2023		Current Foster Care Youth

**INDEPENDENT LIVING SERVICES(NYTD) ?**

Client	Service Date	Action
[REDACTED]	06/27/2024	<a href="#">View</a>
[REDACTED]	04/24/2024	
[REDACTED]	02/08/2024	
[REDACTED]	01/17/2024	
[REDACTED]	09/20/2023	
[REDACTED]	07/20/2023	

[View All](#) | [Add Independent Living S](#)

**NYTD SURVEY**


There are no NYTD Surveys.

**CREDIT REPORTING ?**

Client	Age	Latest Rep
[REDACTED]	17	01/02/2024
[REDACTED]	16	01/12/2023
[REDACTED]	15	01/03/2022

Select	Service
<input type="checkbox"/>	Academic Support ?
<input type="checkbox"/>	Budget and financial management ?
<input type="checkbox"/>	Career preparation ?
<input type="checkbox"/>	Education financial assistance ?
<input type="checkbox"/>	Employment programs or vocational training ?
<input type="checkbox"/>	Family support/healthy marriage education ?
<input type="checkbox"/>	Health education and risk prevention ?
<input type="checkbox"/>	Housing, education, and home management tr ?
<input type="checkbox"/>	Independent living needs assessment ?
<input type="checkbox"/>	Mentoring ?
<input type="checkbox"/>	Other financial assistance ?
<input type="checkbox"/>	Post-secondary educational support ?
<input type="checkbox"/>	Room and board financial assistance ?

# Opening Service Period


Intake	Assessment	Case Management	Legal	Placement	Plans
<b>SERVICE PERIODS</b>  <a href="#">Add Service Period</a>		<b>CHAFEE PARTICIPANT</b> There are no Chafee Participants.			
<b>TEAM MEETING NOTES</b> There are no Team Meeting Notes		<b>INDEPENDENT LIVING SERVICES(NYTD) ?</b> There are no Independent Living Services (NYTD).			
<b>FAMILY PRESERVATION SERVICES</b> <a href="#">Add Family Preservation Service</a>		<b>NYTD SURVEY</b> There are no NYTD Surveys.			
<b>FAMILY TEAM DECISION MAKING</b> <a href="#">Add FTDM Meeting</a>		<b>CREDIT REPORTING ?</b> There is no credit reporting data.			
		<b>GUARDIANSHIP PROGRAM</b> There are no Guardianship Programs.			



# Opening Service Period – Clients

## Case Management

### Add Service Period Client

\*Service Period Effective:   (mmddyyyy)

#### Service Period Clients

Name	Sex	SSN	Date of Birth	*Select
Arthur Reed	Male		11/02/2015	<input checked="" type="checkbox"/>
DW Reed	Female		01/12/2019	<input checked="" type="checkbox"/>
Jane Reed	Female		08/12/1981	<input type="checkbox"/>
David Reed	Male		05/05/1983	<input type="checkbox"/>
Kate Reed	Female		04/04/2023	<input checked="" type="checkbox"/>
Janie Reed	Female		05/15/2024	<input checked="" type="checkbox"/>



- All children entering foster care **must** be listed as a care plan client.
- For in-home, all children that were identified as vulnerable to the impending danger.
- Adults in the household should never be a care plan client.

# Service Period Clients

## Service Period Clients

Name	Sex	SSN	Date of Birth	Action
Arthur Reed	Male	000-00-0000	11/02/2015	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
DW Reed	Female		01/12/2019	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
Kate Reed	Female		04/04/2023	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
Janie Reed	Female		05/15/2024	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
<a href="#">Add Client</a>				

## Remove Care Plan Client

You are about to remove the following client from this Service Period:

Service Period	Name	Sex	SSN	Date of Birth
05/16/2024 - Present	Arthur Reed	Male	000-00-0000	11/02/2015

[Cancel](#) [Remove](#)

## Service Period Clients

Name	Sex	SSN	Date of Birth	Action
DW Reed	Female		01/12/2019	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
Kate Reed	Female		04/04/2023	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
Janie Reed	Female		05/15/2024	<a href="#">View Intake</a>   <a href="#">Outcomes</a>   <a href="#">Remove</a>
<a href="#">Add Client</a>				

## Case Management

### Service Period

**Service Period:** 10/06/2025 - Present **Status:** Open

### Service Period Clients

Name	Sex	SSN	Date of Birth	Action
Arthur Reed	Male	000-00-0000	11/02/2015	<a href="#">View Intake</a>   <a href="#">Remove</a>
DW Reed	Female		01/12/2019	<a href="#">View Intake</a>   <a href="#">Remove</a>
Kate Reed	Female		04/04/2023	<a href="#">View Intake</a>   <a href="#">Remove</a>
Janie Reed	Female		05/15/2024	<a href="#">View Intake</a>   <a href="#">Remove</a>
<a href="#">Add Client</a>				

### In-Home

### Foster Care

#### Arthur Reed

[Add In-Home Program](#)

#### DW Reed

[Add In-Home Program](#)

#### Kate Reed

[Add In-Home Program](#)

#### Janie Reed

[Add In-Home Program](#)

NEW  
LAYOUT

# Opening Service Period

### Family Unit Details

#### Add Family Members

Name	SSN	Date of Birth	Sex	Address	Marital Status	Race	*Relationship	Action
Arthur Reed		11/02/2015	Male	100 E Row St Elmwood, ND 58888		Wh		
DW Reed		01/12/2019	Female	100 E Row St Elmwood, ND 58888		Wh		
Jane Reed		08/12/1981	Female	100 E Row St Elmwood, ND 58888		Wh		
David Reed		05/05/1983	Male	100 E Row St Elmwood, ND 58888		Wh His		

### Case Registration: Reed

#### Family Unit Details

**You must correct the following error(s) before proceeding:**

- DW Reed is missing Relationships.
- DW Reed is missing client detail information.
- Jane Reed is missing Relationships.
- Jane Reed is missing client detail information.
- David Reed is missing Relationships.
- David Reed is missing client detail information.
- Kate Reed is missing Relationships.
- Kate Reed is missing client detail information.
- Janie Reed is missing Relationships.
- Janie Reed is missing client detail information.

#### Add Family Members

Name	SSN	Date of Birth	Sex	Address	Mari
DW Reed		01/12/2019	Female	100 E Row St Elmwood, ND 58888	
Jane Reed		08/12/1981	Female	100 E Row St	

This indicates needing to return to Unit Details to ensure all information is entered correctly –

Then return to Opening Service Period



# Foster Care Program

## Assigned Workers

Worker Type	Agency	Social Worker	Start Date	Action
Primary Worker	Golden Valley County - Roughrider North HSZ	Kassandra A. Thielen	5/16/2024	<a href="#">Remove</a>

[Cancel](#) [Add](#)

## Assign Workers

\*Type: Secondary Worker

\*Agency: Golden Valley County - Roughrider North HSZ

\*Worker: Piche R. Lisa

\*Start Date: 5/16/2024 (mmddyyyy)

[Add Worker](#)

## Assigned Workers

Worker Type	Agency	Social Worker	Start Date	Action
Primary Worker	Golden Valley County - Roughrider North HSZ	Kassandra A. Thielen	5/16/2024	<a href="#">Remove</a>

[Cancel](#) [Add](#)

\*Required

## DW Reed

Foster Care Start Date: 05/16/2024 End Date: CPS Assessment: 106006

Eligibility Determination: Not yet determined Sex Trafficking: No Sex Trafficking during current episode: No Environment at removal: Parent household

Worker Type	Agency	Social Worker	Start Date	End Date	Action
Primary Worker	Golden Valley County - Roughrider North HSZ	Kassandra A. Thielen	05/16/2024		<a href="#">Transfer</a>
Secondary Worker	Golden Valley County - Roughrider North HSZ	Lisa R. Piche	05/16/2024		<a href="#">Transfer</a>

[Edit](#) | [Add Workers](#) | [Close Program/Workers](#)

Add Worker first, followed by  
Add under the Assigned Workers, then  
Add Worker

# In-Home Program

**In-Home** **Foster Care** **Care Plan**

DW Reed

**In-Home Start Date:** 10/06/2025 **End Date:** **Type:** County **CPS Assessment:** Pending

Worker Type	Agency	Facilitator	Start Date	End Date	Action
Primary Worker	Benson County - Mountain Lakes HSZ	Katie M. Nelson	10/06/2025		<a href="#">Transfer</a>

[Edit](#)

Kate Reed

**In-Home Start Date:** 10/06/2025 **End Date:** **Type:** County **CPS Assessment:** Pending

Worker Type	Agency	Facilitator	Start Date	End Date	Action
Primary Worker	Benson County - Mountain Lakes HSZ	Katie M. Nelson	10/06/2025		<a href="#">Transfer</a>

[Edit](#)

Janie Reed

**In-Home Start Date:** 10/06/2025 **End Date:** **Type:** County **CPS Assessment:** Pending

Worker Type	Agency	Facilitator	Start Date	End Date	Action
Primary Worker	Benson County - Mountain Lakes HSZ	Katie M. Nelson	10/06/2025		<a href="#">Transfer</a>

[Edit](#)

Add Worker first, followed by  
Edit under the Assigned Workers,  
Enter secondary worker, then Save and  
Update

Primary In-Home Workers

Agency	Facilitator	Start Date	End Date
Benson County - Mountain Lakes HSZ	Katie M. Nelson	10/06/2025	

Secondary In-Home Workers

[Add](#)

FINAL

DW Reed

**In-Home Start Date:** 10/06/2025 **End Date:** **Type:** County **CPS Assessment:** Pending

Worker Type	Agency	Facilitator	Start Date	End Date
Primary Worker	Benson County - Mountain Lakes HSZ	Katie M. Nelson	10/06/2025	
Secondary Worker	Bottineau County - Northern Prairie HSZ	Jamie E. Klauzer	10/06/2025	

[Edit](#)

Secondary In-Home Workers

Agency	Facilitator	Start Date	End Date	Action
<input type="text" value="Bottineau County - Northern Prairie HSZ"/>	<input type="text" value="Klauzer E. Jamie"/>	<input type="text" value="10/6/2025"/> (mmddyyyy)	<input type="text"/> (mmddyyyy)	<a href="#">Delete</a>   <a href="#">Save</a>

[Add](#)



# Opening Service Period: Human Trafficking

*Is this service the result of a CPS Assessment*

*Select	Assessment Number	Status	Report(s)	Agency	Social Worker
<input type="radio"/>	No - This service is not being created as a result of a CPS Assessment.				
<input type="radio"/>	Pending - This service is being created as a result of a CPS Assessment that has not yet been entered into FRAME.				
<input type="radio"/>	106007	Draft	207064 - 05/16/2024	Adams County	Kelsey J. Buss
<input checked="" type="radio"/>	106006	Draft	207063 - 05/16/2024 207065 - 05/17/2024	Adams County	Valery R. Kirby

**Eligibility Determination**

\*Eligibility Determination:

**Sex Trafficking**



\*Is entry into Foster Care a result of sex trafficking?:

\*Did a sex trafficking incident occur during the current out-of-home care episode?:



# PLACEMENT TAB



Intake	Assessment	Case Management	Legal	Placement	Plans
<b>REASON FOR FOSTER CARE</b> There is no reason for foster care.					
<b>PLACEMENT</b> There is no placement.					
<b>FC PERMANENCY GOALS</b> There are no FC Permanency Goals.					
<b>RELATIVE SEARCH</b> There are no Relative Searches.					
<b>QRTP/PRTF PLACEMENT REQUEST/APPROVAL</b> There are no QRTP/PRTF Placement Request/Approval					

# FC Permanency Goal

A Foster Care Permanency Goal is required at the time the foster care program is opened and **before** a placement or a care plan can be entered.

## Goal Types:

- Adoption
- Guardianship
- Live with relative
- Reunify with parent(s)
- Reunify with legal guardian(s)
- Re-establishment of parental rights

### Placement

#### Add FC Permanency Goal

\*Client:

\*Start Date:  (mmddyyyy) ?

\*Goal Type: ☐ Primary ☐ Concurrent

\*Goal:

Explanation:

\*Proposed End Date:  (mmddyyyy) ?

Actual End Date:  (mmddyyyy) ?

# Continued

- When the goal is reunification, the parent(s) involved in the goal must be selected
  - The names of the parents will automatically populate for you to select as long as you have set relationships
  - Select both parents unless you know with certainty that you cannot/will not reunify with a specific parent
- If the goal is anything other than "reunify with parent(s)" the parent's name will not display

## Examples

### View FC Permanency Goal

**Client:** DW Reed  
**Start Date:** 05/16/2024  
**Goal Type:** Primary  
**Goal:** Reunify with parent(s)  
**Goal Applies to:** Jane Reed  
David Reed  
**Explanation:**  
**Proposed End Date:** 08/14/2024  
**Actual End Date:**

### View FC Permanency Goal

**Client:** DW Reed  
**Start Date:** 05/16/2024  
**Goal Type:** Concurrent  
**Goal:** Live with relative  
**Explanation:**  
**Proposed End Date:** 08/14/2024  
**Actual End Date:**

# Permanency Goals & Care Plans

To eliminate the care plan alert and approve the care plan, the user must:

1. Exit the care plan by clicking “Finish Later”
2. Go to the Placement tab under the FC Permanency Goals section
3. View the open FC Permanency Goal and click “Edit”
4. If the goal is current, enter in the new proposed end date 90 days for the care plan effective date
5. If the goal is no longer current, enter the actual end date into the goal and update
6. Add a new FC Permanency Goal effective the date the prior goal expires.  
The proposed end date will auto populate 90 days from the effective date of the new goal



# Care Plans: Initial Entry

Under the case management tab: Now laid out in their own tabs

Service Period

Service Period: 10/06/2025 - Present Status: Open

Service Period Clients

Name	Sex	SSN	Date of Birth	Action
DW Reed	Female		01/12/2019	<a href="#">View Intake</a>   <a href="#">Remove</a>
Kate Reed	Female		04/04/2023	<a href="#">View Intake</a>   <a href="#">Remove</a>
Janie Reed	Female		05/15/2024	<a href="#">View Intake</a>   <a href="#">Remove</a>

[Add Client](#)

In-Home

Foster Care

Care Plan

[Add Care Plan](#)

Return

Close

Case Management

Edit Care Plan

Service Period: 10/06/2025 - Present

Effective Date: 10/06/2025 (mmddyyyy)

Next Review Date: (mmddyyyy)

?

Care Plan Clients

Care Plan Members

Meeting Notes

Details

Name	Sex	SSN	Date of Birth	Living in Family Unit	Action
DW Reed	Female		01/12/2019	Yes	<a href="#">Diagnosis</a>   <a href="#">Add Safety Plan</a>   <a href="#">Add Intake</a>   <a href="#">Siblings and Youth Pregnancy / Parenting</a>   <a href="#">Remove</a>
Janie Reed	Female		05/15/2024	Yes	<a href="#">Diagnosis</a>   <a href="#">Add Safety Plan</a>   <a href="#">Add Intake</a>   <a href="#">Siblings and Youth Pregnancy / Parenting</a>   <a href="#">Remove</a>
Kate Reed	Female		04/04/2023	Yes	<a href="#">Diagnosis</a>   <a href="#">Add Safety Plan</a>   <a href="#">Add Intake</a>   <a href="#">Siblings and Youth Pregnancy / Parenting</a>   <a href="#">Remove</a>

[Add Clients](#)

Return

Finish Later

Approve

# Care Plans: Data Requirements

## Edit Care Plan

Service Period: 05/16/2024 - Present

Effective Date:  (mmddyyyy)

Next Review Date:  (mmddyyyy)



Care Plan Clients | Care Plan Members | Meeting Notes

### Details

Name	Sex	SSN	Date of Birth	Living in Family Unit	Action
DW Reed	Female		01/12/2019	Yes	<a href="#">Diagnosis</a>   <a href="#">Add Safety Plan</a>   <a href="#">Add Intake</a>   <a href="#">Siblings and Youth Pregnancy / Parenting</a>   <a href="#">Remove</a>
Janie Reed	Female		05/15/20		<a href="#">Add Youth Pregnancy / Parenting</a>   <a href="#">Remove</a>
Kate Reed	Female		04/04/20		<a href="#">Add Youth Pregnancy / Parenting</a>   <a href="#">Remove</a>

[Add Clients](#)

[Return](#) [Finish Later](#) [Approve](#)

## Case Management

### Add Safety Plan

Client Name: Kate Reed

Service Period: 05/16/2024 - Present

\*Safety Plan Type: ☒ In-Home Safety Plan ☐ Out-of-Home Safety Plan

\*Potential Crisis/Assessment of Safety: ID #5-One or both parents/caregivers are violent. Dad struggles with explosive anger outbursts at random times that escalate quickly, resulting in physical aggression toward mom, throwing things that involve broken glass, and other hazards to the children.

0 character(s) left

### Edit Siblings and Youth Pregnancy / Parenting

Service Period: 05/16/2024 - Present

Name: DW Reed

Sex: Female

SSN:

Date of Birth: 01/12/2019

County of Residence: GOLDEN VALLEY

\*Total number of siblings:  ?

\*Total number of siblings in foster care:

\*Total number of siblings in same living arrangement:

\*Currently pregnant:

\*Ever birthed a child:  ?

# Care Plans: Members

- Care Plan Members auto populate with the active adults and any non-service period client from the household unit, including the foster parents if the placement is open and the assigned case managers
- Some members will have an option to remove
- Add additional online team agency users, service providers, other/natural support and foster care providers if applicable
- **All care plan client and care plan member updates/removals and changes must be done before the meeting notes are added**

Care Plan Clients					
Care Plan Members					
Meeting Notes					
Details					
Member Role	Name	Agency/Company	Responsibility	Telephone	Action
Online Team Agency User	Lisa R. Piche	Golden Valley County	Facilitator	701-795-3016	<a href="#">View</a>
Online Team Agency User	Kassandra A. Thielen	Golden Valley County	Facilitator	701-298-4424	<a href="#">View</a>
Others/Natural Support	Molly MacDonald		Natural Support		<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>
Others/Natural Support	Arthur Reed		Natural Support		<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>
Others/Natural Support	David Reed		Natural Support	218-321-5321	<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>
Others/Natural Support	Jane Reed		Natural Support	218-321-6321	<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>
Others/Natural Support	Bo & Bitzi Baxter		Foster Care Provider		<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>
<a href="#">Add Online Team Agency User</a>   <a href="#">Add Service Provider</a>   <a href="#">Add Other/Natural Support</a>   <a href="#">Add Foster Care Provider</a>					

# Care Plans: Meeting Notes

- Meeting date – date of CFTM
- Meeting type:
  - Child and Family Team Meeting (In Home)
  - FC Child and Family Team Meeting (Foster Care)
  - Interim Meeting
- Meeting Notes:
  - Initial Care Plan notes indicate “Initial entry into foster care”
  - Subsequent Care Plan notes provide a summary of the meeting discussion
- Meeting Participants:
  - Add or remove as needed
  - Document each participant invited and attended

**Case Management**

**Edit Care Plan**

Service Period: 05/16/2024 - Present

Effective Date:  (mmddyyyy)

Next Review Date:  (mmddyyyy)

[?](#)

**Care Plan Clients** **Care Plan Members** **Meeting Notes**

**Details**

[Add Meeting Notes](#)

[Pre-Meeting Signature Sheet](#)

[Return](#) [Finish Later](#) [Approve](#)

**Add Meeting Notes**

Service Period: 05/16/2024 - Present

**Meeting Details**

\*Meeting Date:  (mmddyyyy)

\*Meeting Type:

Checklist: [Child and Family Team Meeting Outline](#) 84kb doc

\*Meeting Notes:

8400 character(s) left

**Meeting Participants**

Name	Role/Responsibility	*Attended	*Invited	*Reason if not Invited	Agreed with Plan	Youth Rights Reviewed	Action
Kassandra A. Thielen	Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>
Lisa R. Piche	Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>
Arthur Reed	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>
DW Reed	Care Plan Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Add Irregular Payments</a>
Jane Reed	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>
David Reed	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>
Kate Reed	Care Plan Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Add Irregular Payments</a>
Janie Reed	Care Plan Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Add Irregular Payments</a>
Molly MacDonald	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>
Bo & Bitzi Baxter	Foster Care Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<a href="#">Remove</a>

[Add Other Participant](#)

[Cancel](#) [Add](#)

\*Required



# LEGAL TAB



Intake	Assessment	Case Management	Legal	Placement	Plans
--------	------------	-----------------	-------	-----------	-------

**COURT ORDERS**

Client	Order Type	Petition County	Order Date	Order Duration	Action
Janie Reed	Removal/TCO/Shelter Care	Golden Valley County	05/19/2024	05/19/2024 - 07/15/2024	<a href="#">View</a>   <a href="#">Copy</a>   <a href="#">Add Continuance</a>
DW Reed	Removal/TCO/Shelter Care	Golden Valley County	05/19/2024	05/19/2024 - 07/15/2024	<a href="#">View</a>   <a href="#">Copy</a>   <a href="#">Add Continuance</a>
Kate Reed	Removal/TCO/Shelter Care	Golden Valley County	05/19/2024	05/19/2024 - 05/19/2024	<a href="#">View</a>   <a href="#">Copy</a>   <a href="#">Add Continuance</a>
Janie Reed	Removal/TCO/Shelter Care	Golden Valley County	05/16/2024	05/16/2024 - 05/19/2024	<a href="#">View</a>   <a href="#">Copy</a>   <a href="#">Add Continuance</a>
Kate Reed	Removal/TCO/Shelter Care	Golden Valley County	05/16/2024	05/16/2024 - 05/19/2024	<a href="#">View</a>   <a href="#">Copy</a>   <a href="#">Add Continuance</a>
DW Reed	Removal/TCO/Shelter Care	Golden Valley County	05/16/2024	05/16/2024 - 05/19/2024	<a href="#">View</a>   <a href="#">Copy</a>   <a href="#">Add Continuance</a>
<a href="#">Add Court Order</a>					

**AGREEMENTS**

[Add Agreement](#)

**LIST OF YOUTH RIGHTS**

[Add List of Youth Rights](#) | [List of Youth Rights \(DN 402\)](#)

**YOUTH REPRESENTATION**

[Add Youth Representative](#)

# Court Orders

A few notes about court orders:

- For sibling groups, add one court order and then copy for each sibling.
- If permanency is addressed in a TPR hearing, two orders need to be entered into FRAME
- Continuance is only for when a hearing is not held but a court order from a previous hearing is continued or extended until a hearing can be held.
  - This should not be used if there is a new order with appropriate language
- Order date should be the date the order was issued for a TCO. Order date for SC and Permanency should be the date of the hearing.
  - For example, TCO is granted on 5/16/24. Shelter care hearing is held on 5/19/24 and language is covered. The TCO should be dated 5/16/24 and the SCO should be dated 5/19/24
- New field requirement: Date notified that ICWA applies-this is an AFCARS element and needs to be completed

# Court Orders Continued

## Add Court Order

### Court Order Details

\*Client:

\*Order Type:  Changing Order type will clear out all the fields except i

\*Court:

\*Petition County:

\*Petition Date:  (mmddyyyy)

Petitioner:

\*Order Duration: From  (mmddyyyy) Thru  (mmddvvvv)

\*Order Date:  (mmddyyyy)

Vacated Date:  (mmddyyyy)

\*Adjudication: ☐ CHIPS ☐ Delinquent

\*Custodian:

\*Custodial Zone:

\*Placement/Care Responsibility:

Interlocutory Order Date:  (mmddyyyy)

Compelling Reasons Apply: ☐ Yes ☐ No

\*ICWA Applies:  ?

Date that the state title IV-E agency was notified by the Indian tribe or state or tribal court that ICWA applies:  (mmddyyyy)

Was legal Notification sent to Indian Child's tribe?:

Expert Witness Testimony Provided: ☐ Yes ☐ No

Comment:

600 character(s) left

- **Petition Date:** date of the filing
- **Petitioner:** this typically will list the county name
- **Order Duration:** effective dates of the court order
- **Order Date:** date that the court order was issued
- **Vacated Date:** date the court order was given up
- **Adjudication:** select an option of delinquent, unruly or deprived
- **Custodian:** who is responsible for the child. Dropdown will have agencies listed however other is available if not there
- **Placement care/Responsibility:** who is responsible for the bill and case management
- **Interlocutory Date:** not often used
- **Compelling Reasons Apply:** indicate yes or no; if yes, further options will be available later to indicate the compelling reasons for not pursuing TPR.
- **ICWA Applies:** does the foster child fall under ICWA guidelines
- **Expert Witness Testimony Provided:** select yes or no in regards to ICWA guidelines
- **Tribal Notification:** was the appropriate tribal offices notified of proceedings
- **Court Order Comment:** free form text area to enter anything out of the ordinary from the court order



# Court Order Language

## Court Order Language

- Best Interest:**
- ☐ Continuation in the home is contrary to the welfare of the child
  - ☐ Placement is in the best interest of the child

- Reasonable Efforts:**
- ☐ Emergency situation - reasonable efforts could not be made
  - ☐ Reasonable efforts were made to prevent the removal
  - ☐ Reasonable efforts are not required-aggravated circumstances
  - ☐ Reasonable efforts have been made to finalize permanency
  - ☐ Reasonable efforts were made to return the child home
  - ☐ Reasonable efforts were made to place the sibling group together

- Active Efforts:**
- ☐ Active efforts have been made to reunify the child
  - ☐ Active efforts have been made to finalize permanency

## Permanency Details

- Permanency:**
- ☐ Was hearing held no later than 12 months after child entered foster care
  - ☒ Was hearing held periodically during the continuation of foster care
- Did hearing determine the future status of the child:**
- ☒ Whether child should be returned to parent
  - ☐ Whether child should be placed for adoption
  - ☐ Whether child should remain in a planned living arrangement
  - ☐ Whether child should be placed with relative
  - ☐ Whether child should be placed in a guardianship
- Reasonable Efforts:**
- ☒ Were made to finalize a permanent plan for the child
  - ☐ Were not made due to aggravated circumstances



# Youth Rights & Representation

**Legal**  
**Add List of Youth Rights**

\*Client: DW Reed ▼

\*Youth Acknowledgement ☒ Accepted - Signed

\*Date of Signature: 6/14/2024

Cancel Add

Required for all  
youth 14+

## Legal

### Add Youth Representation

\*Client: DW Reed ▼

\*Role: Guardian Ad Litem ▼

\*Name: First MI Last

\*Address 1:

Address 2:

\*City, State, Zip: NORTH DAKOTA ▼

Email:

Telephone:

\*Start: (mmddyyyy)

End: (mmddyyyy)

Relationship to Child:

\*Status: ☐ Approved ☐ Denied

Date of Denial: (mmddyyyy) Reason for Denial:

Cancel Add

# PLACEMENT TAB



Intake	Assessment	Case Management	Legal	Placement	Plans
<b>REASON FOR FOSTER CARE</b> There is no reason for foster care.					
<b>PLACEMENT</b> There is no placement.					
<b>FC PERMANENCY GOALS</b> There are no FC Permanency Goals.					
<b>RELATIVE SEARCH</b> There are no Relative Searches.					
<b>QRTP/PRTF PLACEMENT REQUEST/APPROVAL</b> There are no QRTP/PRTF Placement Request/Approval					

# Reason for Foster Care

## Placement

### Add Reason for Foster Care

\*Client:

\*Type: ☐ Primary ☐ Secondary

\*Reason:

Effective Date:   (mmddyyyy)

### REASON FOR FOSTER CARE

Client	Program Period	Reason	Effective Date	Primary/Secondary	Action
DW Reed	05/16/2024 - Present	Neglect	05/16/2024	Primary	<a href="#">View</a>
Janie Reed	05/16/2024 - Present	Neglect	05/16/2024	Primary	<a href="#">View</a>
Janie Reed	05/16/2024 - Present	Prenatal Drug Exposure	05/16/2024	Secondary	<a href="#">View</a>
Kate Reed	05/16/2024 - Present	Neglect	05/16/2024	Primary	<a href="#">View</a>
<a href="#">Add Reason for Foster Care</a>					

# Placement Type Settings

- Foster Care Placement
- Non-Foster Care Placement
- PRTF
- Relative Placement
- Trial Home Visit
- Runaway/Whereabouts Unknown

**\*Is this a family home setting?** ☒ Yes ☐ No

**\*Select all Family Home types that apply:** ☐ Non-Relative Professional/Community Member

**\*Is this a family home setting?** ☐ Yes ☒ No

**\*Indicate the child's living arrangement:**

**Facility**

Facility Contact Person:

\*Name of Facility:

\*Address:

\*City, State, Zip:

Telephone:

**Current Psychiatrist (if Applicable)**

Psychiatrist Name:

Address:

City, State, Zip:

Telephone:

- DD Group Home
- Certified shelter care
- Not Certified Shelter
- Hospital - Non-psychiatric stay
- Hospital - Psychiatric stay
- Job Corps
- Juvenile justice facility (YCC/Detention)
- Office/Hotel -Non-FC provider
- Tribal Boarding School
- Substance use disorder treatment
- Unlicensed Group Setting



# Adding Placement

**Client:** DW Reed

**Placement Setting:** Relative Placement [Change Placement Setting](#)

**\*Placement Type:** ☒ Primary ☐ Secondary

**\*Name:**

**\*Home Address 1:**

**Home Address 2:**

**\*City, State, Zip:**    (555)

**\*County of Relatives Residence:**

**\*Administrative County:**

**\*Marital Status:**

**Initial Placement:** Yes

**\*Removal Date:**  (mmddyyyy)

**Select parent(s) who had legal responsibility at time of placement:**

<i>*First Parent or Legal Guardian</i>	<i>Second Parent or Legal Guardian</i>
<input type="text" value="Jane Reed"/>	<input type="text" value="David Reed"/>

**\*Placement Date:**  (mmddyyyy)

**\*Emergency Placement:** ☐ Yes ☒ No

**End Placement Date:**  (mmddyyyy)

**End Placement Reason:**

**\*Reason Relative Not Licensed:**  If Other, please indicate:

**Comment:**

600 character(s) left

**\*Relationship to provider:** ☒ Identified Relative ☐ Kin

**First Relative Details:**

**\*Year of birth:**

**\*Is the first relative a member of a federally recognized tribe?**

**\*Race:** ☐ Asian ☐ African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☒ White ☐ Unable to determine ☐ Refusal by client

**\*Hispanic or Latino Ethnicity:** ☐ Yes ☒ No ☐ Unable to determine ☐ Refusal

**\*Sex:** ☒ Male ☐ Female

**Second Relative Details (if one exists):**

[Clear Second Relative](#)

**Year of birth:**

**Is the second relative a member of a federally recognized tribe?**

**Race:** ☐ Asian ☐ African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☒ White ☐ Unable to determine ☐ Refusal by client

**Hispanic or Latino Ethnicity:** ☐ Yes ☒ No ☐ Unable to determine ☐ Refusal


**Sex:** ☐ Male ☒ Female

# RELATIVE SEARCH

- A relative search must be completed within 30 days of removal
- Enter in the date of relative search completed for *each* parent
- The foster care case worker must enter the information into the SENECA search website (linked)

**Placement**  
**Add Relative Search**

\*Client:

\*Search Date:   (mmddyyyy)

\*Relative Type:

\*Potential Placement Option:

Comments:

600 character(s) left

\*Required

# QRTP/PRTF Placement Request/Approval

## Types of Placement:

- QRTP
- PRTF

## Steps:

1. Click Add/Request QRTP/PRTF Placement Request/Approval
2. Select Client
3. Select Provider
4. Enter admission date
5. Add 1 for emergency placement, 3 for a 90-day approval
6. Click Add - this will send notification to the FSS to review & approve

**Placement Request**

**Client:** [REDACTED]

**Request Date:** 07/15/2024

**Provider Type:** QRTP

**\*Provider:** [Dropdown Menu]

**\*Proposed Admission Date:** [Date Picker] (mmddyyyy)

**\*Anticipated Length of Stay in Months:** [Text Box]

**Comment:** [Text Area]

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# Closing Cases and Miscellaneous



# Closing Case Management:

Work Right to Left

\*Before closing, ensure that all care plans and case activity logs are entered\*

## Under Placement Tab

- First, close out placements
- Second, end all permanency goals

## Under Legal Tab

- You only need to end the order if it was vacated
- Otherwise, it will be considered ended when the court order expires as previously entered

Court Order Details	
Client:	Janie Reed
Order Type:	Removal/TCO/Shelter Care
Court:	Juvenile Court of District Court
Petition County:	Golden Valley County
Petition Date:	05/16/2024
Petitioner:	
Order Duration:	05/19/2024 - 07/15/2024
Order Date:	05/19/2024
Vacated Date:	
Adjudication:	CHIPS



# Closing Case Management:

Work Right to Left

## Under Case Management Tab

- First, close out any Family Preservation Services
- Then move to the Service Period
  - Good News! No longer need to do Closing Outcomes
  - For FC: Select Close Program/Workers for each child
  - For IH: Select Edit to close workers and episode
  - Complete entries and select update
  - Select Close on the bottom of the Service Period Page and complete entries
  - Select Close Case back on the home screen

# 18+ Continued Care

Straight from CFS policy 624-05-23

## **Data Management System - 18+ Foster Care Program**

The previous eligibility determination is very important when considering the case planning and data management data entry requirements for children interested in the 18+ Continued Care program.

### **1. A Title IV-E Child:**

- a. Continuing in the 18+ program, does not require a new foster care program or eligibility determination. The case and IV-E payments continue under the current foster care episode.
- b. Returning to the 18+ program from a trial independence will retain their Title IV-E eligibility status. A new 18+ Continued Care Agreement is required to open the foster care program.

### **2. A Non-Title IV-E Child:**

- a. Continuing in the 18+ program requires the current foster care program to close effective the expiration date of the court order. The 18+ agreement will start a new foster care episode beginning the day following the court order expiration; the program is entered in the same service period. The closure from foster care will allow for the child's eligibility to be redetermined specific to the child and their dependent children.
- b. Returning to the 18+ program will require a new eligibility determination. A new 18+ Continued Care Agreement is required to open the foster care program.

### **3. Multiple 18+ Agreements:**

- a. When the 'effective date' of the 18+ Agreement is entered into the data management system, the duration dates automatically populate. The end date reflects the day prior to the child's 21st birthday.
- b. When an 18+ Agreement is no longer valid, the case manager must "edit" the end date to accurately reflect the date the 18+ Agreement ended with a specific provider.

**Additional 18+ Policy:** 18+ eligibility policy can be found in 447-10 and 18+ maintenance payment policy can be found in 623-05.



Continued

**Foster Care Start Date:** 10/10/2019 **End Date:** 02/24/2024 **Program End Reason:** Living with relatives **CPS Assessment:** 77333

**Eligibility Determination:** Emergency Assistance Fund **Sex Trafficking:** No **Sex Trafficking during current episode:** No **Environment at removal:** Parent household

Worker Type	Agency	Social Worker	Start Date	End Date
Eligibility Worker	Grand Forks County	Donna K. Jones	10/11/2019	12/06/2019
Eligibility Worker	Grand Forks County	Susan G. Koller	12/06/2019	02/20/2020
Eligibility Worker	Grand Forks County - Grand Forks County HSZ	Susan G. Freden	02/20/2020	02/05/2021
Eligibility Worker	Grand Forks County - Grand Forks County HSZ	Danielle J. Pierson	02/05/2021	02/24/2024
Primary Worker	Grand Forks County	Kimberly A. Solarski	10/10/2019	02/24/2024

**Foster Care Start Date:** 02/25/2024 **End Date:** **CPS Assessment:** No

**Eligibility Determination:** Title IV-E Funded **Sex Trafficking:** No **Sex Trafficking during current episode:** No **Environment at removal:** Other [View Explanation](#)

Worker Type	Agency	Social Worker	Start Date	End Date	Action
Primary Worker	Grand Forks County - Grand Forks County HSZ	Kimberly A. Solarski	02/25/2024		<a href="#">Transfer</a>
Eligibility Worker	Grand Forks County - Grand Forks County HSZ	Danielle J. Pierson	02/25/2024		<a href="#">Transfer</a>

[Edit](#) | [Add Workers](#) | [Close Program/Workers](#)

When opening a new foster care episode, you will need to do all components of closing a case EXCEPT closing the service period and case prior to opening a new foster care episode.



# Continued

- An 18+ Continued Care Agreement bridges the time between after the child turns 18 and getting back into court for the 18+ program
- This will allow for payment to be made until a court order can be entered (needs to be obtained within 90 days)
- You will need to add a new agreement any time there is a change in the 3-party agreement

## Legal

### Add Agreement

\*Client: DW Reed ▼

Type: 18+ Continued Care Agreement

\*Effective Date of Agreement: 7/12/2024 (mmddyyyy)

\*Duration: Start 7/12/2024 (mmddyyyy) End 01/11/2040 (mmddyyyy)

\*Agency: Golden Valley County ▼

Cancel Add

# Case *Activity* Logs

# Entering Monthly Visits



Federal Social Security Act, Section 422(b)(17) and Section 424(e)(2) require all foster children receive ongoing contact and visitation with parent(s), siblings and custodial case managers. A child in foster care should have at least one face-to-face visit with the custodial case manager each month the child is in foster care.

During each monthly visit, the worker is required to assess and address the child's safety, permanency and well-being with quality and as necessary as needed to

meet the needs of the child and family. \*In-home program requires twice monthly face to face and you can either use worker/child or worker/family as contact type.\*

**Case Activity Log: Reed**  
**Add Case Activity Log**

**Contact(s):** Janie Reed (Family Unit Member) Arthur Reed (Family Unit Member)  
[Edit Contacts](#)

**\*Date of Contact:**  (mmddyyyy)

**Time of Contact:**  (hh:mm) ☐ am ☐ pm Will be shown as *(no time entered)* if left blank.

**\*Method of Contact**

**\*Contact Type:** Worker/Child

**\*Location**

**\*Status:** ☐ Completed ☐ Attempted ☐ No Show

**\*Program** ☐ Child Abuse and Neglect ☐ In-Home ☐ Foster Care ☐ Chafee IL

**Child Abuse & Neglect Assessment Number:**

**Child Abuse & Neglect Report Number:**

**Number of Units:**

**\*Worker Name:**

**\*Comments:**

8192 character(s) left

Questions?