

FRAME 101

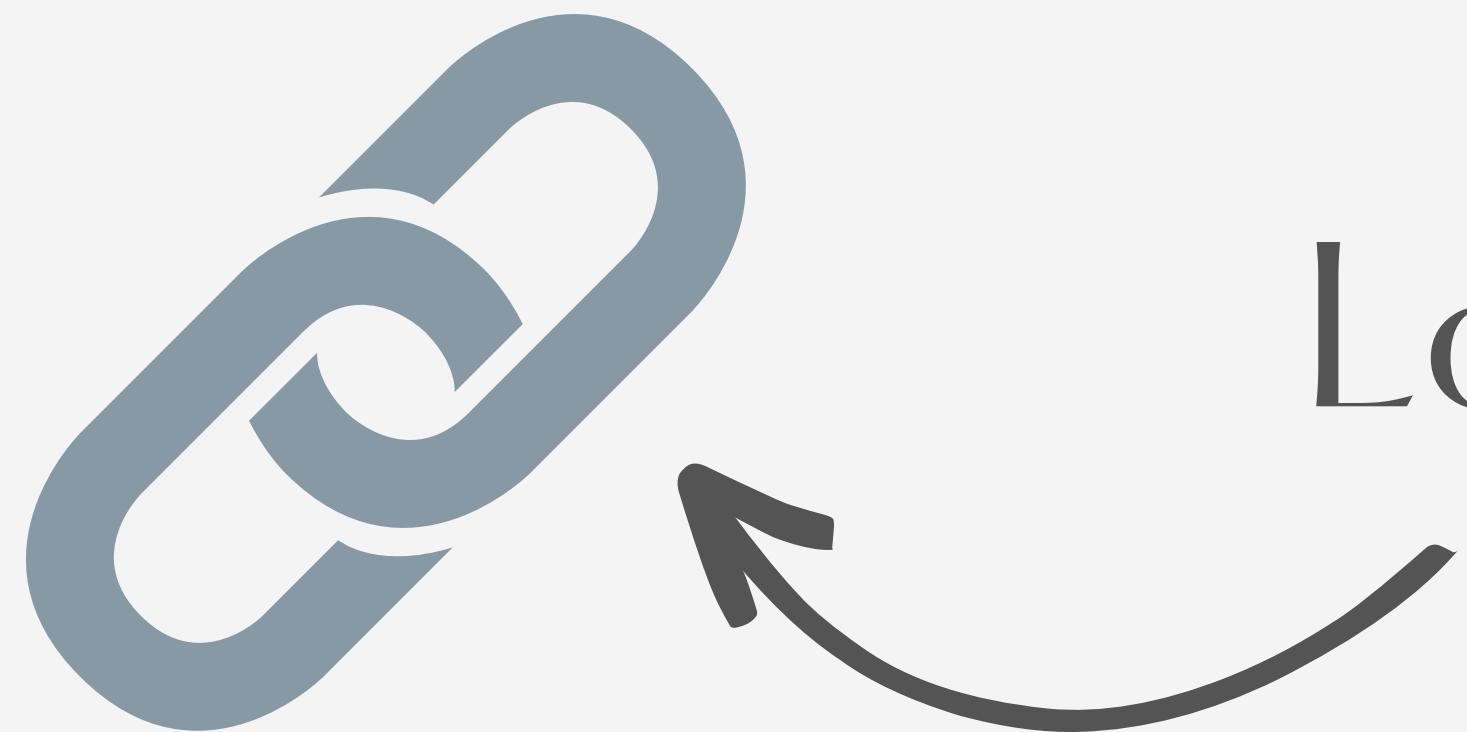
Children & Family Services

CPS & Case Management
Field Service Specialists



REMINDER

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	View Details Medical Information View Face Sheet
DW Reed	F		01/12/2019	05/16/2024		Yes	View Details Medical Information View Face Sheet
Jane Reed	F		08/12/1981	05/16/2024		Yes	View Details Medical Information View Face Sheet
David Reed	M		05/05/1983	05/16/2024		Yes	View Details Medical Information View Face Sheet
Kate Reed	F		04/04/2023	05/16/2024		Yes	View Details Medical Information View Face Sheet
Janie Reed	F		05/15/2024	06/28/2024		Yes	View Details Medical Information View Face Sheet

[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	View
207064	05/16/2024	Assessment 106007	Adams County - Southwest Dakota HSZ	Valery R. Kirby	View
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	View

[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	05/16/2024	<input type="button" value="Edit"/>	<input type="button" value="Unknown"/>	View Details View Participation	
DW Reed	Female		01/12/2019	05/16/2024	<input type="button" value="Add (Item Missing)"/>	<input type="button" value="Unknown"/>	View Details View Participation	
Jane Reed	Female		08/12/1981	05/16/2024	<input type="button" value="Add (Item Missing)"/>	<input type="button" value="Unknown"/>	View Details View Participation	
David Reed	Male		05/05/1983	05/16/2024	<input type="button" value="Add (Item Missing)"/>	<input type="button" value="Unknown"/>	View Details View Participation	
Kate Reed	Female		04/04/2023	05/16/2024	<input type="button" value="Add (None Entered)"/>	<input type="button" value="Unknown"/>	View Details View Participation	

[Add Member](#)

Family Unit Structure

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

Family Unit Address

*Select	Residents	Address
<input checked="" type="radio"/>	Arthur Reed DW Reed Jane Reed David Reed Kate Reed	100 E Row St Elmwood, ND 58888

Family Unit Preferred Telephone

Telephone: Ext:

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	05/16/2024		Edit	No 	View Details View Participation
DW Reed	Female		01/12/2019	05/16/2024		Edit	Yes 	View Details View Participation
Jane Reed	Female		08/12/1981	05/16/2024		Edit	Yes 	View Details View Participation
David Reed	Male		05/05/1983	05/16/2024		Edit	Yes 	View Details View Participation
Kate Reed	Female		04/04/2023	05/16/2024		Edit	Yes 	View Details View Participation
Janie Reed	Female		05/15/2024	06/28/2024		Edit	Yes 	View Details View Participation
Molly MacDonald	Female		04/07/1988	07/26/2024		Edit	No 	View Details View Participation

[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



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.

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	05/16/2024		Edit	No 	View Details View Participation
DW Reed	Female		01/12/2019	05/16/2024		Edit	Yes 	View Details View Participation
Jane Reed	Female		08/12/1981	05/16/2024		Edit	Yes 	View Details View Participation
David Reed	Male		05/05/1983	05/16/2024		Edit	Yes 	View Details View Participation
Kate Reed	Female		04/04/2023	05/16/2024		Edit	Yes 	View Details View Participation
Janie Reed	Female		05/15/2024	06/28/2024		Edit	Yes 	View Details View Participation
Molly MacDonald	Female		04/07/1988	07/26/2024		Edit	No 	View Details View Participation

[Add Member](#)

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.

Case Details: REED, Arthur

End Molly MacDonald Participation

Start Date: 07/26/2024

*End Date:  (mmddyyyy)

*Reason: 

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

*Required

*Reason: 

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

[Close Program](#)

[Death](#)

[Divorce](#)

[Contact Us](#) 

[Use Secure Socket Layer](#)

[Open a new window](#)

[AI AA, CSS, XHT](#)

[Move to Relative's Home](#)

[Runaway](#)

[School](#)

[TPR](#)

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"/>
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"/> Reed
SSN:	<input type="text"/>

Clear **Search**

Search Results (No Cases match the Search Criteria)

Return **New Case**

CASE NAME

Case name is identified by

LAST NAME, FIRST NAME
of the oldest child in the household

Case Details: REED, Arthur

Summary

Case Details

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

FRAME ENTRY

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

 *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.*

To cpsintakeunit@nd.gov

Cc

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 Request Assessment Extension 07/17/2024
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

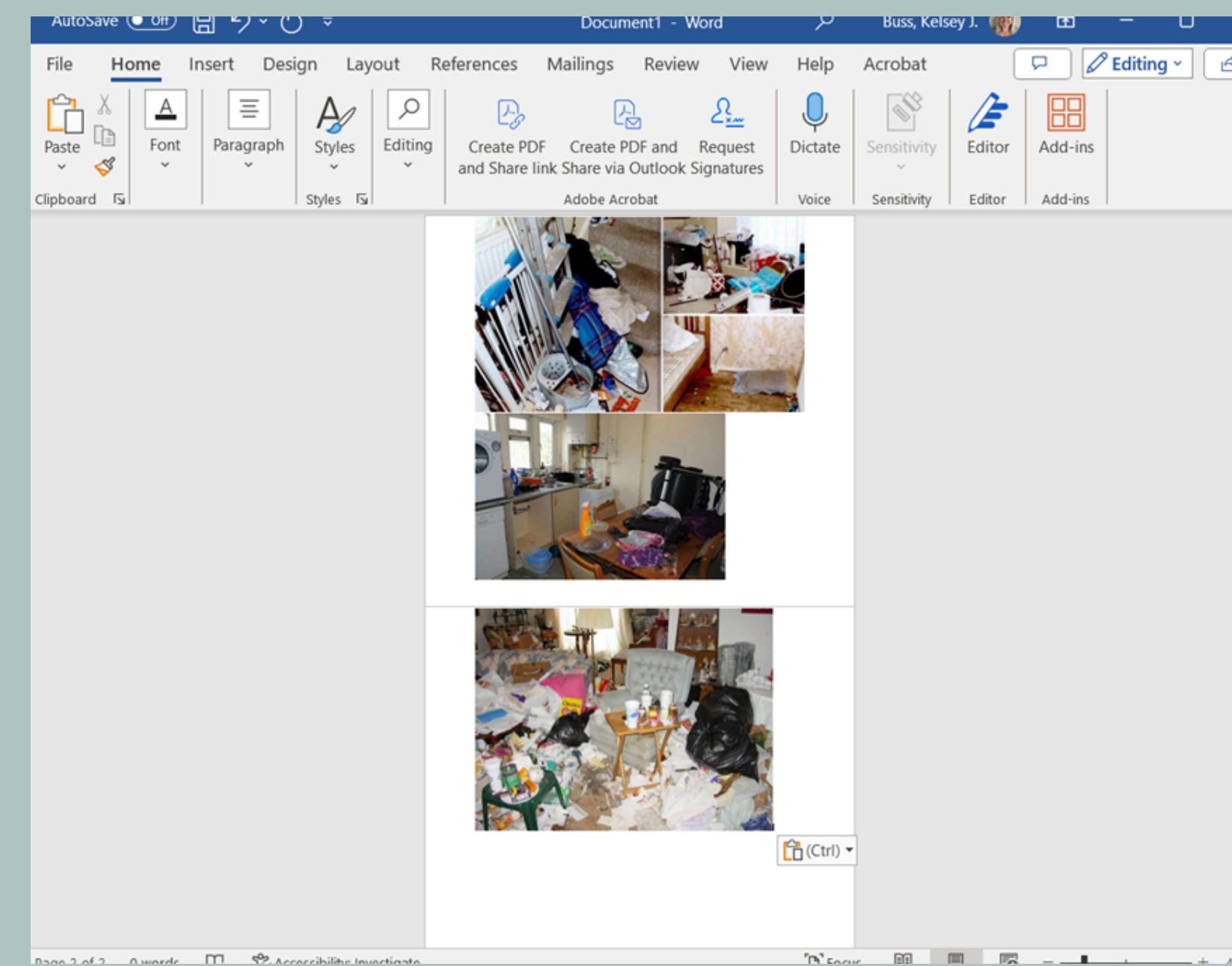
NAMING DOCUMENTS

- 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 Agreemnt	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
Add Documentation		

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

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	View Details Medical Information View Face Sheet
DW Reed	F		01/12/2019	05/16/2024		Unknown	View Details Medical Information View Face Sheet
Jane Reed	F		08/12/1981	05/16/2024		Unknown	View Details Medical Information View Face Sheet
David Reed	M		05/05/1983	05/16/2024		Unknown	View Details Medical Information View Face Sheet
Kate Reed	F		04/04/2023	05/16/2024		Unknown	View Details Medical Information View Face Sheet

[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	View
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	View

[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

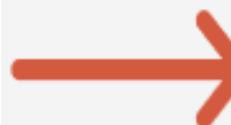
Structure: Married two parent household, with two biological/adoptive parents

Name	Sex	SSN	Date of Birth	Participation		In Household	Action		
				Start	End				
Arthur Reed	M		11/02/2015	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
DW Reed	F		01/12/2019	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
Jane Reed	F		08/12/1981	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
David Reed	M		05/05/1983	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
Kate Reed	F		04/04/2023	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
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	View
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	View
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	View Details	Medical Information	View Face Sheet
DW Reed	F		01/12/2019	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
Jane Reed	F		08/12/1981	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
David Reed	M		05/05/1983	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
Kate Reed	F		04/04/2023	05/16/2024		Unknown	View Details	Medical Information	View Face Sheet
Janie Reed	F		05/15/2024	06/28/2024		Unknown	View Details	Medical Information	View Face Sheet
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	View
207063	05/16/2024	Assessment 106006	McHenry County - Northern Prairie HSZ	Kelsey J. Buss	View
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	Remove
Add Suspected Maltreatment	

*Incident Date: (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

2

3

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](#)

1

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:	<input type="text"/> (mmddyyyy)							
Time Received from Intake:	<input type="text"/> (hh:mm) <input type="radio"/> am <input type="radio"/> 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			View Details	
DW Reed	Female	01/12/2019	Family Unit Member	Non-Victim			View Details	
Jane Reed	Female	08/12/1981	Family Unit Member	Subject			View Details	
David Reed	Male	05/05/1983	Family Unit Member	Non-Subject (Caregiver)			View Details	
Kate Reed	Female	04/04/2023	Family Unit Member	Non-Victim			View Details	
Janie Reed	Female	05/15/2024	Family Unit Member	Victim			View Details	
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				Edit			
Plan of Safe Care				Team Staffing/Decision				
Add Plan of Safe Care				Add Team Staffing/Decision				

Individuals/Caregivers/Victims & Maltreatments

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

Edit CPS Maltreatment

Victim: DW Reed

Date of Death: (mmddyyyy)

Subject: Jane Reed

Suspected Maltreatment	*Maltreatment	Action
Inadequate supervision	Yes - Confirmed	Remove
Other minor injury	No - Unconfirmed	Remove

[Add Maltreatment](#)

Subject: David Reed

Suspected Maltreatment	*Maltreatment
Inadequate supervision	Yes - Confirmed

[Add Maltreatment](#)

[Cancel](#) [Finish Later](#) [Update](#)

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	Unknown	Unknown	View Details	
DW Reed	Female	01/12/2019	Family Unit Member	Victim	Unknown	Unknown	View Maltreatment View Details	
Jane Reed	Female	08/12/1981	Family Unit Member	Subject	Unknown	Unknown	View Details	
David Reed	Male	05/05/1983	Family Unit Member	Subject	Unknown	Unknown	View Details	
Kate Reed	Female	04/04/2023	Family Unit Member	Victim	Unknown	Unknown	View Maltreatment View Details	

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

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) Yes
referred to DD?:

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](#)

Child Abuse and Neglect Near Deaths
640-01-10-15-01-40



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

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
Contact(s): Regus Compton Law Enforcement	Date of Contact: 05/16/2024 Time of Contact: (no time entered) Contact Type: CPS Worker contact with Reporter Program: Child Abuse and Neglect Comment: Worker received call from LE to respond to school playground for found children, Kate and DW, potential placement needed.	Method of Contact: Telephone Call Status: COMPLETED	Location: Other Number of Units: 0 Worker: Valery R. Kirby

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	05/16/2024		Edit	No 	View Details View Participation
DW Reed	Female		01/12/2019	05/16/2024		Edit	Yes 	View Details View Participation
Jane Reed	Female		08/12/1981	05/16/2024		Edit	Yes 	View Details View Participation
David Reed	Male		05/05/1983	05/16/2024		Edit	Yes 	View Details View Participation
Kate Reed	Female		04/04/2023	05/16/2024		Edit	Yes 	View Details View Participation
Janie Reed	Female		05/15/2024	06/28/2024		Edit	Yes 	View Details View Participation
Molly MacDonald	Female		04/07/1988	07/26/2024		Edit	No 	View Details View Participation

[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

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)

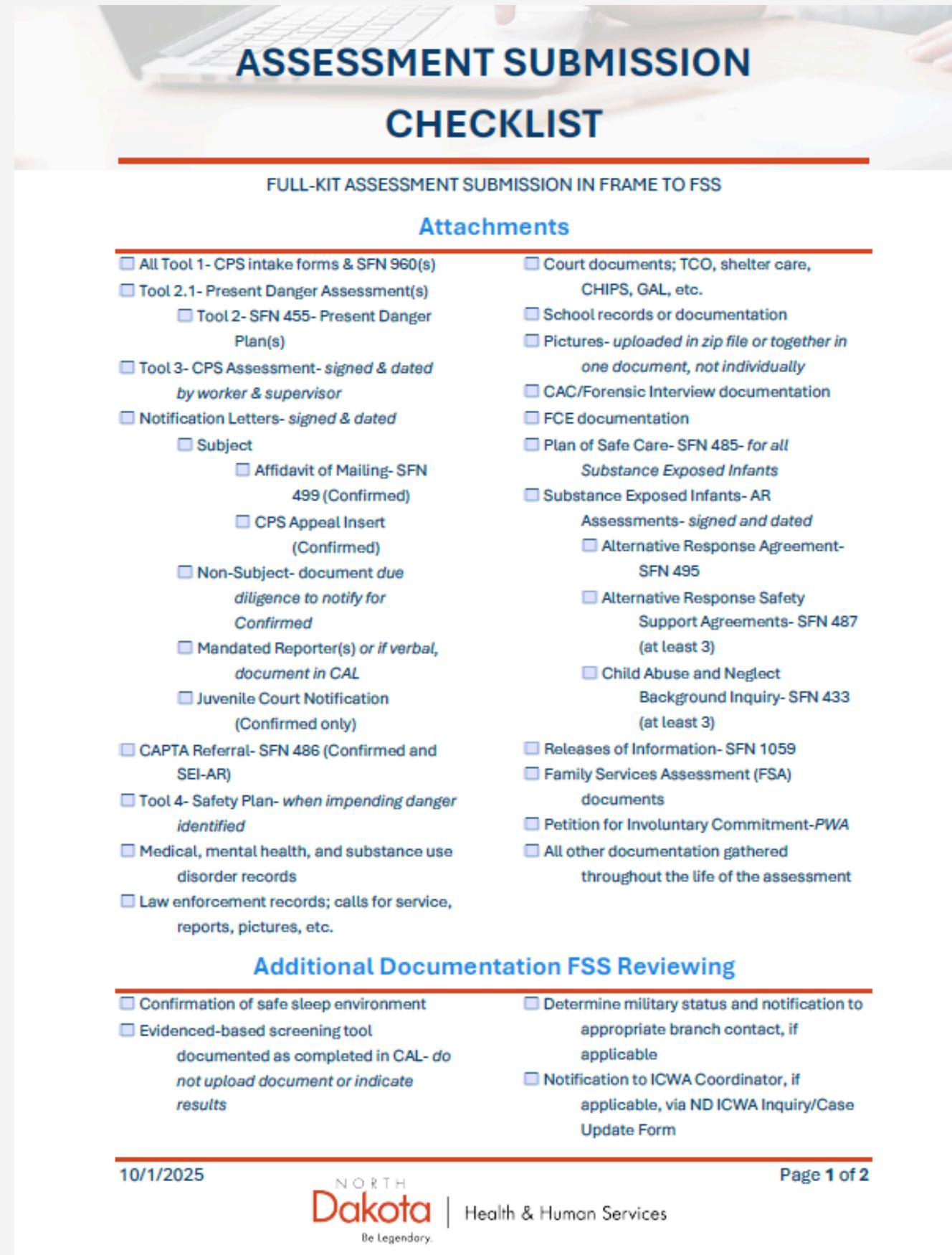
***Reason:** 

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

*Required

*The 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

<input type="checkbox"/> All Tool 1- CPS intake forms & SFN 960(s)	<input type="checkbox"/> Court documents; TCO, shelter care, CHIPS, GAL, etc.
<input type="checkbox"/> Tool 2.1- Present Danger Assessment(s)	<input type="checkbox"/> School records or documentation
<input type="checkbox"/> Tool 2-SFN 455- Present Danger Plan(s)	<input type="checkbox"/> Pictures- uploaded in zip file or together in one document, not individually
<input type="checkbox"/> Tool 3- CPS Assessment- signed & dated by worker & supervisor	<input type="checkbox"/> CAC/Forensic Interview documentation
<input type="checkbox"/> Notification Letters- signed & dated	<input type="checkbox"/> FCE documentation
<input type="checkbox"/> Subject	<input type="checkbox"/> Plan of Safe Care- SFN 485- for all Substance Exposed Infants
<input type="checkbox"/> Affidavit of Mailing- SFN 499 (Confirmed)	<input type="checkbox"/> Substance Exposed Infants- AR Assessments- signed and dated
<input type="checkbox"/> CPS Appeal Insert (Confirmed)	<input type="checkbox"/> Alternative Response Agreement- SFN 495
<input type="checkbox"/> Non-Subject- document due diligence to notify for Confirmed	<input type="checkbox"/> Alternative Response Safety Support Agreements- SFN 487 (at least 3)
<input type="checkbox"/> Mandated Reporter(s) or if verbal, document in CAL	<input type="checkbox"/> Child Abuse and Neglect Background Inquiry- SFN 433 (at least 3)
<input type="checkbox"/> Juvenile Court Notification (Confirmed only)	<input type="checkbox"/> Releases of Information- SFN 1059
<input type="checkbox"/> CAPTA Referral- SFN 486 (Confirmed and SEI-AR)	<input type="checkbox"/> Family Services Assessment (FSA) documents
<input type="checkbox"/> Tool 4- Safety Plan- when impending danger identified	<input type="checkbox"/> Petition for Involuntary Commitment-PWA
<input type="checkbox"/> Medical, mental health, and substance use disorder records	<input type="checkbox"/> All other documentation gathered throughout the life of the assessment
<input type="checkbox"/> Law enforcement records; calls for service, reports, pictures, etc.	

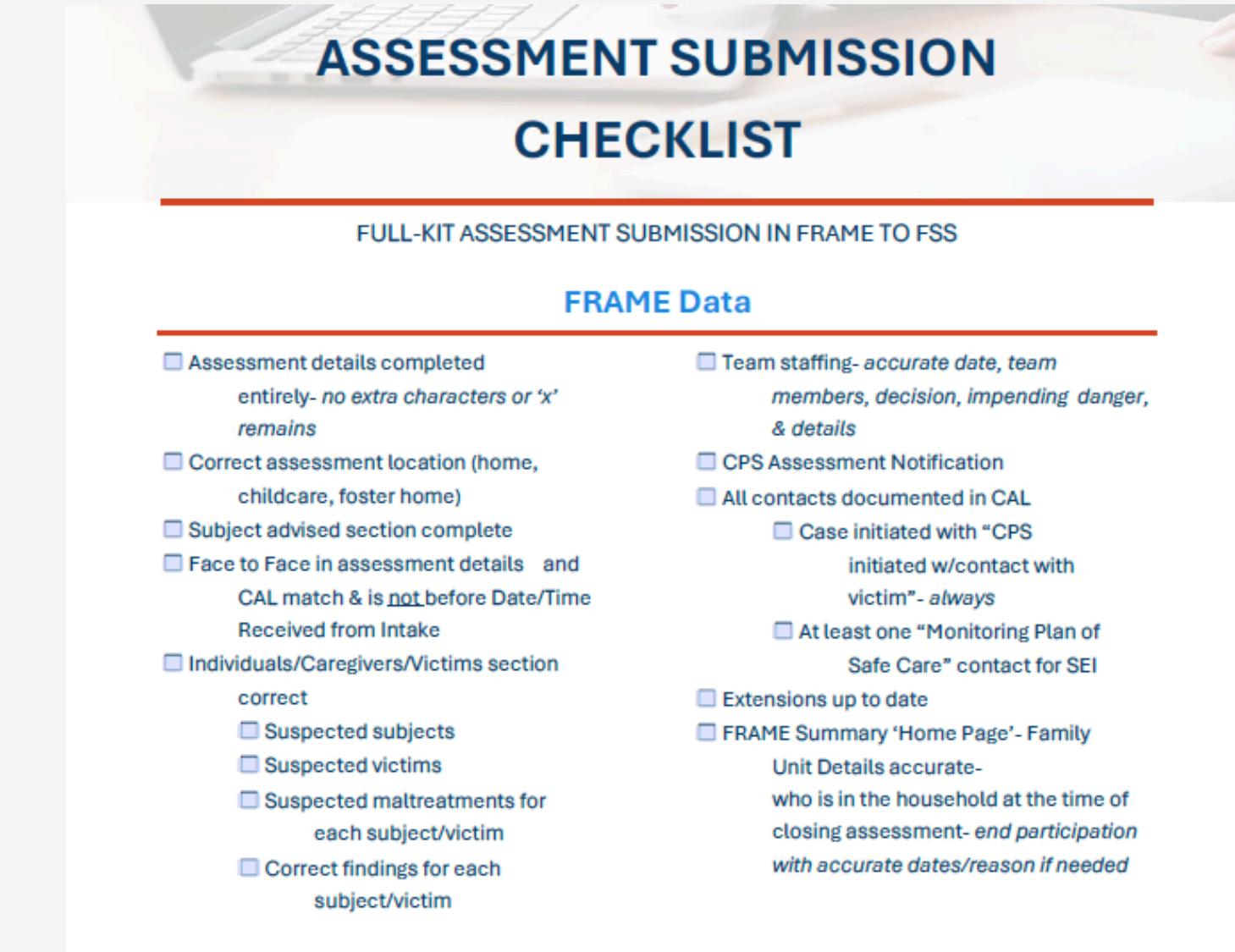
Additional Documentation FSS Reviewing

<input type="checkbox"/> Confirmation of safe sleep environment	<input type="checkbox"/> Determine military status and notification to appropriate branch contact, if applicable
<input type="checkbox"/> Evidenced-based screening tool documented as completed in CAL- do not upload document or indicate results	<input type="checkbox"/> 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

<input type="checkbox"/> Assessment details completed entirely- no extra characters or 'x' remains	<input type="checkbox"/> Team staffing- accurate date, team members, decision, impending danger, & details
<input type="checkbox"/> Correct assessment location (home, childcare, foster home)	<input type="checkbox"/> CPS Assessment Notification
<input type="checkbox"/> Subject advised section complete	<input type="checkbox"/> All contacts documented in CAL
<input type="checkbox"/> Face to Face in assessment details and CAL match & is <u>not</u> before Date/Time Received from Intake	<input type="checkbox"/> Case initiated with "CPS initiated w/contact with victim"- always
<input type="checkbox"/> Individuals/Caregivers/Victims section correct	<input type="checkbox"/> At least one "Monitoring Plan of Safe Care" contact for SEI
<input type="checkbox"/> Suspected subjects	<input type="checkbox"/> Extensions up to date
<input type="checkbox"/> Suspected victims	<input type="checkbox"/> 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
<input type="checkbox"/> Suspected maltreatments for each subject/victim	
<input type="checkbox"/> Correct findings for each subject/victim	

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	05/16/2024		Edit	No 	View Details View Participation
DW Reed	Female		01/12/2019	05/16/2024		Edit	Yes 	View Details View Participation
Jane Reed	Female		08/12/1981	05/16/2024		Edit	Yes 	View Details View Participation
David Reed	Male		05/05/1983	05/16/2024		Edit	Yes 	View Details View Participation
Kate Reed	Female		04/04/2023	05/16/2024		Edit	Yes 	View Details View Participation
Janie Reed	Female		05/15/2024	06/28/2024		Edit	Yes 	View Details View Participation
Molly MacDonald	Female		04/07/1988	07/26/2024		Edit	No 	View Details View Participation
Add Member								

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
Edit Family Unit	

Family Unit Members	
Name	Sex
Arthur Reed	Male
DW Reed	Female
Jane Reed	Female
David Reed	Male
Kate Reed	Female
Janie Reed	Female
Add Member	

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

Search Criteria

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

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	05/16/2024		Edit	No 	View Details View Participation
DW Reed	Female		01/12/2019	05/16/2024		Edit	Yes 	View Details View Participation
Jane Reed	Female		08/12/1981	05/16/2024		Edit	Yes 	View Details View Participation
David Reed	Male		05/05/1983	05/16/2024		Edit	Yes 	View Details View Participation
Kate Reed	Female		04/04/2023	05/16/2024		Edit	Yes 	View Details View Participation
Janie Reed	Female		05/15/2024	06/28/2024		Edit	Yes 	View Details View Participation
Molly MacDonald	Female		04/07/1988	07/26/2024		Edit	No 	View Details View Participation
Add Member								

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.

Case Details: REED, Arthur

End Molly MacDonald Participation

Start Date: 07/26/2024

*End Date:  (mmddyyyy)

*Reason: 

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

*Required

*Reason: 

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

[Close Program](#)

[Death](#)

[Divorce](#)

[Contact Us](#) 

[Use Secure Socket Layer](#)

[Open a new window](#)

[AI AA, CSS, XHT](#)

[Move to Relative's Home](#)

[Runaway](#)

[School](#)

[TPR](#)

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

- 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

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	View Details Medical Information View Face Sheet
DW Reed	F		01/12/2019	05/16/2024		Yes	View Details Medical Information View Face Sheet
Jane Reed	F		08/12/1981	05/16/2024		Yes	View Details Medical Information View Face Sheet
David Reed	M		05/05/1983	05/16/2024		Yes	View Details Medical Information View Face Sheet
Kate Reed	F		04/04/2023	05/16/2024		Yes	View Details Medical Information View Face Sheet
Janie Reed	F		05/15/2024	06/28/2024		Yes	View Details Medical Information View Face Sheet

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

ICWA Information

Inquiry made whether the child is an Indian child as defined by ICWA?: [?](#)

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

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?: [?](#)

*Is the Father a member of an Indian tribe?: [?](#)

Indian Enrollment Number:

Child Information

Child Ever Adopted: [?](#)

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: [?](#)

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: (mmddyyyy)

Absence End Date: (mmddyyyy)

Parent Status:

*Reason for Absence:

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

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

*Required

[Contact Us](#)

We use Secure Sockets Layer. Will open a new window (pop-up blocker) [Paternity Excluded](#)

WCAG AA, CSS, XHTML Compliant | Copyright 2009. All Rights Reserved. The State of N

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	Edit Delete

[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	Edit Delete

[Add Current School Grade](#)

Most Recent School Grade Completed

Completed Date	School Grade	Last Update	Action
06/02/2023	1 grade	07/11/2024	Edit Delete

[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	Edit Remove

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	Remove

Comment:

Health tracks completed through wellness visit



Case Management Tab



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

SERVICE PERIODS Add Service Period	CHAFEE PARTICIPANT There are no Chafee Participants.	Case Management
TEAM MEETING NOTES There are no Team Meeting Notes	INDEPENDENT LIVING SERVICES(NYTD) 	Add Family Preservation Service
FAMILY PRESERVATION SERVICES Add Family Preservation Service	NYTD SURVEY There are no NYTD Surveys.	Service Period: 05/16/2024 - Present
FAMILY TEAM DECISION MAKING Add FTDM Meeting	CREDIT REPORTING 	*Services Provided: <input type="text"/>
	GUARDIANSHIP PROGRAM There are no Guardianship Programs.	*County/Site #: <input type="text"/>

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 result of a report? Parent Aide (mmddyyyy)

***Select Assessment Number:** Prime Time (mmddyyyy)

Report: Respite Care (mmddyyyy)

*Select	Assessment Number	Report
<input type="radio"/>	No - This service is being created as a result of a report.	Safety Permanency Funds
<input type="radio"/>	Pending - This service is being created as a result of a report.	Permanency Funds
<input type="radio"/>	106007	Draft
<input type="radio"/>	106006	Draft

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	View Close

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	View
[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**

SERVICE PERIODS  Add Service Period	CHAFEE PARTICIPANT There are no Chafee Participants.
TEAM MEETING NOTES There are no Team Meeting Notes	INDEPENDENT LIVING SERVICES(NYTD)  There are no Independent Living Services (NYTD).
FAMILY PRESERVATION SERVICES Add Family Preservation Service	NYTD SURVEY There are no NYTD Surveys.
FAMILY TEAM DECISION MAKING Add FTDM Meeting	CREDIT REPORTING  There is no credit reporting data.
	GUARDIANSHIP PROGRAM 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	View Intake Outcomes Remove
DW Reed	Female		01/12/2019	View Intake Outcomes Remove
Kate Reed	Female		04/04/2023	View Intake Outcomes Remove
Janie Reed	Female		05/15/2024	View Intake Outcomes Remove

[Add Client](#)

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	View Intake Outcomes Remove
Kate Reed	Female		04/04/2023	View Intake Outcomes Remove
Janie Reed	Female		05/15/2024	View Intake Outcomes Remove

[Add Client](#)

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	View Intake Remove
DW Reed	Female		01/12/2019	View Intake Remove
Kate Reed	Female		04/04/2023	View Intake Remove
Janie Reed	Female		05/15/2024	View Intake Remove

[Add Client](#)

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](#)

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		

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

Then return to Opening Service Period

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	Marital Status
DW Reed		01/12/2019	Female	100 E Row St Elmwood, ND 58888	
Jane Reed		08/12/1981	Female	100 E Row St	

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	Remove

[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	Remove

[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		Transfer
Secondary Worker	Golden Valley County - Roughrider North HSZ	Lisa R. Piche	05/16/2024		Transfer

[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		Transfer
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		Transfer
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		Transfer
Edit					

Secondary In-Home Workers

Agency	Facilitator	Start Date	End Date	Action
Bottineau County - Northern Prairie HSZ	Klauzer E. Jamie	10/6/2025 (mmddyyyy)		Delete Save
Add				

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](#)

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**

REASON FOR FOSTER CARE
There is no reason for foster care.

PLACEMENT
There is no placement.

FC PERMANENCY GOALS
There are no FC Permanency Goals.

RELATIVE SEARCH
There are no Relative Searches.

QRTP/PRTF PLACEMENT REQUEST/APPROVAL
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:	<input type="text"/>
*Start Date:	<input type="text"/> (mmddyyyy)  
*Goal Type:	<input type="radio"/> Primary <input type="radio"/> Concurrent
*Goal:	<input type="text"/>
Explanation:	<input type="text"/>
*Proposed End Date:	<input type="text"/> (mmddyyyy)  
Actual End Date:	<input type="text"/> (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	View Intake Remove
Kate Reed	Female		04/04/2023	View Intake Remove
Janie Reed	Female		05/15/2024	View Intake Remove

[Add Client](#)

Case Management

Edit Care Plan

Service Period: 10/06/2025 - Present

Effective Date: (mmddyyyy)

Next Review Date: (mmddyyyy)



[In-Home](#) | [Foster Care](#) | [Care Plan](#)

[Add Care Plan](#)

[Return](#) [Close](#)

[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	Diagnosis Add Safety Plan Add Intake Siblings and Youth Pregnancy / Parenting Remove
Janie Reed	Female		05/15/2024	Yes	Diagnosis Add Safety Plan Add Intake Siblings and Youth Pregnancy / Parenting Remove
Kate Reed	Female		04/04/2023	Yes	Diagnosis Add Safety Plan Add Intake Siblings and Youth Pregnancy / Parenting Remove
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	Diagnosis Add Safety Plan Add Intake Edit Siblings and Youth Pregnancy / Parenting Remove
Janie Reed	Female		05/15/20	Edit Siblings and Youth Pregnancy / Parenting	Add Intake Edit Siblings and Youth Pregnancy / Parenting Remove
Kate Reed	Female		04/04/20		Add Intake Edit Siblings and Youth Pregnancy / Parenting Remove

[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

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

*Potential Crisis/Assessment of Safety:

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**

Member Role	Name	Agency/Company	Responsibility	Telephone	Action
Online Team Agency User	Lisa R. Piche	Golden Valley County	Facilitator	701-795-3016	View
Online Team Agency User	Kassandra A. Thielen	Golden Valley County	Facilitator	701-298-4424	View
Others/Natural Support	Molly MacDonald		Natural Support		View Edit Remove
Others/Natural Support	Arthur Reed		Natural Support		View Edit Remove
Others/Natural Support	David Reed		Natural Support	218-321-5321	View Edit Remove
Others/Natural Support	Jane Reed		Natural Support	218-321-6321	View Edit Remove
Others/Natural Support	Bo & Bitzi Baxter		Foster Care Provider		View Edit Remove

[Add Online Team Agency User](#) | [Add Service Provider](#) | [Add Other/Natural Support](#) | [Add Foster Care Provider](#)

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	View
Online Team Agency User	Kassandra A. Thielen	Golden Valley County	Facilitator	701-298-4424	View
Others/Natural Support	Molly MacDonald		Natural Support		View Edit Remove
Others/Natural Support	Arthur Reed		Natural Support		View Edit Remove
Others/Natural Support	David Reed		Natural Support	218-321-5321	View Edit Remove
Others/Natural Support	Jane Reed		Natural Support	218-321-6321	View Edit Remove
Others/Natural Support	Bo & Bitzi Baxter		Foster Care Provider		View Edit Remove
Add Online Team Agency User Add Service Provider Add Other/Natural Support Add Foster Care Provider					

Care Plans: Meeting Notes

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](#) (circled in red)

[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:

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	Remove
Lisa R. Piche	Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Remove
Arthur Reed	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Remove
DW Reed	Care Plan Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Add Irregular Payments
Jane Reed	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Remove
David Reed	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Remove
Kate Reed	Care Plan Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Add Irregular Payments
Janie Reed	Care Plan Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Add Irregular Payments
Molly MacDonald	Natural Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Remove
Bo & Bitzi Baxter	Foster Care Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	Remove

[Add Other Participant](#)

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

*Required

- 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

LEGAL TAB

A red arrow points to the "Legal" tab in the top navigation bar.

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	View Copy Add Continuance
DW Reed	Removal/TCO/Shelter Care	Golden Valley County	05/19/2024	05/19/2024 - 07/15/2024	View Copy Add Continuance
Kate Reed	Removal/TCO/Shelter Care	Golden Valley County	05/19/2024	05/19/2024 - 05/19/2024	View Copy Add Continuance
Janie Reed	Removal/TCO/Shelter Care	Golden Valley County	05/16/2024	05/16/2024 - 05/19/2024	View Copy Add Continuance
Kate Reed	Removal/TCO/Shelter Care	Golden Valley County	05/16/2024	05/16/2024 - 05/19/2024	View Copy Add Continuance
DW Reed	Removal/TCO/Shelter Care	Golden Valley County	05/16/2024	05/16/2024 - 05/19/2024	View Copy Add Continuance
Add Court Order					

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

*Order Type:	<input type="text"/>	*Client:	<input type="text"/>
*Court:	<input type="text"/>		
Disposition County:	Dispositional Order		
Petition Date:	Division of Juvenile Services		
Petitioner:	Permanency Hearing Order		
Order Duration:	Removal/TCO/Shelter Care		
*Order Date:	TPR - In North Dakota		
Vacated Date:	TPR - Out of State		
Reestablishment of Parental Rights			
<p>*Petition Date: <input type="text"/> (mmddyyyy) *Court: Juvenile Court of District Court</p> <p>*Petition County: <input type="text"/></p> <p>*Petition Date: <input type="text"/> (mmddyyyy)</p> <p>Petitioner: <input type="text"/></p> <p>*Order Duration: From <input type="text"/> (mmddyyyy) Thru <input type="text"/> (mmddyyyy)</p> <p>*Order Date: <input type="text"/> (mmddyyyy)</p> <p>Vacated Date: <input type="text"/> (mmddyyyy)</p> <p>*Adjudication: <input type="radio"/> CHIPS <input type="radio"/> Delinquent</p> <p>*Custodian: <input type="text"/></p> <p>*Custodial Zone: <input type="text"/></p> <p>*Placement/Care Responsibility: <input type="text"/></p> <p>Interlocutory Order Date: <input type="text"/> (mmddyyyy)</p> <p>Compelling Reasons Apply: <input type="radio"/> Yes <input type="radio"/> No</p> <p>*ICWA Applies: <input type="text"/> (mmddyyyy)</p> <p>Date that the state title IV-E agency was notified by the Indian tribe or state or tribal court that ICWA applies: <input type="text"/></p> <p>Was legal Notification sent to Indian Child's tribe?: <input type="text"/></p> <p>Expert Witness Testimony Provided: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Comment: <input type="text"/></p> <p>600 character(s) left</p>			

- **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
 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](#)



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**

REASON FOR FOSTER CARE
There is no reason for foster care.

PLACEMENT
There is no placement.

FC PERMANENCY GOALS
There are no FC Permanency Goals.

RELATIVE SEARCH
There are no Relative Searches.

QRTP/PRTF PLACEMENT REQUEST/APPROVAL
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	View
Janie Reed	05/16/2024 - Present	Neglect	05/16/2024	Primary	View
Janie Reed	05/16/2024 - Present	Prenatal Drug Exposure	05/16/2024	Secondary	View
Kate Reed	05/16/2024 - Present	Neglect	05/16/2024	Primary	View

[Add Reason for Foster Care](#)

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:	DD Group Home
*Name of Facility:	Certified shelter care
*Address:	Not Certified Shelter
*City, State, Zip:	Hospital - Non-psychiatric stay
Telephone:	Hospital - Psychiatric stay
	Job Corps
	Juvenile justice facility (YCC/Detention)
Current Psychiatrist (if Applicable)	
Psychiatrist Name:	Office/Hotel -Non-FC provider
Address:	Tribal Boarding School
City, State, Zip:	Substance use disorder treatment
Telephone:	Unlicensed Group Setting

Adding Placement

Client: DW Reed

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

*Placement Type: Primary Secondary

*Name: Bo & Bitzi Baxter

*Home Address 1: 1000 Sunshine St.

Home Address 2:

*City, State, Zip: Elwood City NORTH DAKOTA 55555 (55555)

*County of Relatives Residence: BURLEIGH

*Administrative County: GOLDEN VALLEY

*Marital Status: Married Couple

Initial Placement: Yes

*Removal Date: 5/16/2024

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

*First Parent or Legal Guardian: Jane Reed

Second Parent or Legal Guardian: David Reed

*Placement Date: 5/16/2024

*Emergency Placement: Yes No

End Placement Date:

End Placement Reason:

*Reason Relative Not Licensed: Financially able to care for child If Other, please indicate:

Comment:

600 character(s) left

600 character(s) left

*Relationship to provider: Identified Relative Kin

First Relative Details:

*Year of birth: 1976

*Is the first relative a member of a federally recognized tribe? No

*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: 1979

Is the second relative a member of a federally recognized tribe? No

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)

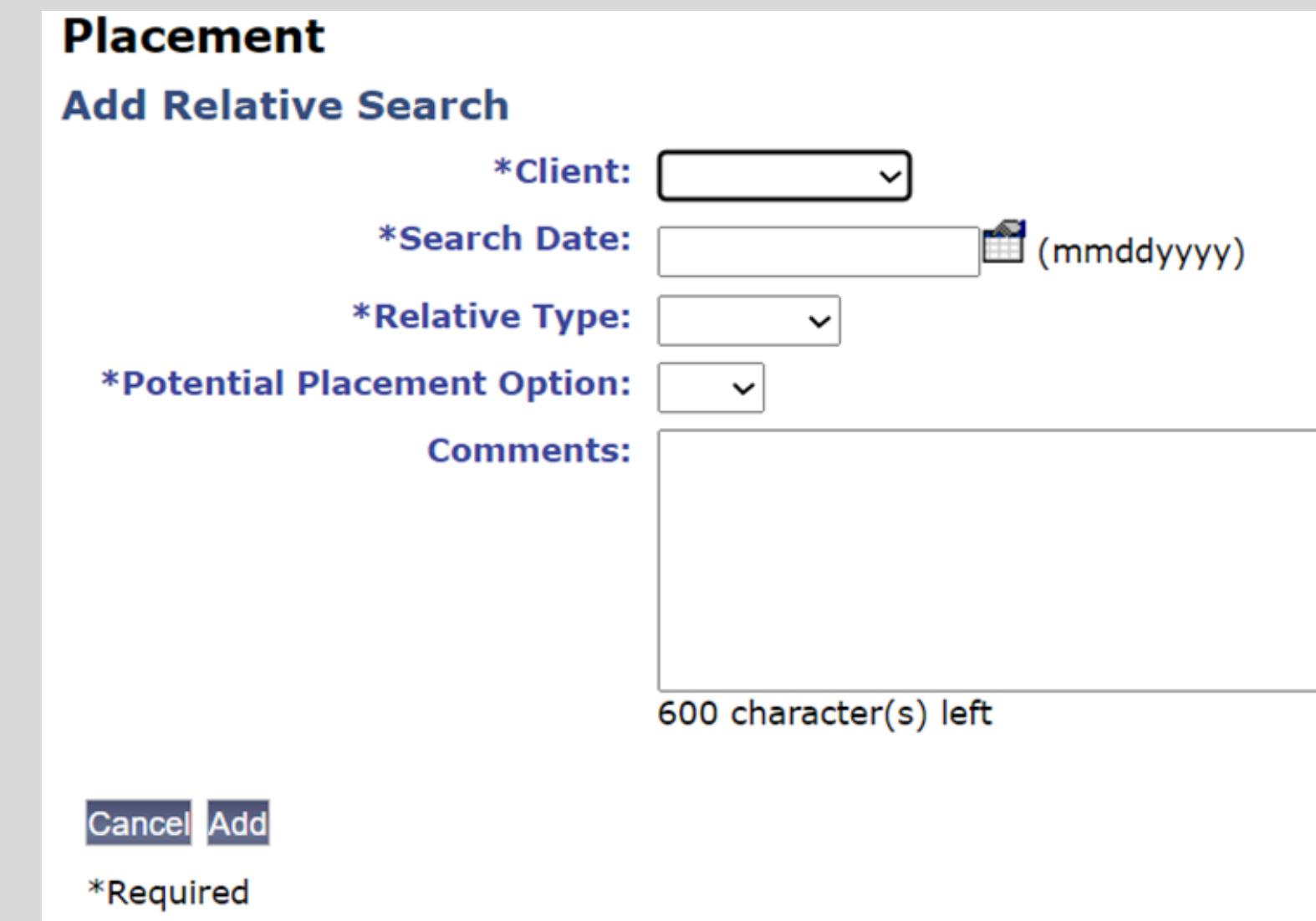
*Relative Type:

*Potential Placement Option:

Comments:
 600 character(s) left

Cancel **Add**

*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

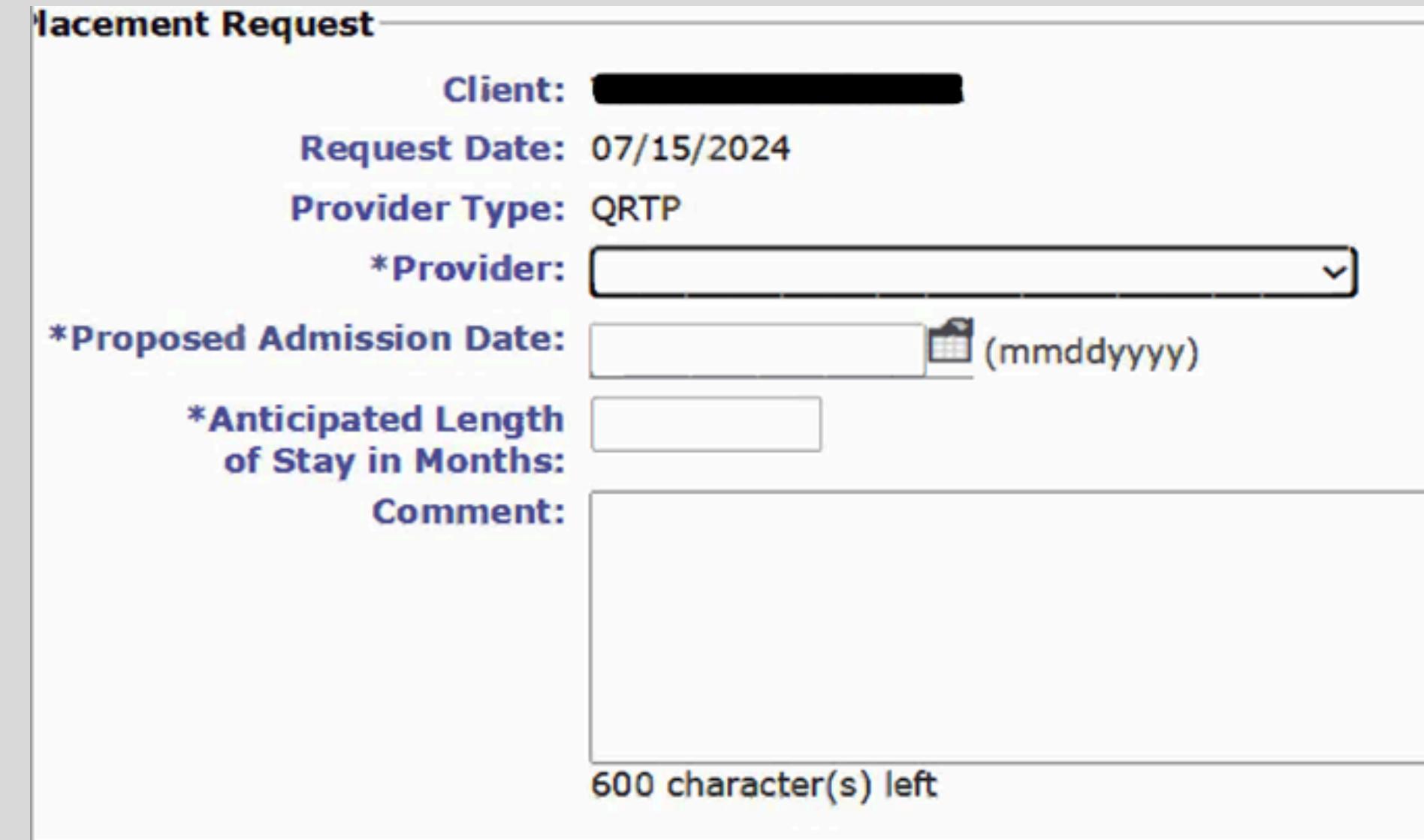
***Provider:** [REDACTED]

***Proposed Admission Date:** [REDACTED]  (mmddyyyy)

***Anticipated Length of Stay in Months:** [REDACTED]

Comment: [REDACTED]

600 character(s) left



Closing Cases and Miscellaneous

Closing Case Management:

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

Work Right to Left

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		Transfer
Eligibility Worker	Grand Forks County - Grand Forks County HSZ	Danielle J. Pierson	02/25/2024		Transfer

[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?