COMMUNITY MEDICAL CENTER

CLINICIAN GUIDE: Reporting Possible Child Abuse

Last updated: 9/3/26

⚠ WHO MUST REPORT

All professionals who work with children (including physicians, nurses, educators) with reasonable cause to suspect child abuse or neglect has occurred or is occurring are mandatory reporters under federal law and Montana state law.

When in doubt - call.

HOW TO REPORT

Centralized Intake (CI)
866-820-5437 (KIDS)
Available 24/7 • Busiest 2–7 PM • Based in Helena

- ✓ General Information: to include name, date of birth, phone number, address, current location (for child, siblings and caregivers) as well as details about concern.
- ✓ Reporter information: your name, title, contact information (not disclosed unless court requests).
- ✓ Reporter identification is kept confidential.
- ✓ Cross reported to law enforcement: serious bodily injury, sexual abuse, certain abuse from drug exposure, child-on-child sexual assault, or child death, or concern of any crime.
- ✓ Providers: use the provider option to minimize hold time, notify CI staff if your wait has been > 5 minutes.

REPORT CLASSIFICATIONS BY CI

CPI	Child Protection Services Information: concern reported but does not meet criteria of potential risk of harm to the child; no investigation conducted.
CFS	Request for Services: report does not meet criteria for child abuse or neglect but requires response by CFSD to offer services or need for investigation by other agency (e.g., child-on-child on child crimes, forensic interviews).
CPS	Child Protective Services: concern for child abuse or neglect; P1/P2 priority assigned.

* If the reporter is anonymous, the allegations must be corroborated within 48 hours of the report, or it is closed as unsubstantiated.

CFSD COLLABORATION (if CPS is involved)

- Family engagement meetings: adapted for each family, may include other family members, attorneys
- Treatment teams: caregivers, CPS, family professional support (such as schools, medical professionals, counselors)
- Family support team meetings: provide the caregivers who attend with resources e.g. community resources
- Foster Care Review Committee

AFTER YOU CALL

Report is assigned to a child protection specialist supervisor (CPSS) in the Child and Family Services Division (CFSD) region where the child lives, then a specific child protection specialist (CPS). The CPS calls the reporter first.

Response Priority Timelines

P1	**24 hours**	Immediate danger of serious harm
P2	**72 hours**	May not be in immediate danger but presence of impending danger

Action on Reporting

Family Functioning Assessment: Procedure by which CPS determines safety and risk factors for the child during investigation. Includes *Immediate Danger Assessment* within 24 hours of initial contact (interviews with family, school, reporter, others). If danger is identified, a *Protection Plan* will be developed.

INTERVENTIONS (within 60 days)

1. Protection Plan: addresses immediate dangers.
2. Report Closed: child is found to be safe; may include referrals for services such as Healthy Montana Families, Benchmark, etc.
3. Prevention Plan: the family agrees to voluntarily work with CFSD regarding concerns, for example, child stays home with safety plan and wraparound services (open up to 6 months).
4. Legal Custody: when a child is removed from caregiver involuntarily, CFSD must file Emergency Protective Services petition with the court.

Removal is always a last resort. Kinship placement is preferred if removal is required. CFSD's mission is "Keeping children safe and families strong."

CPS may only share with you, the Reporter, the categorization of your report, the outcome of the investigation and subsequent action to be taken on behalf of the child named in the report.