# **Online Texas Abuse Hotline User Guide**

# Introduction

The Department of Family and Protective Services (DFPS) provides the <u>Online Texas Abuse Hotline</u> as a secure website for reporting suspicions of abuse, neglect and exploitation of children, adults with disabilities, or people 65 years or older.

# **Emergencies and Life-Threatening Situations**

If you need to report an emergency or life-threatening situation, call your local law enforcement agency or 9-1-1 immediately. The Online Texas Abuse Hotline should **NOT** be used in urgent or emergency situations. Reports made through this website take up to 24 hours to process.

## **Getting Answers**

This user guide provides information on how to use the online reporting tool. Additional information is available at the <u>Report Abuse, Neglect, or</u> <u>Exploitation</u> page.

# **Online Help**

Online Help is the built-in help system for the <u>Online Texas Abuse Hotline</u>. It provides answers to common questions and instructions on how to do navigate the site. You can access Online Help while you are working on a report.

Select the **Help** link in the top right corner, and a new tab opens with information about the page such as:

- The purpose
- Word and acronym definitions
- How to perform specific actions

Home Helr										
List of Reports										
Date Submitte	ed 🎽 Name of victim	* Report * Decision	Confirmation <sup>×</sup> Number	Report ID `	Date Draft × Created •	Action	~	Automatically <sup>~</sup> Submitted	_	
	Victim Iname, Victim fname				May 10, 2021	Continue	Delete			^
May 11, 2021	Victim Iname, Victim fname		b93b80e5							
May 10, 2021	Lname, Fname		8a5d75bd							

There are five icons in Online Help that help make it easier to find information:



# **Icon Description**

## **Table of Contents**

The **Table of Contents** looks like a bulleted list. When you select the icon, all Online Help content displays in the left pane. Select any item to display the topic details.



#### Index

The **Index** icon looks like a file folder labeled with A-Z. When you select the icon, a list of keywords displays in the pane. Select a word or phrase to jump to where it displays in Online Help.



#### Search

The **Search** icon looks like a magnifying glass. It allows you to search for a word or phrase. The results include all topics with the word or phrase you searched.



#### Glossary

The **Glossary** icon looks like an open book. It displays an alphabetical list of words, phrases, and acronyms that are used in the Online Texas Abuse Hotline Reporting tool.



#### Print

The **Print** icon looks like a printer. It enables you to print topics from Online Help.



# **Hearing Impaired**

If this is an emergency and you are deaf and equipped with a Teletypewriter (TTY), call Relay Texas by dialing 711 or 1-800-735-2989. Tell the relay agent you need to call the Texas Abuse Hotline at 1-800-252-5400.

# **Frequently Asked Questions**

An <u>FAQ page</u> is available to answer questions about online reporting.

# **Terms and Definitions**

Using the correct terms when reporting abuse or neglect is very important. For the full list of up-to-date terms, follow these links:

- <u>Child Protective Services</u>
- <u>Adult Protective Services</u>

## Navigation

The Online Texas Abuse Hotline is set up to make the online reporting process as simple and efficient as possible.

#### **Main Sections**

There are 4 main sections. The section you are working on is highlighted. Complete the section you are working on before going to the next section. The 4 main sections are:

- 1. People Involved
- 2. What Happened
- 3. Safety Concerns
- 4. Report Summary



#### People Involved

In the **People Involved** section, provide detailed information about everyone involved in the incident; alleged victims, alleged perpetrators, others living in the home, and anyone else has who has information about the incident. Multiple people can be added to each category.



#### What Happened

In the **What Happened?** section, provide details on the specific allegations and events that cause concern.

	People What Safety Report Involved Happened Concerns Summary					
А 1f : *F	Allegations If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field					
	What are your concerns about the primary child? Select all that apply:					
	Abandonment/Refusal to accept parental responsibility					
	Emotional abuse/Psychological state					
	Fetal alcohol/Drug exposure					
	Medical neglect					
	Neglectful supervision					
	Physical abuse/Injuries to a child					
	Physical neglect					
	Sexual abuse					
	Labor/Sex trafficking					
	Other					
	Back Continue					

## Safety Concerns

In the **Safety Concerns** section, provide details regarding domestic violence, drug and alcohol abuse, living conditions, and other safety concerns.

People What Involved Happened Safety Summary
Safety Concerns
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field
Explain if there are concerns about weapons:
Explain if anyone is affiliated with a gang:
Explain if there are people, pets, or conditions that could be a danger:
Save as Draft Continue

#### Summary Pages

After entering detailed information in each section, a summary page displays where you can review and edit the information. Select **Edit** or **Delete** to make changes. Select **Add Another Entry** to add another person or allegation. Select **Back** to return to the last page visited and **Continue** when you are finished with your review to open the next section.

People in the Home Summary	
Anyone Else in the Home Select all the details you know about this person:	
Primary language	
*How is this person involved in the incident? Neither/Unknown	
How is this person related to the primary alleged victim?	
Grandparent Maternal	
Primary Language: Spanish	
Will this person require an interpreter? Yes	
*Gender:	
Permane Provide details about this person's school/day care or after school program enter info here	/workplace including name and address:
Where is this person right now?	
Share other relevant information about this person:	
	Delete Edit
Do you want to add anyone else in the home?	Add Another Entry
Save as Draft	Back Continue

#### Report Summary

After completing **People Involved**, **What Happened**, and **Safety Concerns**, the **Report Summary** page allows you to review the information you entered.

People Involved What Safety Happened Concerns Summary			
Report Summary			
Reporter Information Summary			
	Edit		
Primary Victim Information Summary	Edit		
People information	Edit		
Anyone Else in the Home	Delete Edit		
Do you want to add anyone else in the home?	Add Another Entry		
Allegations	Edit		
Neglectful Supervision	Delete Edit		
Safety Concerns	Edit		
Family Dynamics and Living Conditions	Edit		
Living Conditions	Edit		
L	Finish		

You can edit, add another entry, or delete any of the information if needed, then select **Finish** to submit the report.

#### Customized Questions

Questions for entering detail adjust based on the information you provide.

#### Example:

When you begin entering information for the **Primary Alleged Victim**, a list of topics with check boxes next to them displays.

In this example, the reporter checked boxes to indicate they know the **Name**, **Primary Language**, and **Race**, **ethnicity**, **Social Security Number**. Questions will appear on the page, so the reporter can provide information for each of these topics. In this example, the reporter will not be asked to provide information about the alleged victim's phone number or special needs.

Primary Alleged V	Primary Alleged Victim				
If you leave this page without pressing the "Contin *Required Field	If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field				
Select the details you know about this per           Name           Phone number           Primary Language           Special needs           Race, ethnicity, Social Security Number	son (select all that apply):				
* We require locating information. Do you	know the alleged victim's address?				
City:	* State:				
		$\checkmark$			
County:					
	$\checkmark$				
Does this person reside inside the city lim	its?				
Directions to the home					
First Name:	Middle Name:	Last Name:	Suffix:		
			Select One		
* Do you know this person's birthdate?					
* Approvimate Age (in years)					
Primary Language:					
Select one					
* Gender:					
Select One					
Race:					
Ethnicity:	Social Security Number:	acific Islander 📋 Unable to Determine			
Select one					

#### Navigation Buttons

Use the navigations buttons to complete your report. **DO NOT** use the back and forward browser buttons.

#### Save as Draft

Saves your report as a draft to be finished later.



Back

Takes you to the previous page.



#### Continue

Takes you to the next step in your report.



Delete

Deletes your entry. Deleted information cannot be retrieved.



Edit

Opens the section so you can make changes.



## Add Another Entry

Adds additional people or allegations.



# **Creating an Account**

When you make a report for the first time, you'll be prompted to create an account. Select **Create an Account**.



**The Request Access: Citizen Registration** page displays. First, you'll create a username. The username can contain uppercase and/or lowercase letters, and numbers. Numeric only usernames are not allowed. A green check mark means your username is available; and red check mark means your selected username is not available.

HHS Enterprise Por	tal 🏫
TEXA: Departm	S nent of Family and Protective Services
Request Access: Cit	izen Registration
Account Informatio	n
	<ul> <li>Username can contain a-z, A-Z, or 0-9</li> <li>Username can only contain the following special characters @</li> <li>Numeric only Usernames are not allowed</li> <li>A green @ means your selected username is available.</li> <li>A red ⅔ means your selected username is unavailable.</li> </ul>
	Username *

Fill in the required fields. Required fields are indicated by an asterisk and include Username, First and Last Name, Gender, Email Address, Primary Phone, Phone Type, Street Address, City, State, Address Type, Place of Employment, and Days and Times you can be reached. After filling in all required fields, you are prompted to verify you are not a robot by answering the security questions, then select Next.

ount Information			
• Usernar	me can contain a-z, A-Z, or 0-9		
Usernar	me can only contain the following special characters @		
Numeric     Agroop	c only Usernames are not allowed		
A red	gi means your selected usemame is unavailable.		
Username *			
First Name *			
Thot Humo			
Middle Name			
Last Name *			
Lust Humo			
Suffix	Select One		
Gender *	Select One		
Jender			
Email Address *			
Primary Phone *	######################################		
· · · · · · · · · · · · · · · · · · ·			
Primary Phone Type *	Select One		
Secondary Phone	### #### #####_extension		
,			
Secondary Phone Type	Select One Y		
Mobile #	###_#####		
Street Address *			
City *			
Zip			
Country	USA 🗸		
State *	Select One		
County	Select One		
Address Type *	Select One		
,,			
Place of Employment *			
ys and times you can be reached *			
		<b>a</b> 7	
For security purposes, verify you're i	not a robot. When presented with a math problem, type the solution. Otherwise type the letters or numbers. *		
13-4	G	11	
		1	

The **Citizen Registration** page displays with a message alerting you to check your email for your credentials. Select **Done**.

HHS Enterprise Portal  🔒	
TEXAS Department of Family and Protective Services	
Citizen Registration Your account is being updated. Please wait five(5) minutes before signing in to you minutes, please check your spam folder as it may have been redirected there.	r account. Please check your email for the credentials set now. If you don't receive the email within several Done

The Abuse Hotline web page displays. Select **Login**.



# The sign in page displays. Enter your username and password, and select **Sign In**.

HHS Enterprise Portal 🔒	
TEXAS Department of Family and Protective Services	
Notification of Confidentiality	Sign In
Under Texas law, your identity as a reporter of suspected abuse, neglect or exploitation is confidential, and can only be revealed in limited circumstances pursuant to Texas Family Code 261 201(d). The law requires any	Username
person who suspects abuse or neglect to report it. You are protected from civil or criminal liability for making a false report as long you made the report honestly sincerely and without malicious intent. This is true even if	Password
DFPS determines that there was no abuse or neglect.	Sign In Forgot Username? Forgot Password?
You may be subject to civil and/or criminal liability if you knowingly file a false report (for example, telling DFPS the child has injuries when there clearly are none).	
Visit the Texas Family Code Chapter 261 for more detail.	New to the portal?
System Use Notification: This is a monitored Texas Health and Human Services information resources system. Any unauthorized use or access, or any unauthorized attempts to use or access, this system may subject you to disciplinary action, sanctions, civil penalties, or criminal prosecution to the extent permitted under applicable law.	Click here to sign Acceptable Use Agreement (AUA)

The first time you log in, you're prompted to set up three security questions. You aren't required but you encouraged to secure your account. When you've selected the questions and entered your answer, select **Next**.

HHS Enterprise Portal 🔺	
TEXAS Department of Family and Protective Service	es
Security Questions	
To help ensure the security of your HHS Enterprise Portal account, choose the	hree questions and provide your answers below.
Question # 1*	What is your Mother's maiden name?
Response # 1*	••••
Confirm # 1*	••••
Question # 2*	What is your favorite color?
Response # 2*	
Confirm # 2*	•••••
Question # 3*	What is your favorite paths pares
Response # 3*	
Confirm # 3*	
Some a second	
	Cancel Not Nov. Next

## **Creating a New Report**

Select the **Create a New Report** button. **The Reporter Information** page displays. A message at the top of the page warns you that your session expires after 15 minutes of inactivity, so save your work often. You are required to acknowledge that the situation you're is not an emergency before you can continue by selecting a checkbox. If someone is in immediate danger, call 911.

TEXAS Department of Family and Protective Services	
Home	Help
This session will time out after 15 minutes of inactivity. It is recommended that you save your work often.	
Reporter Information *Required Field  - sequence Field - sequence of abuse, neglect, or exploitation I am reporting	La NOT an emergency.
You must acknowledge that the situation you have to report is NOT an emergency before you can continue. abuse or neglect.	An emergency includes a situation where a victim was seriously injured, has died, or is in immediate danger of serious harm or death from
Updates to your information on this page will only be applied to this report. To make permanent updates to your register	red account information, select "My Account" at the top of this page.
	Continue

Next, enter as much information about yourself as possible.

Reporter Information **course If We want the live that the live or dates, neglect, or exploitation 1 an reporting is 0T an emergency. from want acknowledge that the subation you have to report is NOT an emergency includes a situation where a victim was seriously injured, has died, or is in immediate danger of serious harm or death from this use or engect. packet to your information on this page will only be applied to this report. To make permanent updates to your registered account informator, select "by Account" at the top of this page. First Name:  First Name: Firs
*Required Field 3 * By checking this box 1 advonkedge that 1 beliave that the instance of abuse, neglect, or exploitation 1 am reporting is 0T am emergency. To must advonkedge that the statution you have to export is NT am emergency includes a situation whore a victim was seriously injured, has died, or is in immediate danger of serious harm or death from the series of the seri
for mat acknowledge that the situation you have to report is NOT an emergency before you can continue. An emergency includes a situation where a victim was seriously injured, has field, or is in immediate danger of serious harm or death from indusor or negitive to go with the situation you have to report is NOT an emergency before you can continue. An emergency includes a situation where a victim was seriously injured, has field, or is in immediate danger of serious harm or death from indusor or negitive to account information, seled. "Hy Account" at the top of this page.  First Name:  First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name:
jdate toy uniformation on this page will only be applied to this report. To make permanent updates to your registered account information, select "*y decount" at the top of this page.  * First Name:  * Lest Name:  * Lest Name:  * Lest Name:  * Lest Name:  * Select One * Select
* frast Name:       Midde Name:       * Lest Name:       Suffic:         * contract       Select One       Image:       Select One       Image:         * primary Phone:       Select One       Image:       Select One       Image:
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iender: Select One  Primary Phone: Extension: Phone Type: Select One  Extension: Phone Type: Select One  Select One  Select One  Select One  Type: Select One  Select One  Type: Select One  Type: Select One  Se
Select One     * Primary Phone:     Select One
Phone     Extension:     Phone Type:       Select One     Select One       icondary Phone:     Extension:       Street Address 2:       Irreet Address 2:       Street Address 2:       Select One       Street Address 2:
iecondary Phone: Extension: Street Address 1: Itreet Address 2: City: City: State: Select One State: Select One Tip Code: Select One
iecondary Phone: Street Address 1: Itreet Address 2: City: Steet: Select One State: Select One Select One
Street Address 1: City: * State: Select One V
Street Address 1: itreet Address 2: City: *State: Select One V
itreet Address 2: City: *State: Zip Code: Select One V
Street Address 2: City: *State: Zip Code: Select One V
City: * State: Zip Code: Select One
City: * state: zip code: Select One
Select One
ddress Type:
Select One
what is your relationship to the primary alleged victim:
Select One
lace of employment:
Days and times you can be reached:
-mail Address:
World you like to receive anall notifications about this report functuation confirmation Number. Totake Decision, and Report 1012
voni po me o receive simili nontrativali anost una report (inclusing committon numera), trane o eccani, una report (10)? 1945 — O No
low did you find out about this situation?
Contry

The asterisks indicate the required fields. The **First** and **Last Name**, **Primary Phone**, **Street Address 1**, **City** and **State** fields are required. When you've entered as much information as possible, select **Continue**.

## The Welcome to the Texas Abuse, Neglect, and Exploitation

**Reporting System** page displays. You are required to select whether you are reporting about a child under 18, or adult, age of 18 and older.

TEXAS Department of Family and Protective Services		
Home		He
Welcome to the Texas Abuse, Neglect, and Exploitation "Required Field This reporting site is divided into three sections: People Involved In the "Begle Involved", you will be asked to describe everyone involved in thit incident; alleged victims, alleged perpetrators, others livit the questionnaire, you can add multiple people in each category. What Happened?" In the "Watel Happened?" section, you will be asked to tell us about the specific allegations regarding your concern. You will be osed to tell us about the specific allegations regarding your concern. You will be osed to tell us about domestic violence, drug and alcohel abuse, as well as the living conditioner you have completed ach section, you will be asked to tell us about domestic violence, drug and alcohel abuse, as well as the living conditioner you have completed ach section.	Reporting System In the house/facility and anyone one else who can provide information about the incident. As you continue through allegations apply and be asked to provide details about the events that occurred. tions and other safety concerns.	
Are you reporting about a child or an adult?     Child (under the age of 18)	tered reporters, delete your draft prior to submitting a new report.	
	Back Cont	tinue

For this example, we'll select the **Child (under the age of 18)** button. When you select a button, the question- **Where did the alleged abuse, neglect, or exploitation occur?** and location choices display. Select the location, then select **Continue**.

L	
1	Welcome to the Texas Abuse, Neglect, and Exploitation Reporting System
	*Required Field
	This reporting site is divided into three sections: People Involved
	In the "People Involved", you will be asked to describe everyone involved in the indent; alleged victims, alleged perpetrators, others living in the house/facility and anyone one else who can provide information about the incident. As you continue through the questionnaire, you can add multiple people in each category. What Happened?
	In the "What Happened" section, you will be asked to tell us about the specific allegations regarding your concern. You will choose which allegations apply and be asked to provide details about the events that occurred. Safety Concerns
	In the "Safety Concerns" section, you may be asked to tell us about domestic violence, drug and alcohol abuse, as well as the living conditions and other safety concerns. Once you have completed each section, you will see a summary page that will allow you to review and edit that section.
	Are you reporting about a child or an adult?     Child (under the age of 18)     Adult (age 18 or older)
	Selections on this page cannot be changed after continuing. If anything care page is selected in error, you will need to begin a new report. For registered reporters, delete your draft prior to submitting a new report.
	Child's home or school
	O Day care or after school program
	O Foster home
	🔘 Residential treatment program, emergency shelter, or GRO
	O State supported living center, state hospital, or group home
	O other
	Back Continue

## **Primary Alleged Victim**

The **Primary Alleged Victim** page displays.

Let's address the first statement. It reads, **Select the details you know about this person (select all that apply)**. The choices include name, phone number, primary language, special needs, and race, ethnicity, social security number. When you select any of these check boxes, additional fields display. You can toggle the fields by de selecting the check boxes. You can select more than one check box. Always enter as much information as possible.

Primary Alleged Victim		
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information *Required Field	on on this page will be lost.	
Select the details you know about this person (select all that apply):  Theme number Finany Language Section 2000 Race, ethnicity, Social Security Humber • We require locating information. Do you know the alleged victim's address?  Yes 9 40		
City:	* State:	
	Select One 🗸	
Dees this person reside inside the city limits? Ves 0 Io Directions to the home		
First Name: Middle Name:	Last Name:	Suffix:
		Select One
Do you know this person's birthdate?     Te 0 to     Primary Language:     Select one     Vhat are the person's special needs? Select all that apply:     Orb 0 Autistic _ encional disorders _ Intellectual delay _ Learning disabled     Provide as much detail as you can about the person's special needs, including how th	☐ Medical disability ☐ Mental liness(e.g.schizophrenia) ☐ Physical disability(e.g.paralysis) ☐ Visually imp he person's level of functioning is affected;	aired 📄 Other special need

The asterisks indicate required fields. The required fields include answering the question, **Do you know the alleged victim's address?**, **Do you know this person's birthdate?**, and **Gender**. If you select the **No** radio button additional fields display prompting you to enter the city and the state, which is required. The question **Does this person reside inside the city limits?** also displays, and an additional field where you enter directions to the home. Fill out as much information as possible. City, state, and county are required.

* We require locating information. Do you kn	ow the alleged victim's address?	
City:	* State:	
	Texas	~
County:		
Select One	~	
Does this person reside inside the city limits	,	
○ Yes ○ No		
Directions to the home		
	/i	

If you select the **Yes** radio button, for the address question, additional fields expand below the question. The street address, city, and state fields are required.

<ul> <li>* We require locating information. Do you know the alleged victim's address?</li> <li>● Yes ○ No</li> </ul>		
* Street Address 1:	]	
Street Address 2:	-	
* City:	* State: Select One	Zip Code:
Address Type: Select One	-	

If you select **No** for the birth date question, an additional field displays and requires you to enter and approximate age in years. This field is required.

* Do you know this person's birthd	ite?	
) Yes 🔘 No		
* Approximate Age (in years)		
Approximate Age (in years)		
t Condoru		
denuer.		
Select One	~	

If you select **Yes** to the birthdate question, additional fields expand below the question that prompt you to use the calendar tool to select the birth date of the alleged victim.

<ul> <li>* Do you know this person's birthdate?</li> <li>• Yes O No</li> </ul>	
* Birthdate	
* Gender:	
Select One	~

Next, select the alleged victim's gender from the drop-down menu- its required.

* Gender:	
Select One	
Select One	school program/workplace including name and address:
Male	
Female	
Unknown	
	li li
Share other relevant information about this person:	
Save as Draft	Back Continue

The three last fields ask the statements, **Provide details about this person's school or day care or after school program or workplace including name and address:**, **Where is this person right now**?, and **Share other relevant information about this person.** Enter as much information as possible in these three fields. Remember to save your information as you work through the report by selecting the **Save as Draft** button at the bottom of the page. Select **Continue**.

Provide details about this person's school/day care or after school program/workplace including name and address	;	
		~
Where is this person right now?		
Sharo other relevant information about this person:		A
		ĥ
Save as Draft	Back	Continue

## **People Involved**

In the **People Involved** section, provide detailed information about everyone involved in the incident; alleged victims, alleged perpetrators, others living in the home, and anyone one else who can provide information about the incident. As you continue through the questions, you can add multiple people in each category.

## First, the **People Information** page displays.

People information		
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field		
Do you have information about (select all that apply):		
anyone else in the home		
anyone involved living outside of the home		
anyone who can provide additional information about the concerns		
Save as Draft	Back	Continue

Depending on which check box or check boxes you select, are prompted to enter additional information after selecting **Continue**.

If possible, provide the following information for each person involved in the incident you are reporting:

- Names
- Dates of birth/Approximate age
- Phone number

- Primary language
- Special needs
- Race, ethnicity, Social Security Number

You are also asked how each person was involved in the incident you are reporting. Select from the following list.

- 1. Alleged Victim
- 2. Alleged Perpetrator
- 3. Both Alleged Victim and Alleged Perpetrator
- 4. Neither/Unknown

For this example, we'll select the all three check boxes- **anyone else in the home**, **anyone involved living outside the home**, and **anyone who can provide additional information about the concerns**.

People information	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field	
Do you have information about (select all that apply):	
Z anyone else in the home	
anyone involved living outside of the home	
anyone who can provide additional information about the concerns	
Save as Draft	Back Continue

# The **Anyone Else in the Home** page displays.

Anyone Else in the Home	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field	
Select all the details you know about this person:	
□ Name	
Date of birth/Approximate age	
Phone number	
Primary language	
Special needs	
Race, ethnicity, Social Security Number	
*How is this person involved in the incident?	
🔿 Alleged Victim 🔿 Alleged Perpetrator 🔿 Both Alleged Victim and Alleged Perpetrator 🔿 Neither/Unknown	
How is this person related to the primary alleged victim?	
Select One	
*Gender:	
Select One	
Brouide details about this person's school /day care or after school program /workplace including name and address:	
Provide details about this person s school/ day care of arter school program/ workplace including name and address.	
Where is this person right now?	
Share other relevant information about this person:	
Save as Draft Back C	ontinue

The **How is this person involved in the incident?** and **Gender** fields are required.

Anyone Else in the Home
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field
Select all the details you know about this person:
□ Name
Date of birth/Approximate age
Phone number
Primary language
Special needs
🗌 Race, ethnicity, Social Security Number
*How is this person involved in the incident?
○ Alleged Victim ○ Alleged Perpetrator ○ Both Alleged Victim and Alleged Perpetrator ● Neither/Unknown
How is this person related to the primary alleged victim?
Aunt/Uncle 🗸
*Gender:
Female ~

The functionality is basically the same as the **Primary Alleged Victim** page. Additional fields display based on your check box selections under the **Select all the details you know about his person** section which include **Name, Date of birth/Approximate age, Phone number, Primary language, Special needs**, and **Race, ethnicity, Social Security Number**. Make your selections and enter the required information. For this example, we'll select the **Date of birth/Approximate age** check box. When you select the check box, the **Do you know this person's birthdate?** Question displays. Select the **Yes** or **No** radio button.

Anyone Else in the Home
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field
Select all the details you know about this person:
□ Name
Date of birth/Approximate age
Phone number
Primary language
Special needs
Race, ethnicity, Social Security Number
*How is this person involved in the incident?
🔿 Alleged Victim 🔿 Alleged Perpetrator 🔿 Both Alleged Victim and Alleged Perpetrator 🔿 Neither/Unknown
How is this person related to the primary alleged victim?
Select One 🗸
Do you know this person's birthdate?
○ Yes ○ No

If you select **Yes**, you'll use the calendar icon to choose the birthdate. If you select **No**, you're prompted to enter approximate age.

Do you know this person's birthdate?	Do you know this person's birthdate?
🔿 Yes 💿 No	Yes No
Approximate Age(in years):	Birthdate:

Select gender from the drop-down menu- this field is required. Then enter any additional information in the **Provide details about this person's** school/day care or after school program/workplace including name and address:, Where is this person right now?, and Share other **relevant information about this person:** in the text entry boxes and select **Continue**.

*Gender:	
Select One	
Provide details about this person's school/day care or after school program/workplace including name and address:	
Where is this person right now?	
Share other relevant information about this person:	
ave as Draft	Back Continue

When you select **Continue**, the **People in the Home Summary** page displays. Review the information on the page. You can edit or delete the entry by selecting the **Delete** or **Edit** buttons near the bottom of the page. If you want to add another person, select the **Add Another Entry** button below the **Delete** and **Edit** buttons.

If all the information is correct, select **Continue**.



When you select continue, the **Anyone Involved Outside the Home** page displays because we selected the checkbox on the **People Information** page. Depending on which check box or check boxes you select, you will be prompted to enter additional information just like the previous pages.

Any If you le *Requir	yone Involved Outside the Home ave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. red Field
Sele	ect all the details you know about this person:
	Name
	Date of birth/Approximate age
	Phone number
	Primary language
	Special needs
	Race, ethnicity, Social Security Number

Fill out all the fields to the best of your knowledge. Responses to the **How is this person involved in the incident?** and gender questions are required.

Select One			
How is this person involved in t	the incident?		
) Alleged Victim 🔿 Alleged Perp	petrator 🔿 Both Alleged Victim and Alleged Perpetrator 🔿 Neither/Unknown		
Gender:			
Select One			
rovide details about this persor	n's school/dav care or after school program/workplace including name an	d address:	
, , , , , , , , , , , , , , , , , , , ,	······································	^	
		~	
whore is this person right new?		~	
/here is this person right now?		~ 	
/here is this person right now?		~	
/here is this person right now?		~	
/here is this person right now?		~ ~ ~	
/here is this person right now? hare other relevant information	n about this person:	~	
/here is this person right now?	n about this person:	~ ~ ~	
/here is this person right now? hare other relevant information	n about this person:	 	

When you're done, select **Continue**. The **People Involved Outside the Home Summary** page displays. Review the information on the page. You can edit or delete the entry by selecting the **Delete** or **Edit** buttons near the bottom of the page. If you want to add another person, select the **Add Another Entry** button below the **Delete** and **Edit** buttons.

People Involved Outside the Home
Anyone Involved Outside the Home
Select all the details you know about this person:
How is this person related to the primary alleged victim?
\*How is this person related to the primary alleged victim?
\*Gender:
Male
Provide details about this person's school/day care or after school program/workplace including name and address:
Where is this person right now?
Share other relevant information about this person:
Delete Edit
Coryou want to add anyone else involved outside the home?
Add Another Entry
Suce as Draft

If all the information is correct, select **Continue**.

Because we selected the **Anyone With Knowledge of the Situation** check box on the **People Information** page, the **Anyone With Knowledge of the Situation** page displays. Depending on which check box or check boxes you select, you will be prompted to enter additional information just like the previous pages.

An	Ŋ	one With Knowledge of the Situation	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field			
Se	ele	ct all the details you know about this person:	
		Name	
		Address	
		Phone number	
		Primary Language	

Fill in the fields to the best of your knowledge and select **Save as Draft**, then **Continue**.

Anyone With Knowledge of the Situation If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field	
Select all the details you know about this person:	
□ Name	
Address	
Phone number	
Primary Language	
How is this person related to the primary alleged victim?	
Select One	
What additional information can this person provide?	
	~
	~
Save as Draft	Back Continue

The summary page displays, you can edit, delete, or add another entry. If everything is correct, select **Continue**.

Pe	ople With Knowledge Summary
	Anyone With Knowledge of the Situation
:	Select all the details you know about this person:
	How is this person related to the primary alleged victim?
,	What additional information can this person provide?
	Delete Edit
	Do you want to add anyone else with knowledge of the situation?
Save	e as Draft Back Continue

## What Happened?

In the **What Happened?** section, provide details on the specific allegations and events regarding your concern.

Provide specific concerns you have and reasons for reporting the incident. Be very detailed in your descriptions. Use specific dates and names. Avoid using pronouns. The descriptions provided are used to decide whether your report needs an investigation. DFPS will not contact you for clarification when making this decision.

#### Allegations

An allegation is a formal claim against someone which prompts an investigation. Allegation definitions for children and adults are different. Most abuse and neglect allegations are covered by these topics:

1. Abandonment and refusal to accept parental responsibility are where the parent or caregiver left the child in a potentially harmful situation and did not plan to return for the child.

- 2. **Emotional Abuse** is an emotional or mental injury caused by the parent or caregiver that results in an observable effect on the child.
  - Psychological state Concerns about the child's mental stability, as demonstrated by mood, behavior, and thoughts.
- **3. Fetal Alcohol/Drug Exposure** Example: A newborn is experiencing physical harm because of mother's drug or alcohol use during the pregnancy. Examples of physical harm include but are not limited to physical manifestations of Fetal Alcohol Syndrome, Fetal Alcohol Effect, or Neonatal Abstinence Syndrome.
- 4. **Medical Neglect** is an emotional or mental injury caused by the parent or caregiver that results in an observable effect on the child.
- 5. **Neglectful Supervision** means improper supervision of a child left alone which could have resulted in substantial harm.
- 6. **Physical Abuse** is deliberate actions resulting in injuries to a child or genuine threats of such actions or concerns about physical injuries of an unexplained or suspicious nature.
- 7. Sexual Abuse includes:
  - Sexual indecency, sexual assault, or aggravated sexual assault.
  - Failing to make a reasonable effort to prevent sexual conduct to a child.
  - Using the child for the creation of obscene or pornographic material.

# 8. Trafficking

- Labor trafficking parent or caregiver forcing a child into labor or services that are unhealthy or harmful to the child.
- Sex trafficking parent or caregiver receiving compensation for forcing a child to engage in prostitution or other sex acts.
- **9. Other-** situations that don't fit the defined allegations.

Each allegation you select requires you fill in information about what you observed. Though accurate terms are important when reporting abuse or neglect, you might not find an exact match. If you are reporting something that does not fit into defined allegations, you may select **Other** and explain the abuse you are reporting. Our trained staff reviews your report and determine an allegation. For the full list of up-to-date terms that are useful for reporting abuse, please follow the links to the online terms and definitions.

<u>Child Protective Services</u>

#### Adult Protective Services

#### Describe Each Allegation

After you have selected the allegation(s) associated with your report, you will be asked to describe each allegation. For each allegation, you will be asked to provide the information listed below.

- 1. Select the Alleged Victim
- 2. Select the Alleged Perpetrator
- 3. Provide as many details as possible so that we may know how to respond

#### Step by Step Example

Follow these step by step instructions to fill out the **What Happened?** section.

The **Allegation** page displays. Select check box next to each of your allegations, then select **Continue**. For this demo, we'll select **Medical neglect** and **Neglectful supervision**.

Allegations If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field
What are your concerns about the primary child? Select all that apply:
Abandonment/Refusal to accept parental responsibility
Emotional abuse/Psychological state
Fetal alcohol/Drug exposure
Medical neglect
☑ Neglectful supervision
Physical abuse/Injuries to a child
Physical neglect
Sexual abuse
Labor/Sex trafficking
Other

The next pages populate depending on your selection. For example, we selected **Medical neglect** and **Neglectful supervisio**n, so the next two pages that display will ask for details about those allegations.

Let's review the **Medical Neglect** page. Select the check box next to the name of the alleged victim under the question, **Who is the alleged victim?** The names that appear here are based upon the people you enter in the **People Involved** section. Then answer the questions to the best of your ability.

Medical Neglect	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. <b>*Required Field</b>	
You indicated you are concerned about medical neglect. Who is the alleged victim?	
When did the incident happen? If there is not a specific date, provide a timeframe.	
enter info here	
What is the child's medical condition?	
enter info here	
Does the child require medications?	
Ves ® No	
Describe what medical care is needed, and how long the child has gone without medical care. Include any negative consequences, and describe any missed medical/counseling appointments:	_
enter info here	-
Do you have other concerns about medical neglect?	
enter info here	
Save as Draft Back	Continue

The **Does the child require medication?** displays conditional fields. If you select **Yes**, you are prompted to enter details about what medicine and if it is not being administered as prescribed.

Does the child require medications?	
💽 Yes 🔿 No	
Which ones?	
Explain if the medications are not administered as prescribed:	
	Â
	$\sim$

When you're done entering all the information, select **Continue**.

The **Medical Neglect Summary** page populates and displays a summary of your entries. Use the **Delete** or **Edit** buttons to delete or edit. Use the **Add Another Entry** button to add another medical neglect allegation. When everything is correct, select **Continue**.

_		-
Ν	1edical Neglect Summary	
	Medical Neglect	]
	You indicated you are concerned about medical neglect.	
	Who is the alleged victim?	
	When did the incident happen? If there is not a specific date, provide a timeframe.	
	What is the child's medical condition?	
	Does the child require medications?	
	Describe what medical care is needed, and how long the child has gone without medical care. Include any negative consequences, and describe any missed medical/counseling appointments:	
	Do you have other concerns about medical neglect?	
	Delete Edit	
	To add another allegation of medical neglect, select the "Add Another Entry" button. Otherwise select the "Continue" button.	]
	Back Continue	j

The **Neglectful Supervision** page displays. Select the check box next to the name of the alleged victim under the **Who is the alleged victim?** question. The names that appear are based on the people you entered in the **People Involved** section. Fill in all the fields to the best of your ability. The yes and no questions are conditional. If you select **Yes**, additional fields populate, and you're prompted to enter more information. When you're done entering the information, select **Continue**.

Neglectful Supervision	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field	
You indicated you are concerned about neglectful supervision.	
Who is the alleged victim?	
When did the incident happen? If there is not a specific date, provide a timeframe.	
	^
	~
Is the child left unattended?	
○ Yes ○ No	
Was the child injured?	
○ Yes ○ No	
Do you have other concerns about nonlectful supervision?	
	~
	$\sim$
Save as Draft Back	Continue

The **Neglectful Supervision Summary** page displays. You can use the **Edit** and **Delete** buttons to edit or delete the entry. Use the **Add Another Entry** button to add another allegation. When you're sure all the information is correct, select **Continue**.

Neglectful Supervision Summary
Neglectful Supervision
You indicated you are concerned about neglectful supervision.
Who is the alleged victim?
When did the incident happen? If there is not a specific date, provide a timeframe.
Is the child injured?
Do you have other concerns about neglectful supervision?
Delete Edit
To add another allegation of neglectful supervision, select the "Add Another Entry" button. Otherwise select the "Continue" but a Add Another Entry
Save as Draft Back Continue

#### *Linking the Allegation(s) to a Person(s)*

If there are multiple people involved and all the details of the alleged incident are the same for each person, select all the people for the allegation and fill out the allegation once.

Neglectful Supervision If you leave this page without pressing the "Continue" or "Save as Draft"	" button, your information on this page will be lost.
You indicated you are concerned about neglectful supervision.	
Who is the alleged victim?	
Who is the alleged perpetrator?	
V	
When did the incident happen? If there is not a specific date,	provide a timeframe.
	Û
	~
Is the child left unattended?	
⊖ Yes ⊖ No	
Was the child injured?	
⊖ Yes ⊖ No	
Do you have other concerns about neglectful supervision?	
	^
	~
Save as Draft	Back Cont

If there are multiple people involved, but the details of the alleged incident are different for each person, select the alleged victim and the alleged perpetrator, and fill out the incident details for those people. When you finish, select **Continue**.

Nealectful Supervision
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.
*Required Field
You indicated you are concerned about neglectful supervision.
Who is the alleged victim?
Who is the alleged perpetrator?
When did the incident happen? If there is not a specific date, provide a timeframe.
Is the child left unattended?
Was the child injured?
Do you have other concerns about neglectful supervision?
Save as Draft Back Continue

A summary page displays where you can select **Add Another Entry** for the allegation.

Neglectful Supervision Summary
Neglectful Supervision
You indicated you are concerned about neglectful supervision.
Who is the alleged victim?
Who is the alleged perpetrator?
When did the incident happen? If there is not a specific date, provide a timeframe.
Is the child left unattended?
Was the child injured?
Do you have other concerns about neglectful supervision?
Delete Edit
To add another allegation of neglectful supervision, select the "Add Another Entry" butto. Otherwise select the "Continue" button.
Save as Draft Back Continue

Selecting **Add Another Entry** takes you to the same **Allegation** page again, so you can select another combination of alleged victim and alleged perpetrator, and then fill out the incident details for those people.

Neglectful Supervision	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field	
You indicated you are concerned about neglectful supervision.	
Who is the alleged victim?	
Who is the alleged perpetrator?	
When did the incident hannen? If there is not a specific date, provide a timeframe	
	~
	~
Is the child left unattended?	
○ Yes ○ No	
Was the child injured?	
○ Yes ○ No	
Do you have other concerns about neglectful supervision?	
	~
	~
Save as Draft Back	Continue

#### Safety Concerns

The **Safety Concerns** page displays. In this section, provide details regarding domestic violence, drug and alcohol abuse, living conditions, and other safety concerns.

Answer the questions and select **Continue**.

Safety Concerns
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field
Explain if there are concerns about weapons:
×
Explain if anyone is affiliated with a gang:
Explain if there are people, pets, or conditions that could be a danger:
~
Save as Draft Back Continue

#### **Family Dynamics and Living Conditions**

The **Family Dynamics and Living Conditions** page displays. Select the check box next to the concerns about the alleged victim's family dynamics and living conditions from the list. For this demo, we'll select **Domestic violence** and **Living conditions**.



The next pages that display depend on your selections on the **Family Dynamics and Living Conditions** page. Since we selected **Domestic violence** and **Living conditions**, the next page that displays is **Domestic violence**. Enter the information about severity, frequency, weapons, injuries, and other concerns. When you're done entering all the information, select **Continue**.

ou leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost equired Field		
You indicated you are concerned about domestic violence.		
Describe your concerns about domestic violence including the severity and frequency:		
	Ċ.	
Explain if weapons are used or objects thrown during the incidents of domestic violence:		
	~	
	$\sim$	
Explain if the child has ever been injured or intervened in an incident of domestic violence:		
	~	
Do you have other concerns about domestic violence?		
	~	
	~	
ave as Draft	Back	Contir

The **Living Conditions** page displays. Enter the information about safety hazards, non-working utilities, negative effects of living conditions, and other concerns. When you've entered all the information, select **Continue**.

Living Conditions	
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost. *Required Field	
You indicated you are concerned about the living conditions.	
Explain if there are health and/or safety hazards present that would endanger the child:	
	Ĵ
Explain if the utilities are not working (water, gas, and/or electric):	
	~
	~
Eveloping if there are popping offects to the shild due to the living conditions:	
	2
When was the last time you saw the living conditions?	
	~
	$\sim$
Do you have other concerns about the living conditions?	
	2
Save as Draft Bac	k Continue

#### **Report Summary**

The **Report Summary** page displays. Scroll down and review all the information. You can use the **Edit** and the **Delete** and **Edit** buttons to remove or modify the information you entered. You can use the **Add Another Entry** button to add more info. When you're sure all the information is correct, select **Finish**.



## **Submit Confirmation**

The **Submit Confirmation** page displays and shows a summary of your report. You can scroll down to review the summary and print the page by selecting the **Print This Page** button.

5	Submit Confirmation
E-	Report Confirmation Number: 885d73bd.
De	ste Submitted: Mon May 10 09:38:00 CDT 2021.
If	you do not see an E-Report Confirmation Number above, contact Statewide Intake at 1-800-252-5400.
Th	ank you for reporting your abuse/neglect/exploitation suspicion. If you are reporting an emergency, call 911. If your report requires our immediate attention, call the abuse/neglect hotline at 1-800-252-5400.
If	you need to report another incident of suspected abuse, neglect, and exploitation of children, adults with disabilities, or people who are elderly, click here to start another E-Report.
То	· provide feedback to Statewide Intake regarding your experience making a report via the Internet, we ask that you take a moment to complete the attached survey. This feedback will assist in analyzing the effectiveness of reporting abuse/neglect via the Internet. To participate in the
SU Vie	vwy, utuk nete.
FA	
	Report Summary
	Reporter Information Summary
	Primary Victim Information Summary
	Anyone With Knowledge of the Situation
	Hedical Neulect
	Neglectful Supervision
	Safety Concerns
	Family Dynamics and Living Conditions
	Domestic Violence
	Living Conditions
1	

The submit confirmation message provides a confirmation number and the report submit date. There's also a link to start another report, a link to a survey where you can provide feedback about your experience, a link to the DFPS website, and a link to frequently asked questions.

Submit Confirmation	Print This Page
E-Report Confirmation Number: 8a5475bd.	
Date Submitted: Mon May 10 09:38:00 CDT 2021.	
If you do not see an E-Report Confirmation Number above, contact Statewide Intake at 1-800-252-5400.	
Thank you for reporting your abuse/neglect/exploitation suspicion. If you are reporting an emergency, call 911. If your report requires our immediate attention, call the abuse/neglect hotline at 1-800-252-5400.	
If you need to report another incident of suspected abuse, neglect, and exploitation of children, adults with disabilities, or people who are elderly click here to start another E-Report.	
To provide feedback to Statewide Intake regarding your experience making a report via the Internet, we ask that you take a moment to complete the attached survey. This feedback will assist in analyzing the effectiveness of reporting abuse/neglect via the Inter survey click here.	met. To participate in the
Visit the DPPS Website FAQs	

Select **Home** to return to the **List of Reports** page.

# **List of Reports**

This video shows you how to view, filter, and sort your reports.

This page displays a list of your submitted and unsubmitted reports. You can select **Continue** in the **Action** column to resume work on an unsubmitted report. If the report has been submitted, you can select the link in the **Confirmation Number** column to open an incident summary.

Home								Help		
List of Reports										
LISCOTIC	eporto							<b>T</b>		
Date Submitted `	Name of victim ~	Report ~ Decision	Confirmation ~ Number	Report ID 🌱	Date Draft ~ Created •	Action	Automatically <sup>~</sup> Submitted			
	Victim Iname, Victim fname				May 10, 2021	Continue Delete		^		
May 10, 2021	Lname, Fname		8a5d75bd							

If you open the incident summary, select the **Home** link to return to the **List of Reports** page.

Ho	ome		Help
Iı	ncident Summary		
	Reporter Information Summary		
	First Name	Middle Name	Last Name Suffix
	Gender Female		
	Primary Phone (333) 333-3333	Extension Phone Type	

You can select the **Filter** or the **Settings** icons to sort your reports. You can also activate the filter by selecting the drop-down arrows in any of the columns.

Home								Help	
List of Reports									
	oporto							<b>T</b>	
Date Submitted ¥	Name of victim ~	Report <sup>×</sup> Decision	Confirmatior ~ Number	Report ID 🗡	Date Draft Created •	Action	✓ Automatically Submitted		
	Victim Iname, Victim fname				May 10, 2021	Continue Delete		^	
May 10, 2021	Lname, Fname		8a5d75bd						

The filters allow you to sort the list by date submitted, name of victim, report decision, confirmation number, report id, date draft created and action for unsubmitted reports, and automatically submitted for reports that have been submitted automatically. The date filter allows you to filter by manually entering the date or selecting the **Sort Ascending**, **Sort Descending**, or **Hide Column** buttons.

Home								Helj
List of Re	ports							Create New Report
								<b>T</b>
Date Submitted 🎽 N	lame of victim ~	Report <sup>×</sup> Decision	Confirmation ~ Number	Report ID ~	Date Draft × Created	Action	Automatically <sup>×</sup> Submitted	
From:					From:			
mm/dd/yy					mm/dd/yy			
To:					To:			
mm/dd/yy					mm/dd/yy			
Sort Ascending	ne, Fname		8a5d75bd					~
↓ Sort Descending	n Iname, Victim fname				May 10, 2021	Continue Delete		
🗙 Hide Column								

Use the filter choices **Sort Ascending**, **Sort Descending**, **Remove Sort**, and **Hide Column** buttons to sort the information in the other columns.

List of R	eports							стеате меж керотт
								<b>T</b>
Date Submitted $^{\vee}$	Name of victim	Report ~ Decision	Confirmation ` Number	Report ID ~	Date Draft Created	Action ~	Automatically <sup>×</sup> Submitted	
From:					From:			
mm/dd/yy					mm/dd/yy			
To:	1E Sort Ascendin				To:			
mm/dd/yy	↓₹ Sort Descend	ng			mm/dd/yy			
May 10, 2021	Lname, Fnam 🗙 Remove Sort		8a5d75bd					-
	Victim Iname, 🗙 Hide Column	]			May 10, 2021	Continue Delete		