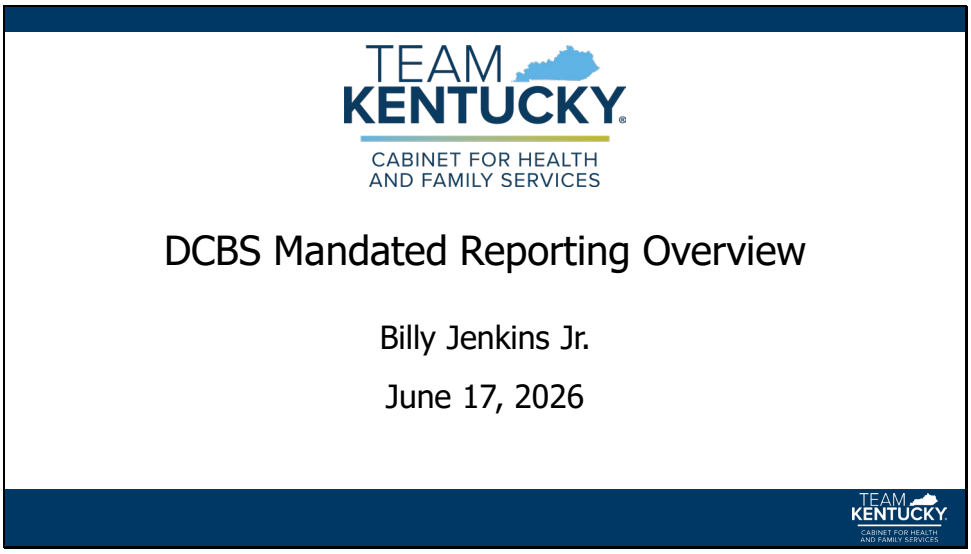
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DCBS Mandated Reporting Overview
Billy Jenkins Jr.
June 17, 2026

## The Cabinet for Health and Family Services

The Cabinet for Health and Family Services (CHFS), Department for Community Based Services (DCBS) is responsible for providing resources to families to assist them by focusing on Safety, Permanency, and Wellbeing for children.

**CHFS Mission Statement:** Our mission is to be a diverse and inclusive organization providing programs, services and supports that protect and promote the health and well-being of all Kentuckians and their communities.

**Our Vision:** A commonwealth where every Kentuckian reaches their full human potential and all communities thrive.

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**The Pillars of What We Do:**

**Equity:** A commitment to ensuring that all individuals have fair access to opportunities and resources, addressing systemic barriers, and considering disparate outcomes in policy and practice.

**Health and well-being:** A broad goal that encompasses promoting good physical and mental health for all citizens through various programs, including those aimed at children, families, and individuals with developmental disabilities.

**Structural economic support:** Addressing poverty and its effects by providing programs and services that advance self-sufficiency and economic stability for individuals and families.

**Resilient individuals and communities:** Building a stronger social safety net and capacity within communities to help individuals and families overcome challenges and thrive.

**Operational excellence:** A commitment to running the agency with integrity, transparency, and efficiency to best serve the citizens of Kentucky.

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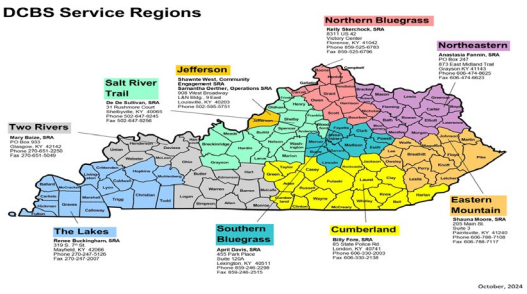
# DCBS Mandated Reporting Overview

## The Department for Community Based Services

The Department for Community Based Services (DCBS) provides a wide array of services to families throughout the Commonwealth of Kentucky which range from Family Support Services, Child Protective Services, Adult Protective Services and Guardianship which are administered through nine (9) Service Regions in all 120 Kentucky Counties.

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## DCBS Family Support

**Supplemental Nutrition Assistance Program (SNAP**): Provides low-income assistance with purchasing food healthy foods and supplements household's food budgets.

**MAGI Medicaid** - Medicaid provides medical assistance to eligible low-income Kentuckians.

**Adult Medical Assistance** - assist adults with their healthcare needs such as Qualified Medical Beneficiary (QMB), Long-term Care, Waiver Programs & Presumptive Eligibility.

**KTAP (Kentucky Transitional Assistance Program)** - provides monetary temporary assistance for needy families.

**Kinship Care** - Kinship Care provides benefits for the care of a child removed by P&P. Family support continues to handle renewals and changes on what exists of these cases.

**FAST (Family Assistance Short-Term)** - is a cash program for individuals who do not want KTAP benefits but may have a short-term need caused by a change in employment circumstances.

**KWP – (Kentucky Works Program)** - is a mandatory program for work-eligible adults receiving KTAP, unless the individual qualifies for an exemption.

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**Mandated Reporting: Who Should Make A Report To DCBS?**

**Q: Should every person who knows about the allegations make a report or can one report be made with everyone's name on it?**

**A: Everyone** who knows about allegations should make a report. At the same time those who know about the report can be considered as collateral contacts and their information can be included in the report.

The law states that it is the duty of **everyone** who has reasonable cause to believe that a child is dependent, abused or neglected to report this information. KRS 620.030 (1): Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the Cabinet or its designated representative; the commonwealth's attorney or the county attorney; by telephone or otherwise.

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## Mandated Reporting: How to Make a Report to DCBS

**Q: Which reporting method is best? Online or calling directly?**

**A:** Child & Adult Abuse Hotline: 800-752-6200 (PREFERRED METHOD)

**Benefits of Child & Adult Abuse Hotline:**

Reporting Sources reach a live person; real time social worker engagement; actual communication and the ability to have follow up questions asked by the Social Service Worker.

**Web Referral System:** https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx

**Benefits of Web Referral System:**

Reporting source can submit the referral at their leisure (break, lunch time etc).

An automatic email will be sent notifying the reporting source that their report was submitted.

Once the Social Worker completes the intake an email will automatically be sent to the reporting source notifying them if the report meets or does not meet acceptance criteria.

Per SOP C2.1 The Centralized Intake FSOS ensures that the Kentucky Child/Adult Protective Services Reporting System is monitored continuously during business hours (8:00am-4:30pm Eastern Standard Time).

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## Mandated Reporting: How to Make a Report to DCBS

**Q: When someone believes a child is in immediate danger and Centralized Intake doesn't make the same determination, what are the next steps we should take?**

**A:** DCBS initiation timeframes are 4hrs, 24hrs, 48hrs, 72hrs, and 5 working days for Alternative Response. If someone believes a child to be in imminent risk of harm, they can also call Law Enforcement via 911.

**Q: What is the turnaround time on someone coming to see a child if the report has met criteria?**

**A:** Once the Initiation time frame is assigned the Social Service Worker will respond within 4hrs, 24hrs, 48hrs, 72hrs and for traditional investigative pathways and within 5 working days for Alternative Response.

**Q: Do we notify the parents?**

**A:** Reporting sources can remain anonymous, and they do not have to notify the parents. If a reporting source chooses of their own volition to make the parents aware they are mandated reporters, they can.

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**Mandated Reporting: What Happens if I Fail to Make a report?**

**The Commonwealth Of Kentucky is a Mandated Reporting State.**

All Kentuckians are Mandated Reporters: KRS 620.030(1) - Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise.

**The Penalty for Failing to Report is outlined in KRS 620.030 (9):**

Any person who intentionally violates the provisions of this section shall be guilty of:

**Class B** misdemeanor for the first offense;

**Class A** misdemeanor for the second offense; and

**Class D** felony for each subsequent offense.

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## Mandated Reporting: What To Report To DCBS

**Q: What is the criteria for a case to be investigated?**

**A:** The criteria for a case to be investigated is based on policy derived from Kentucky Revised Statues (KRS) and is based on the information that the agency receives at the time the report is made to the agency.

**Q: Can we fill out CPS reports on behalf of another person if we are given enough information about the incident? i.e. If am told second-hand information, should I make a report?**

**A:** Anyone who believes a child is being abused neglected or dependent can make a report to the Cabinet for Health and Family Services. When there is reason to believe a child or adult is being abused, neglected, dependent or a victim of human trafficking, concerned citizens **should contact the child (and adult) protection hotline at 877-597-2331 or web referral @ https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx**

If the child appears to be in imminent danger or in need of immediate protection, call 911 or the local police department. For example, a very young child or handicapped child who is left alone with no adult supervision needs immediate help. Police officers can remove a minor from a threatening environment to protect the child if the child is in danger of imminent death or serious physical injury or is being sexually abused and the custodian is unable/unwilling to protect the child. KRS 620.040(5)(c).

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## Mandated Reporting: What To Report To DCBS

**Q: What can we do in our reports to help DCBS? What should be included in our reports?**

**A:** When making a report of suspected abuse, neglect, exploitation, or dependency the following information must be provided:

- The child and caretaker's name, current location (including the address or directions to the home).
- Concerns about the child's immediate safety.
- Any person believed to be responsible for the abuse or neglect to the child, if the person is known, and their relation to the child.
- The nature, extent, and occurrence of the abuse or neglect.
- The name, address, phone number, and email address of the reporting source, if the reporting source agrees to provide the information.
- Try not to interpret or paraphrase any of the child's statements.
- Provide objective information.

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## Mandated Reporting: What Happens After the Report is made to DCBS?

**Q: After a report is made and taken- how can we get follow up information or access to a case number?**

**A:** Every report made to CHFS is assigned an Intake ID or Web ID. If reporting source wants to follow up or provide additional information, they can call Centralized Intake and provide the Intake or Web ID.

**Q: How long does it take for a report to be processed by Centralized Intake?**

**A:** Once a Report is received by Centralized Intake (CI):

- Social Service Worker has 3 hours to process report and submit for approval to their Family Services Office Supervisor (FSOS).
- FSOS has 3 hours to approve and assign each report.
- Once the report is assigned by the CI Supervisor, the assigned Investigative timeframe begins.
- After the first report is made and if there is additional information like the original report, a 2nd incident could be assigned.

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## Mandated Reporting: What Happens After the Report is made to DCBS?

**Q: What if there are multiple reports?**

**A.** Per SOP C2.3 (3) If a new allegation is received within fifteen (15) working days of the original allegation and is not the same program/subprogram as the original allegation, the SSW may add the new information to the existing report as a second (2nd) incident after it is screened using the certified SDM® tool. Only one (1) second (2nd) incident can be attached to an intake. A third (3rd) or fourth (4th) incident cannot be added. Case modification can only occur during the first forty-five (45) working days of a CPS investigation.

**Q: If someone from DCBS calls for additional information and we don't know about the reported incident, are we supposed to investigate further?**

**A:** If someone from DCBS calls for additional information, they may be reaching out to get collateral information. If the person does not know about the reported incident, they should inform the DCBS Social Worker that they do not know about the incident.

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**Mandated Reporting: What Happens After the Report is made to DCBS?**

**Q: How can we be notified if a case does not get accepted or picked up?**

**A:** State law prohibits DCBS from disclosing any confidential information about a case unless it is to a person with a legitimate interest in receiving the information as cited in KRS 620.050 (11). However, when a reporting source makes a report to DCBS, they are provided with a reference ID.

The reporting source can contact centralized intake after the report has been processed to inquire if the report met acceptance criteria. Also, the reporting source is notified by email of reports which do not meet criteria, if their correct email address was provided at the time the report was made.

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**Mandated Reporting: What Happens After the Report is made to DCBS?**

**Q: Where does a DCBS Social Worker meet with a child after a report is made?**

A: Social Workers will normally meet with a child at school because school is typically a safe place, and children often feel safe disclosing alleged abuse in the context of a school setting, without interference from the alleged perpetrator. Therefore, if school is in session when a Social Worker is assigned a report they go to the child's assigned school.

**Q: If a case is opened, does DCBS keep the referral source informed?**

A: DCBS Social Workers are bound by confidentiality laws and cannot disclose information to anyone unless they have a legitimate interest in the case.

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**Mandated Reporting: What Happens After the Report is made to DCBS?**

**Q: When a report is made, are DCBS social workers aware of previous reports on the same student?**

**A:** DCBS Social Workers may be aware of previous reports, or their Supervisor will be aware of reports on the same student. DCBS Social Workers have access to prior case/referral history via I-TWIST.

**Q: After DCBS is called, how can the referral source best support the child?**

**A:** A referral source can best support the child by referring the child to services which meet the child's behavioral or mental health needs. Child Abuse is a traumatic experience for a child and therefore, trauma informed responses will also aide in helping the child impacted by Child Abuse.

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**Mandated Reporting: What Happens During a DCBS Investigation?**

**Q: Once DCBS receives a report, what steps does the Social Worker take to assess a child safely?**

**A:** Once the report is received the assigned Social Worker will typically read the report, review the history, consult with their supervisor, and initiate the report based on the assigned initiation timeframe. Social Worker will assess for safety and utilize other supporting evidence and information. No two cases will be assessed the same the allegations and the disclosure will determine the approach taken.

**Q: If DCBS is investigating allegations, what should we expect afterwards?**

**A:** The Social Worker will initiate contact with the alleged victim where the victim is located and easily accessible. This may be at school or at home or another location. Upon contacting the alleged victim, the Social Worker will request a private interview with the child. Usually this means a space where the Social Worker can speak with the child privately. Afterwards the Social Worker may speak to collaterals who may be able to provide additional insight regarding the allegations.

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## Mandated Reporting: What Happens During a DCBS Investigation?

**Q: How do we get in touch directly with a DCBS Social Worker who is working a specific case? Is there a direct contact number for the Jefferson County DCBS?**

**A:** For general CHFS questions or inquiries contact (800) 372-2973 **CHFS.Listens@ky.gov** our Social Workers are available via Global email. There is also a phone and staff listing published and sent to community partners with staff numbers and their supervisors.

**Q: If there is an active case and the identified DCBS social worker will not contact us (when emailed or called) AND if the DCBS supervisor also does not get back with you (when emailed or called) what do the next steps need to be?**

**A:** Reach out to the Service Region Administrator (SRA) or **CHFS.Listens@ky.gov**

**Q: How can we learn more about the status of a report? I am rarely notified of updates or if the case wasn't opened. Are we supposed to call the hotline to follow up on reports placed?**

**A:** Reporting Sources can follow up with the Social Worker regarding the report made. Yes, Reporting Sources can check on the status of the report by calling Centralized Intake and providing either the Web ID or Intake ID. For general CHFS questions or inquiries, contact (800) 372-2973 **CHFS.Listens@ky.gov**

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**Child Safety Is An Entire Community Responsibility**

The Cabinet for Health and Family Services, Department for Community Based Services is only one agency in a network of partner agencies serving the community in responding to the Safety, Permanency & Wellbeing needs of child abuse, neglect and dependency referrals.

Effective child protection is not solely accomplished through the work of one agency but jointly accomplished through community partnerships in medical, legal, law enforcement, education, and mental health systems which are connected in the community concern of Child Protection.

Child Protection is **EVERYONE's** Business!

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## Thank You

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# Questions?

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