2011 INTAKE REPORT
DATA COLLECTION CODE BOOK

As a reviewer, you will be provided with a list of intake reports to review. All of the information will be available on N-FOCUS. You may print the intake worksheet for your reference, but many answers to the questions will only be found on N-FOCUS.

Please provide comments, both positive and negative, in the comment section.

The term "professional judgment" means your judgment based on experience and the knowledge and application of the tools.

Please note: If you print a new intake worksheet, the age for the persons will be re-calculated and print as the age that they would be as of the current printing. If you print from the Correspondence, then, that age will print as the age when the report was made, however, this intake worksheet will not contain any changes to the decisions if any were made. Many info/referral types were never printed, so, there will not be an intake worksheet stored in correspondence.

Data Collection

1. **Reviewer's Name:** Enter the last name and code number of reviewer. Review the list in Reviewer Packet.
   Intent of Question: To identify the reviewer who conducted a given review.

2. **Date Reviewed:** Enter the date that the review of this case began.
   Intent of Question: To document the date on which the review occurred.

3. **Intake Number:** Enter intake number from N-FOCUS.
   Intent of Question: To identify the record being reviewed.

4. **Intake Family Name:** Enter the family name under which the Intake was recorded. This is found in the first line of the Intake worksheet. Use entire name as listed on Intake worksheet.
   Intent of Question: Additional identification of record being reviewed.

5. **Source of Report -**
   Information can be found on the intake worksheet next to the heading Source. There are 6 methods by which a intake may be received and are:

   - ☐ Phone call (1)
   - ☐ Law enforcement report (2)
   - ☐ Fax/letter (3)
   - ☐ Court order (4)
   - ☐ Face-to-face (5)
   - ☐ Email (6)

   Intent of Question: The source of the report can influence the reviewer's opinion of the how much information was collected and whether or not collateral calls were needed. For example, a law enforcement report or a letter may not contain

all relevant information compared to a phone call. However, in this case, collateral calls may be more important.

SECTION I

1. **Was the report classified as the appropriate type (APS vs APS Info/Referral, CPS vs. CPS Info/Referral)?**
   The intake reports are classified as one of four different types.
   A. APS type is used when there are reports of reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation.

   B. C/AN type is used when there is a report that a child has been subjected to child abuse or neglect or observes such child being submitted to conditions or circumstances which reasonably would result in child abuse or neglect.

   C. Info/Referral, APS and CPS, are types used for the following reasons:
      1) the caller is looking for information and resources;
      2) the caller is reporting a complaint or other concern to other DHHS divisions via the centralized intake (Other DHHS programs and divisions are notified of these reports);
      3) the report doesn't include information about a child or vulnerable adult being subjected to abuse, neglect, or exploitation;
         Examples include:
         a. youth to youth violence,
         b. information regarding state wards that involve violent crimes, sexual acting out, and or drug use, but do not rise to the level of abuse (CFS Specialists are notified of this information)
         c. resident to resident altercations without any belief of injury due to neglect from lack of supervision,
         d. missing items, (no allegation that someone took it)
      4) courtesy interview requests; and
      5) reports regarding unborn children.

   Using your best professional judgment, decide if the appropriate type (APS, CPS, APS Info/Referral, and CPS Info/Referral) was assigned to the report?
   Intent of Question: to determine the quality of information gathering and decision making regarding classification of a report.

If the answer to #1 is NO, CONTINUE	**If the answer to #1 is "YES", SKIP TO #3.**

2. **Mark what should have been the type assigned**(APS to APS Info/Referral or vice versa and CPS vs. CPS info/referral and vice versa)**?** Mark what you

believe should have been the type assigned Reviewers' opinion of the appropriate type of intake.
Intent of Question: to collect data about the appropriate type of intake based on the reviewers' opinion and tool.

IF INTAKE TYPE IS JUDGED TO BE CLASSIFIED INAPPROPRIATELY,

STOP

3. **Was the Intake Type changed?** From the History pushbutton, determine whether or not the intake type was changed. Alternately, you will find the change under the heading of *"Department Decision*" on the intake worksheet. Intent of Question: to determine whether the supervisory approval method of quality assurance is effective. For example, CPS Info/Referral to C/AN or vice versa.

If the answer to #3 was Yes, CONTINUE

If the answer is No, SKIP TO SECTION II

4. **Consider each statement to identify the reason for the change of Intake type?**
Review the narrative documentation of the reason for changing the Intake Type. To determine if documentation is present that supports the change in the intake type, review narratives within the intake online (intake narrative, justification for change) or the information may be found in the narrative. Narrative may indicate that the Intake CFS Supervisor didn't agree with the decision or the Local CFS Supervisor initiated the change.

   The change to intake type may not be documented if the intake was opened by a staff assistant- as all are started as a C/AN or APS intake and then screened by the CFS worker. Staff is not required to document a justification for this update as it is only part of the entry process.

   Mark the appropriate statement as "Yes" and mark the rest of the statements as "No".

   Intent of Question: to determine if proper documentation is completed for decision making.

5. **Do you agree with the changed Intake Type?** Reviewers' opinion regarding the accuracy of changing the Intake Type.
Intent of Question: to determine if proper decision making has occurred.

SECTION II

If the type selected was **C/AN or APS type, skip to SECTION III** and complete the questions.

CPS or APS Information/Referral type

1. **If the intake was a CPS Information and Referral or APS Information and Referral, do you agree with the closing reason?** Reviewer's opinion of the accuracy of the closing reason.
   There are three types of closing status reasons:
   a. referred for services
   b. info only
   c. multiple reporter

   Intent of Question: to collect data as to the appropriate decision making when an information/referral report.

2. **Is there documentation that the caller was referred for services, provided additional information, or otherwise assisted the reporter:**

   If any documentation exists that the caller was referred for services, provided additional information, or otherwise assisted, mark "Yes".
   If the reporter was not referred for services, mark "No".
   If the report didn't need a referral, mark "Not applicable".

   Intent of Question: To determine extent of customer service offered at Intake.

3. **Were collateral calls made?** Does the intake document the occurrence of collateral calls (calls to any person/agency other than the reporting party to gather additional information)?

   Note: Mandatory collateral calls are to be done prior to screening out any intakes that involve parents:
   - under the age of 25

   and one of the following:

   - who are alleged to have a mental health diagnosis
   - who are alleged to be using methamphetamine
   - who are a former state ward
   - who are alleged to be involved in a relationship involving domestic violence, including situations that involve a boyfriend of the mother to the children
   - who have a criminal history involving violent crimes

   The choices are:
   a. Yes, collateral calls should have been made and were made

   b. No, but collateral calls should have been made

c. No, but calls were needed, but they were unable to be made due the time the intake was received.

   Mark “Unable to make due to timing of the intake”, If the call was received outside of normal business hours and the Intake CFS Specialist may not have been able to make collateral calls. As a reviewer, you will decide whether or not the timing of the intake impacted the ability to make collateral calls. The time of the intake is found on the intake worksheet under the heading *Time Received*.

d. No, collateral calls were not needed.

   Often, Information and Referral types do not require a collateral call. Examples of reports where there is no appropriate collateral call to be made are when the child is not in school or day care and there are no other individuals known to the case but a close relative and there are concerns that the contact with the relative may impeded on the investigation or contact with a day care may also impede the investigation.

   Intent of Question: To determine if screening decisions are being made with the input of all relevant and available collateral information.

4. **If the report contained information about a family involved in a case that was already open for ongoing casework or investigation, is there documentation that the assigned CFS Specialist was notified?**
   The notification of the CFS Specialist can be found in the narrative section or on the intake worksheet section subheading “*Notification”* in the narrative section.
   Intent of question: to determine the level of internal communication and internal customer service.

   Additional comments/feedback regarding intake: The reviewer can offer any comments, observations, or concerns (both positive and negative) in this section.

STOP , IF APS INFO/REFERRAL OR CPS INFO/REFERRAL

SECTION III C/AN OR APS TYPE

1. **Was the information gathered and documented detailed enough and /or adequate to determine if the report met the screening criteria?** Reviewer’s opinion regarding the amount, quality, and detail of information recorded to determine if the report met criteria? Using the tool and your best professional judgment decide if the documentation is detailed enough to make a screening decision.
   Information means from any source of information such as the reporter, the prior history, and collateral calls.

Intent of Question: to determine the quality of information gathering and decision making regarding screening decisions of a report.

If the answer to #1 is NO, CONTINUE	**If the answer to #1 is YES, skip to # 3.**

2. **What additional information should have been collected to determine if the report met the screening criteria?** Reviewer's opinion regarding the types of additional information should have been collected such as age, vulnerability, perpetrator access to alleged victim, perpetrator contact information, worker safety or legal status. An option to add "other" information and describe what information is available.
Intent of Question: To collect data as to the exact nature and extent of instances where the agency could improve its documentation.

3. **Was the referral statement detailed enough to determine if the victim may be a vulnerable adult, if an APS type?** Reviewer's opinion regarding the amount, quality, and detail of information recorded to determine the level of vulnerability of the alleged victim? At the intake stage, there need only be a low threshold of information needed to determine that alleged victim may be a vulnerable adult. Using your best professional judgment decide if the documentation is detailed enough.
Intent of Question: to determine the quality of information gathering and decision-making regarding screening for vulnerability.

4. **Was the correct person (s) entered as the alleged perpetrator?**
Intent of Question: to determine the accuracy of identifying and entering the alleged perpetrator.

5. **Did the referral statement identify the relationship between the alleged victim and the alleged perpetrator?** Reviewer's opinion regarding the documentation of the relationship between the alleged victim and the alleged perpetrator; especially as a caregiver or not? Some intakes will not include a perpetrator such as self-neglect or the perpetrator is unknown. Using your best professional judgment decide if the documentation is detailed enough to make this determination.
Intent of Question: to determine the quality of information gathering and decision making regarding documentation of the caregiver role in a report.

6. **Regarding the allegation, answer each of the following:**
   a. Is there at least one appropriate allegation selected?
      ☐ Yes (1) ☐ No (2)
   b. Is there an allegation that should have been entered and is missing?
      ☐ Yes (1) ☐ No (2)

c. Is there an allegation present that should not have been entered?

☐ Yes (1) ☐ No (2)

Intent of Question: to determine the categorization of the information into allegations is accurate including if at least one appropriate allegation involving a victim and perpetrator is entered, if there are allegations missing including allegations involving specific victims and perpetrators, and are there allegations entered that should not be including victims and perpetrators entered inappropriately.

7. **Do you agree with the closing status reason?** Review the most current classification closing status reason under which this intake was closed. Information is located under the "Department Decision" heading on the Intake Worksheet form.

   The available closing status reasons are:

   a. Accepted for Safety Assessment – is to be used when the intake information meets the screening criteria for an intake accepted for the assessment and the maltreating person is a parent, guardian, custodian or person serving in the role of custodian in the family home.
   b. Out of Home Assessment – is to be used when the intake information meets the screening criteria for an intake accepted for assessment, but the caregivers are foster parents, group home staff, day care providers, or other non-family members residing outside the family home.
   c. APS Investigation – is to be used when the intake information meets the screening criteria for an intake accepted for investigation.
   d. Does not Meet Definition – is be used when the intake information does not meet the screening criteria for acceptance.
   e. Law Enforcement Only is to be used as a closing reason when the alleged perpetrator is not a parent, caregiver or custodian of the child. An example might be a child molested by the neighbor. There is a criminal act, but the parents are presumed able to keep the child safe, so no safety assessment is necessary.
   f. Unable to Identify – is used in two ways
      i) Unable to Identify is first used in cases as the title indicates when the intake worker has no way of identifying or locating the family/victim to be able to assign for an assessment or enter an allegation. For instance, the perpetrator in the store parking lot seen striking a victim, but we have no name, license plate number, make of car and no surveillance tapes, or sales receipt by credit card to identify the person. **We have no victim name to enter an allegation and this is the only closure status that will allow us to close a CAN intake without an allegation.**
      ii) Unable to Identify is also a **temporary closure status to Accepted intakes**, in which we do not have identifying information to load onto NFocus, no first name, no last name, no name at all. We cannot add any allegations without a person name and we cannot close the CAN intake without allegations. This is a **temporary status pending the investigative staff finding out the identifying information needed for**

N-FOCUS. The narrative will clearly state ACCEPTED for assessment/investigation as soon as the assigned worker gives us the update, we correct the intake and put the proper closure status on the intake.

Note: "Law Enforcement Only" intakes were NOT selected for this review.

Using your best professional judgment based on your vulnerable adult and child welfare knowledge and protective services experience and the application of the tools to decide if you believe the appropriate closing status reason was assigned. If you agree with the decision, mark "Yes", if not, mark "No".
Intent of Question: To determine accuracy of screening decision.

If the answer to #7 is Yes, SKIP TO # 10	**If the answer to #7 is No, CONTINUE answering questions #8 and #9**

8. **Why don't you agree with the closing status reason?** Reviewers' opinion about how the closing status reason was inaccurate. For example, based on your judgment and the tools did the intake meet the screening criteria definition, but the intake was not accepted.
Intent of Question: to determine accuracy of screening decisions.

9. **What should have been the closing status reason?** Reviewers' opinion about the appropriate closing status reason. Using your best professional judgment choose what is the best closing status reason.
Intent of Question: to determine the quality of information gathering and decision making regarding screening decisions of a report.

10. **Was the designated priority correct as determined by the use of the Priority Response Decision tools?**
Priority response level is found on the second line of the Intake Worksheet or on the Detail Intake screen. Use your best professional judgment applying the tool to determine if the appropriate priority was assigned to this intake using the closing status reason of the intake worker. If the designated priority is correct according to the Priority Response Decision tools OR if there is documentation of reason to differ from the designated priority, mark "Yes".

If the designated priority is not correct and there is no documentation to explain why they differed from the tool, and then mark "No".

If a Priority is not assigned because the intake was closed as "Does not Meet Definition", mark "Not applicable".

If the closing status reason was "Does not meet definition" and you believe the

closing status reason should have been “APS investigation”, then, Mark “No” because you do not agree with the original closing status reason.

If the closing status reason was “APS Investigation” and you believe the closing status should have been “Does Not Meet Definition”, Mark “No” because you do not agree with the original closing status reason.

Intent of Question: To determine if uniform and appropriate use of the Priority Response Decision tools is occurring.

If the answer to #10 is “YES” or “Not applicable”, SKIP TO # 12

If the answer to #10 is “No”, CONTINUE answering question #11

11. **In your best professional judgment applying the tool, based on the information in the intake, determine the correct priority designation for this referral.** Mark the box that applies. Only one box can be marked.
    Intent of Question: To determine if the Intake worker analyzed the information properly and made an informed decision about the priority designation, and documented any variation from the priority determined by the Priority Response Decision tools.

12. **Was the closing status changed?** From the History pushbutton, determine whether or not the intake closing status reason was changed. Alternately, you will find the change under the heading of *“Department Decision*” on the intake worksheet. If it was, select “Yes”

    Intent of Question: to determine whether the supervisory approval method of quality assurance is effective.

If the answer to question #12 is “Yes”, CONTINUE answering questions #13 and #14
If the answer to question #12 is “No”, SKIP TO #15.

13. **What is the documented reason for the change in the closing reason status?** Reviewers’ review of the narrative documentation of the reason for changing the closing status. To determine if documentation is present that supports the change in the closing status reason, review narratives within the intake online (intake narrative, justification for change) or the information may be found in the narrative section.
    Mark “Yes” to the documented reason for change and Mark “No” for all the other answers.
    a. Intake supervisor did not agree with Intake CFS Specialist decision, resulting in changed closing status reason.
       ☐ Yes (1) ☐ No (2)

    b. Local CFS supervisor consulted, resulting in changed closing status reason.

☐ Yes (1) ☐ No (2)

c. Administrator or policy staff consulted with, resulting in changed closing status reason.
☐ Yes (1) ☐ No (2)

d. Closing status reason was mistakenly chosen and the closing status reason was corrected.
☐ Yes (1) ☐ No (2)

e. Unknown, the reasons for the change of the closing reason status was not documented.
☐ Yes (1) ☐ No (2)

f. Collateral information was gathered after the initial close of the intake by the intake worker and influenced the closing status reason.
☐ Yes (1) ☐ No (2)

g. Collateral information was gathered after the initial close of the intake by IA or APS in the field and influenced the closing status reason.
☐ Yes (1) ☐ No (2)

h. "Unable to Identify" used as the temporary closing status reason and later updated when the name was obtained and the case closing status reason was updated.
☐ Yes (1) ☐ No (2)

Intent of Question: to determine if proper documentation is completed for decision making.

14. **Do you agree with the changed closing status?** Reviewers' opinion regarding the accuracy of changing the closing status reason. Yes or No
Intent of Question: to determine if proper decision making has occurred.

15. **Did the Intake worker take other actions to address immediate safety concerns such as calling Law Enforcement, contacting Intake CFS Supervisor, or contacting the on-call CFS Supervisor?** Determine if you believe that there was an immediate safety concern. If there was, then review narratives to determine what actions the Intake CFS Specialist took and documented. If the Intake worker took appropriate action to address an immediate safety concern, mark "Yes". If not, mark "No". If there were no immediate safety concerns, mark Not applicable.
Intent of Question: To determine that all safety concerns known to the agency are appropriately addressed.

16. **Were collateral calls to make the screening/priority decision made?** Does the intake document the occurrence of collateral calls (calls to any person/agency other than the reporting party to gather additional information)

that assist to make the screening and prioritizing decisions?

Note: Mandatory collateral calls are to be done prior to screening out any intakes that involve parents:

- under the age of 25

and one of the following:

- who are alleged to have a mental health diagnosis
- who are alleged to be using methamphetamine
- who are a former state ward
- who are alleged to be involved in a relationship involving domestic violence, including situations that involve a boyfriend of the mother to the children
- who have a criminal history involving violent crimes

The choices are:

a. Yes, collateral calls to make the screening/priority decision should have been made and were made

b. Yes, but more calls should have been made in order to make the screening/prioritizing decision *(this should not be used if you believe there was enough information to collected to make the screening decision, even if you would have liked more information)*

c. No, but collateral calls should have been made

d. No, calls were needed, but they were unable to be made due the time the intake was received.

   Mark "Unable to make due to timing of the intake", If the call was received outside of normal business hours and the Intake CFS Specialist may not have been able to make collateral calls. As a reviewer, you will decide whether or not the timing of the intake impacted the ability to make collateral calls. The time of the intake is found on the intake worksheet under the heading *Time Received*.

e. No, collateral calls were not needed.

   Examples of reports where there is no appropriate collateral call to be made are when the child is not in school or day care and there are no other individuals known to the case but a close relative and there are concerns that the contact with the relative may impeded on the investigation or contact with a day care may also impede the investigation.

Intent of Question: To determine if screening decisions are being made with the input of all relevant and available collateral information.

17. **Was prior history and background checks documented?** Information can be found in the narrative sections of the intake. Prior History can be found on the intake worksheet in the upper right corner or click the "Records Check" pushbutton on the detail intake window. The Background check can be found in the narrative section under the sub-heading Records Check.
    Intent of Question: To determine if screening decisions are being made with the input of all relevant and available collateral information.

18. **Is there narrative to indicate that prior history and background checks were considered in making the intake screening decision:** Prior history includes prior Child Abuse/Neglect reports (including both substantiated and unfounded reports), Adult Protective Services reports, law enforcement reports, arrests, or court documents.

    In order to mark Yes, there must be a narrative citing the use and/or meaning of the prior history and background check in the screening/priority setting determination.

    Answer "Yes" if there is documentation in a written statement that prior history was reviewed and utilized in making the intake decision. If the answer is not "Yes", then mark "No". Mark "Not Applicable" if there is no prior history or relevant background information or the decision was already made to screen in without considering background information.

    Intent of Question: To determine if family history, including the presence or absence of recurrent maltreatment is being considered as part of quality screening decisions.

19. **If the report contained information about a family that was already involved in a case that was open for ongoing casework or investigation, is there documentation that the assigned CFS Specialist was notified?**
    The notification of the CFS Specialist can be found in narrative sections and may be on the intake worksheet in the section under the subheading "Notification" in the narrative section.

    Intent of question: to determine the level of internal communication and internal customer service.

Additional comments/feedback regarding intake: The reviewer can offer any comments, observations, or concerns (both positive and negative) in this section.