



**Department of
Children & Youth**

Mandated Reporter User Guide



TEAM Ohio

Taking Early Action Matters

TEAM Ohio User Guide

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Overview

This guide describes how to use **TEAM Ohio** as a Mandated Reporter. This portal was created to allow users to submit referrals of suspected child abuse, neglect and/or dependency.

Important: If you believe a child is in immediate danger of serious harm or immediate action is needed to ensure child safety, please call law enforcement and then the local children services agency. If you need the phone number for the local children services agency, call the state directory at 855 O-H-CHILD (855-642-4453). Please do not use TEAM Ohio for reporting emergency concerns.

An emergency means you have reason to believe that a child is threatened or alleged to be abused, neglected or dependent to the point that the child is in immediate danger of serious harm (life threatening or substantial physical suffering).

Please note that as you proceed through the referral process, you may cancel your report at any time prior to submission.

Am I a Mandated Reporter?

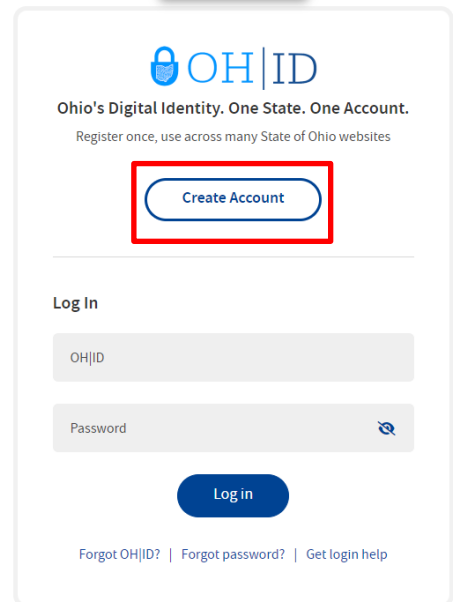
Mandated reporters are required by law to report suspected child abuse, neglect and/or dependency. If you are unsure if you are a mandated reporter, refer to [Section 2151.421](#) of the Ohio Revised Code for a complete list. Examples of Ohio mandated reporters include, but are not limited to:

- Attorney
- CASA Volunteer
- Children's Camp Employee
- Clergy
- Coroner
- Court Personnel
- County Humane Society Agent
- Day Care Provider and/or Employee
- DD Personnel
- Foster Parent
- Guardian ad Litem
- Law Enforcement
- Medical Professional
- Mental Health Professional
- PCSA Employee
- School Employees
- Social Worker

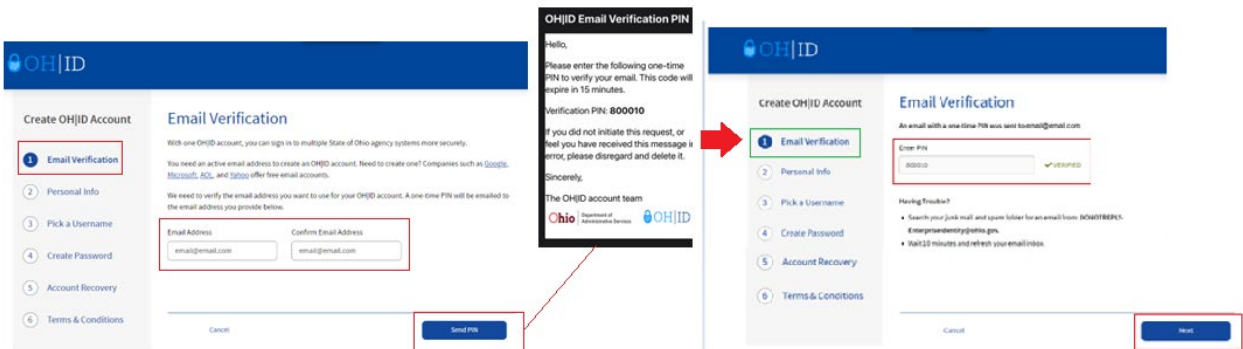
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Gaining Access to TEAM Ohio

1. Proceed to [MyOhio.gov](https://myohio.gov) and click **Create Account**.
 - a. If you already have an account for professional use, you will not need to create a new one for **TEAM Ohio**. If that is the case, please skip to Step 11.
2. The **Create OH|ID Account** page will appear. Enter in your e-mail address, then re-enter the same address in the second box, then click the **Send PIN** button.
3. The **E-mail Verification** page will appear, stating an e-mail with a one-time PIN has been sent to your e-mail.



[Find out more about OH|ID >](#)



4. Enter the PIN received in the e-mail, then click the **Next** button.

5. Enter in your **Personal Info**, including Legal First Name, Legal Last Name, Date of Birth, Last 4 digits of SSN (optional), then click the **Next** button.

OH|ID

Create OH|ID Account

Personal Info

Legal First Name: Ann

Legal Last Name: AdoptiveMom

Date of Birth: 01/01/1970

Last 4 digits of SSN (optional)

Be sure to use your real date of birth, you may need it for account recovery later.

Cancel Next

6. **Pick a Username** by entering in a value, then click **Next**.

OH|ID

Create OH|ID Account

Pick a Username

Username Requirements

- Must be between 6-64 characters
- Cannot start or end in a special character
- Cannot contain only numbers
- Only _ - or @ No other special characters

Username: annadoptionmom

Cancel Next

7. **Create A Password** that is easy for you to remember, but difficult for others to guess. Confirm the password by entering it a second time, then click the **Next** button.

OH|ID

Create OH|ID Account

Create Password

Password Requirements

- Must have at least 8 and no more than 30 characters in length
- Must contain 1 character from each of the following categories:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Numbers (0-9)
 - Special characters ([\$%&~*~!~#~+~=-~_~&~'~/~?~[~]~^~_~`~b~c~d~e~f~g~h~i~j~k~l~m~n~o~p~q~r~s~t~u~v~w~x~y~z~{~|~}~~~~€~~‚~ƒ~„~…~†~‡~ˆ~‰~Š~‹~Œ~~Ž~~~‘~’~“~”~•~–~—~˜~™~š~›~œ~~ž~Ÿ~ ~¡~¢~£~¤~¥~¦~§~¨~©~ª~«~¬~­~®~¯~°~±~²~³~´~µ~¶~·~¸~¹~º~»~¼~½~¾~¿~À~Á~Â~Ã~Ä~Å~Æ~Ç~È~É~Ê~Ë~Ì~Í~Î~Ï~Ð~Ñ~Ò~Ó~Ô~Õ~Ö~×~Ø~Ù~Ú~Û~Ü~Ý~Þ~ß~à~á~â~ã~ä~å~æ~ç~è~é~ê~ë~ì~í~î~ï~ð~ñ~ò~ó~ô~õ~ö~÷~ø~ù~ú~û~ü~ý~þ~ÿ)
- Cannot include your first name, last name, username, or OH|ID
- Example: If your name or username is John Smith, your password cannot contain "John" or "Smith"

Password

Confirm Password

Cancel Next

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8. *Optional:* Provide a Mobile Number for easier account recovery in the future, then click **Send PIN**. Otherwise, click [skip this step](#).

The screenshot shows the 'Account Recovery' step in the account creation process. On the left, a vertical list of steps includes 'Email Verification', 'Personal Info', 'Pick a Username', 'Create Password', 'Account Recovery' (highlighted with a green box), and 'Terms & Conditions'. The main content area is titled 'Account Recovery' and explains that the user's email is the primary recovery method. It offers an option to 'Set up mobile/text message account recovery' by entering a mobile number and clicking a 'Send PIN' button. A 'Next' button is highlighted with a red box at the bottom right.

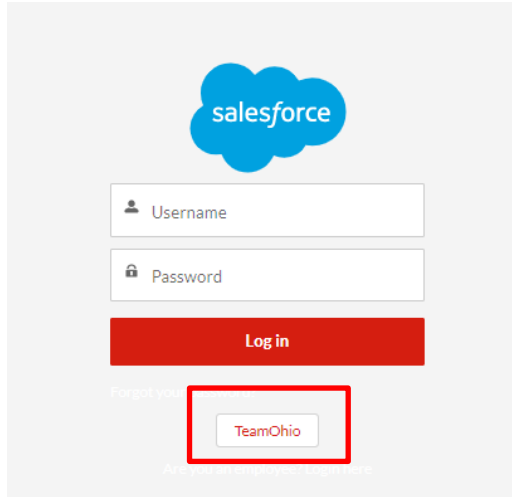
9. Read through the **Terms & Conditions** and click the box next to **I Agree**. Confirm you are not a robot by answering the question asked at the bottom of the screen. A **VERIFIED** prompt will display if answered correctly. Then, click **Create Account**.

The screenshot shows the 'Terms & Conditions' step. The left sidebar highlights 'Terms & Conditions' with a green box. The main content area contains the terms and conditions text, followed by an 'I Agree' checkbox (highlighted with a red box). Below that is a 'Confirm you are not a robot' section with a CAPTCHA question: 'What is the 2nd digit in 219017?'. The input field contains the number '1' and is followed by a 'VERIFIED' status (highlighted with a red box). A 'Create Account' button is highlighted with a red box at the bottom right.

10. You'll receive a confirmation screen which indicates that your account is being created, and to check your e-mail for details. Click on [log in to OH|ID](#) once you receive that e-mail.

The screenshot shows the 'Check your Email' step. The left sidebar lists the steps: 'Email Verification', 'Personal Info', 'Pick a Username', 'Create Password', 'Account Recovery', and 'Confirmation'. The main content area states that the account is being created and provides the OH|ID and email addresses. It instructs the user to return to the login page upon receiving a confirmation email.

11. Users will log into the **TEAM Ohio** site using their OH|ID and password after obtaining the URL from their point of contact at the PCSA.



12. The landing page of **TEAM Ohio** will contain information contained in the first section of this guide, the Privacy Statement, and buttons which will allow you to **Manage Profile**, create a **New Referral**, or perform **Actions** on your existing Referrals. Each option is described in a section below. **Note:** The New Referral button will not be enabled until you complete all the information requested in the **Manage Profile** button.

Privacy Statement

By accessing and using this computer system, you are consenting to system monitoring for network administration and security purposes. Any information entered into this system will be uploaded and stored within the Taking Early Action Matters (TEAM) Ohio system as well as the Ohio Statewide Automated Child Welfare Information system. Account information and all submitted referrals will be available to authorized children services personnel statewide as well as personnel employed by the Ohio Department of Job and Family Services (ODJFS). Anyone who attempts to gain unauthorized access to, or exceed authorized access to this system could be subject to criminal and civil penalties and/or administrative action. If you are aware of any such unauthorized activities, it is your responsibility to notify the system administrator immediately.

Manage Profile
New Referral
Show Cancelled Inactive

If you called in the referral, or no longer wish to make the referral through TEAM Ohio, it is recommended you cancel your referral below under actions.

Number	County	Status	County Sent To	Date Created	Date Submitted	Actions
00304955	Coshocton County	In Progress		10/12/2023, 09:25 AM		✍️ × 🗑️ 🔄
00304974	Coshocton County	Submitted		10/12/2023, 01:24 PM	10/12/2023, 01:29 PM	👁️ 🗑️ 🔄
00304951	Coshocton County	In Progress		10/12/2023, 09:07 AM		✍️ × 🗑️ 🔄
00304942	Coshocton County	Received		10/11/2023, 02:35 PM	10/11/2023, 02:41 PM	👁️ 🗑️ 🔄
00304941	Coshocton County	Submitted		10/11/2023, 02:09 PM	10/11/2023, 02:17 PM	👁️ 🗑️ 🔄
00304934	Coshocton County	Received/Not Mandated		10/10/2023, 02:16 PM	10/10/2023, 03:53 PM	👁️ 🗑️ 🔄

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Hovering over the icons above will display text about what the button will do. Clicking on the buttons will allow you to perform the specified actions.

Manage Profile

1. Click on the **Manage Profile** button as shown in the screenshot above or click the **Reporter Profile** link at the top of the Home page.

Note: System functionality will require new information as it becomes required to be entered prior to starting a new Report. For instance, the Hispanic/Latino question is a required field as detailed below but was not previously. As such, a prompt will appear to enter this information on any profiles entered before this requirement was put in place:

Please click Manage Profile to complete the required Hispanic/Latino demographic information.

The **Profile** page displays.

Reporter Profile Section

1. Review the information in the **Reporter Profile** section. If any changes are needed, click the **Update** button.

The screenshot shows a form titled "Reporter Profile" with an "Update" button in the top right corner. The form contains the following fields:

Lastname	Firstname	Gender
TEAM Ohio	Reporter1	Male
Email	Phone	Address
@jfs.ohio.gov	2342342342	123 Test City, Ohio 34324

The **Update Reporter Profile** page appears.

Important: All fields marked with a red asterisk (*) are required.

2. Edit any field by clicking your cursor in the text box or by selecting the appropriate value for ***First Name**, **Middle Name**, ***Last Name** and/or **Gender**.
3. Select a value for ***Hispanic/Latino**
4. Select all boxes that apply for ***Race**
5. Enter your work **Address**.

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6. Enter your work **Email** address.
7. Enter your work **Phone** number.
8. Click **Save** to complete your record. Any missing information will be highlighted in **red**. Correct the needed entry, then click **Save** again if needed.

Update Reporter Profile

*First Name	Middle Name	*Last Name
<input type="text" value="Reporter1"/>	<input type="text"/>	<input type="text" value="TEAM Ohio"/>
Gender	*Hispanic/Latino	*Race
<input type="text" value="Male"/>	<input type="text" value="Yes"/>	<input type="checkbox"/> American Indian
		<input checked="" type="checkbox"/> Asian
		<input type="checkbox"/> Black/African American
		<input type="checkbox"/> Native Hawaiian
		<input type="checkbox"/> White
		<input type="checkbox"/> Other Pacific Islander
		<input type="checkbox"/> Alaskan Native
		<input type="checkbox"/> Multi-racial (one or more races unknown)
		<input type="checkbox"/> Multi-racial (all races unknown)
		<input type="checkbox"/> Declined
Address 1	Address 2	
<input type="text" value="123 Test"/>	<input type="text"/>	
City	State	Zip
<input type="text" value="City"/>	<input type="text" value="Ohio"/>	<input type="text" value="34324"/>
Email	Phone	
<input type="text" value="test@test.com"/>	<input type="text" value="(234) 234-2342"/>	
<input type="button" value="Cancel"/>		
		<input type="button" value="Save"/>

9. Click **Close** after receiving the validation message **Success – your profile has been updated successfully**.

Success

Your profile has been updated successfully!

You will be returned to the **Profile** page.

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Employer Section

Review the information in the **Employers** section. From here, you may modify an existing Employer record or add a new one using the instructions below.

Add Employer

1. To add a record, click the **Add Employer** button.



Employers			
	Dr. Smith 500 Main St New Rochelle Ohio 10801	Mental Health Worker	<input type="button" value="+ Add Employer"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>
	Hastings Ranch, LLC. 123 Elk Lane Mozambique Ohio 12345	Mental Health Worker	<input type="button" value="Update"/> <input type="button" value="Delete"/>
	Test Reporter 1 123 flightline DR. Somewhere Ohio 65321	Clinic or Hospital Physician	<input type="button" value="Update"/> <input type="button" value="Delete"/>

The **Employer Information** screen appears.

2. Enter in or select the following information (all values marked with * are required):

- Check box if **Solo Practitioner**
- **Name ***
- **Role/Title *** (see [Appendix A](#) for a list of all Role/Title values)
- **Address Line 1 ***
- **Address Line 2**
- **City ***
- **State ***
- **Zip ***
- **Email**
- **Phone ***
- **Phone Extension**
- **Check this box if your work location is different from employer's address, if applicable**

3. Click **Save**.

Note: The system will highlight any missing required information in red, if applicable. Correct any missing information and click **Save** again to proceed.

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Employer Information

Solo Practitioner

* Name

* Role/Title

* Address Line 1

Address Line 2

* City

* State

* Zip

Email

* Phone

Phone Extension

Check this box if your work location is different from employers address

Cancel

Save

4. A confirmation message is received upon successful **Save**. Click **Close** to return to the **Profile** page.

Success

Your employer record has been updated successfully.

Close

Delete Employer

1. If you need to remove an **Employer** you no longer work for, click the **Delete** button next to that entry.

Employers		+ Add Employer		
	Dr. Smith 500 Main St New Rochelle Ohio 10801	Mental Health Worker	Update	Delete
	Hastings Ranch, LLC. 123 Elk Lane Mozambique Ohio 12345	Mental Health Worker	Update	Delete

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2. A pop-up message appears to **Confirm Delete**. Select one of the radio buttons, then click **Confirm**.

Confirm Delete

Are you sure you want to delete?

Yes

No

Confirm

3. If you selected **Yes**, a message will be received that the deletion was successful. Click **Close** to return to the Profile page.

Confirmation

Delete Successfully!

Close

4. If you selected **No**, the deletion is cancelled. Click **Close** to return to the Profile page.
5. Alternatively, an error message will be received indicating you are unable to delete the record because it is being used on an In-Progress Referral, and that you must update the Referral with another Employer prior to deleting the Employer record. Click **Close**, and the Employer record will remain undeleted.

Error

The Employer record you are trying to delete is being used on an In-Progress Referral. Please update the Referral with another Employer prior to deleting this Employer record.


Close

Update Employer

1. Click **Update** next to the Employer record you wish to modify.

Employers

+ Add Employer

	Dr. Smith 500 Main St New Rochelle Ohio 10801	Mental Health Worker	Update	Delete
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The **Employer Information** screen appears.

The screenshot shows the 'Employer Information' form. It includes a 'Solo Practitioner' checkbox, a required name field with 'Test hospital' entered, a required role/title dropdown menu with 'Other' selected, and two required address line fields with '123 Testing Ln.' in the first. There are also required fields for city ('Testing'), state ('Ohio'), and zip ('12345'). Phone fields are present with '(123) 123-1234' in the main phone field. A checkbox at the bottom asks if the work location is different from the employer's address. 'Cancel' and 'Save' buttons are at the bottom.

2. Edit any entered information as desired.
3. Click **Save**.
4. A confirmation message is received upon successful **Save**. Click **Close** to return to the **Profile** page.

The screenshot shows a 'Success' message: 'Your employer record has been updated successfully.' A blue 'Close' button is highlighted with a red rectangle.

Creating a New Referral

1. Click the **New Referral** button from the main landing page.

The screenshot shows the main landing page navigation bar. It contains a 'Manage Profile' button, a 'New Referral' button (highlighted with a red rectangle), and a 'Show Cancelled' toggle switch. Below the buttons is a note: 'If you called in the referral, or no longer wish to make the referral through TEAM Ohio, it is recommended you cancel your referral below under actions.'

The **Confirmation Page** appears.

2. On the first page of the referral, you will be asked to confirm the information you are reporting is not emergent and does not require an immediate response for child safety.

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- This is what we call a dynamic question, which you will see throughout the referral. Dynamic questions mean that it works differently based on the response given.
- Click **Yes, I confirm** or **No, I cannot confirm** as applicable to the statement on the Confirmation Page.

Ohio Department of Job and Family Services Home Reporter Profile

Confirmation Page

TEAM Ohio is for referrals that are **non-emergency** and **do not require immediate action**.
An **emergency** means you have reason to believe that a child is threatened or alleged to be abused, neglected or dependent to the point that the child is in immediate danger of serious harm (life threatening or substantial physical suffering).

I have read the statement above and, to the best of my knowledge, I believe that the concern I am reporting is **NOT** an emergency and does **NOT** require immediate action.

Yes, I confirm No, I cannot confirm

Steps
Confirmation Page

- If **Yes, I confirm** is selected, the system dynamically presents the question **Are you making this report as part of your employment and mandated reporter duties?** Select **Yes** or **No**.

Ohio Department of Job and Family Services Home Reporter Profile

Confirmation Page

TEAM Ohio is for referrals that are **non-emergency** and **do not require immediate action**.
An **emergency** means you have reason to believe that a child is threatened or alleged to be abused, neglected or dependent to the point that the child is in immediate danger of serious harm (life threatening or substantial physical suffering).

I have read the statement above and, to the best of my knowledge, I believe that the concern I am reporting is **NOT** an emergency and does **NOT** require immediate action.

Yes, I confirm No, I cannot confirm

Are you making this report as part of your employment and mandated reporter duties?

Yes No

Steps
Confirmation Page

- If **No** is selected for either question, a message explaining what your next actions should be appears, asking you to call 911 and the local PCSA. Click **Continue**. If you select **Continue**, the **Unable to Proceed** page will open. On this page, you can select **Previous** to go back if you want to change either answer on the confirmation page. Selecting **OK** takes you back to the **TEAM Ohio** home page.

Ohio Department of Job and Family Services Home Reporter Profile

Confirmation Page

TEAM Ohio is for referrals that are **non-emergency** and **do not require immediate action**.
An **emergency** means you have reason to believe that a child is threatened or alleged to be abused, neglected or dependent to the point that the child is in immediate danger of serious harm (life threatening or substantial physical suffering).

I have read the statement above and, to the best of my knowledge, I believe that the concern I am reporting is **NOT** an emergency and does **NOT** require immediate action.

Yes, I confirm No, I cannot confirm

Are you making this report as part of your employment and mandated reporter duties?

Yes No

TEAM Ohio was created for mandated reporters to submit concerns of suspected child abuse and/or neglect. If you are not a mandated reporter, contact your local children services agency to submit the referral. The state directory will connect you to the local children services agency at 855 O-H-CHILD (855-642-4453).

Continue

Steps
Confirmation Page
Unable to Proceed

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Unable to Proceed

Based on answers on the previous page, your referral does not meet criteria for the TEAM Ohio portal.

Next Steps:

- If you believe a child is in immediate danger or immediate action is needed to ensure child safety, call law enforcement and then the local children services agency.
- If this is not a mandated report, contact your local children services agency to submit the referral.

The state directory will connect you to the local children services agency at 855 O-H-CHILD (855-642-4453).

Select 'OK' to return to the Home Page or 'Previous' if you answered a question incorrectly on the Confirmation Page.

If you call in the referral, or no longer wish to make the referral through TEAM Ohio, it is recommended you Cancel your referral on the Home page.

[Save for later](#)

OK

Previous

Steps

- ✔ Confirmation Page
- Unable to Proceed

7. If you click **Yes**, the system will present the button to select **Proceed to Referral**.

Ohio Department of Job and Family Services

Home Reporter Profile

Confirmation Page

TEAM Ohio is for referrals that are **non-emergency** and **do not require immediate action**.
An emergency means you have reason to believe that a child is threatened or alleged to be abused, neglected or dependent to the point that the child is in immediate danger of serious harm (life threatening or substantial physical suffering).

I have read the statement above and, to the best of my knowledge, I believe that the concern I am reporting is NOT an emergency and does NOT require immediate action.

Yes, I confirm No, I cannot confirm

Are you making this report as part of your employment and mandated reporter duties?

Yes No

Steps

- Confirmation Page

Tips for Completing a Referral

1. By clicking the **Save & Continue** button, the entered information is automatically saved as you transition to the next page. If you have completed a page but do not wish to move to the next page, you can use the **Save for later** button to save the information on the page. You may then return to the referral later to complete it.
2. As you navigate through the Referral sections, the **Steps** (progress bar) on the right-hand side of the page will provide an overview of your progression through the report. Areas of the referral which are complete will display with a green checked circle. Topics which have been viewed but not completed will show as blue circles. Sections showing a grey circle have not yet been visited.
3. Once a section has been completed or viewed, you may return to it at any time by clicking the circle of the appropriate topic. Otherwise, the system will guide users

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through the different sections of the Referral from top to bottom as you complete each topic.

4. As you complete the Referral, please remember that all fields marked with a red asterisk (*) are required.
5. The link to this Mandated Reporter User Guide is at the top of every page.

Referral Detail Section

1. ***Select county for this referral** (where the child(ren) reside) from the drop-down.

Note: During the pilot stage, only a few counties will be available. If the county you are looking for isn't available, please call the children services agency directly.

Some counties only accept TEAM Ohio referrals during certain hours. When the county is selected, a message is displayed informing the reporter of that county's hours and how to make a referral outside of those hours.

* Select county for this referral:

NOTICE: Fairfield County accepts referrals through TEAM Ohio 7:00a.m. to 8:00p.m. daily. If it is outside of those business hours and the non-emergency referral cannot wait to be reviewed until the next business day, please call 740-652-7900 to make the report to Fairfield County.

2. ***Click in the box for Please confirm the employer you are making a mandated report through.** The system will return a list of all employer records you have active. Select the appropriate Employer name.

Note: If the needed Employer record hasn't been entered, click the **+ Add Employer** button and refer to the section [Add Employer](#) for instructions.

3. ***Enter the Professional relationship to the alleged child(ren) victim in this report:** within the text box.

Note: If more space is needed in this section as you are typing, click on the two lines in the lower right-hand corner of the text box. A double arrow will appear, allowing you to expand or minimize the text box as desired.

4. Click the **Save & Continue** button.

The screenshot shows the 'Referral Detail' form. At the top, there is a note: 'TEAM Ohio only accepts referrals for children who reside in the below listed counties. If the child you are concerned about resides in a county not listed below, please contact that county children services agency directly. The state directory will connect you to your local children services agency at 855.O.H.CHILD.(855-642-4453)'. Below this, there are three input fields, each with a red box around it: 1. '* Select county for this referral:' with 'Coshocton County' selected. 2. '* Please confirm the employer you are making a mandated report through.' with 'Test Test' entered and an '+ Add Employer' button to the right. 3. '* Professional relationship to the child subject(s) in this report:' with 'test' entered. A red box also highlights the 'Save & Continue' button at the bottom right. On the right side, there is a 'Steps' sidebar with a list of steps: Confirmation Page, Referral Detail (highlighted with a green box), Add Participants, Participant Relationships, Add Witnesses, General Information, Physical & Emotional Abuse, Neglect, and Sexual Abuse.

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Add Participants Section

In this section, it is important to add at least one **Child Subject of Report** and all household members you are aware of, along with any other individuals involved with the concerns. You will be asked to provide their demographic, address, and contact information, along with their role in the incident/concerns you are reporting. This information is important for Children Services to identify and locate the family, so please be as thorough as possible.

Please add a Participant record for each of the following people:

- The child(ren) you are concerned about (with a **Role** marked as **Child Subject of Report**).
- Parents/guardians/custodians of the child(ren), whether they live in the home or not.
- All household members
- All **Alleged Perpetrators**, whether they live in the home or not.

1. Click on the box for **+ New Participant**.

The screenshot shows the 'Add Participants' screen. At the top, it says 'Add Participants' and 'Case Number : 00305275'. Below that, there is a paragraph of instructions: 'In this section, you will list all children in the home, along with all household members, and any others involved in the concerns. You will be asked to provide their demographic, address, and contact information, along with their role in the incident/concerns you are reporting. This information is important for children services to identify and locate the family, so please be as thorough as possible.' Below this is another instruction: 'Please add a Participant record for each of the following people:' followed by a bulleted list: '• The child(ren) you are concerned about', '• Parents/guardians/custodians of the child(ren), whether they live in the home or not', '• All household members', and '• All Alleged Perpetrators, whether they live in the home or not'. Below the list, it says 'An Unknown Participant record can be created for anyone whose name is unknown or only partially known. Click the +New Participant card below to add each person.' and 'You must select at least one Child Subject, whether known or unknown.' There is a warning message: 'Warning: Navigating away from this page without using the Save for Later button or Next button will result in the loss of all Participants you have entered.' At the bottom, there is a 'Save for later' button, a 'Previous' button, a 'Next' button (highlighted with a red box), and an 'Agent Offline' button. On the right side, there is a 'Steps' list: 'Confirmation Page', 'Referral Detail', 'Add Participants' (highlighted with a green box), 'Participant Relationships', 'Add Witnesses', 'General Information', 'Physical & Emotional Abuse', 'Neglect', 'Sexual Abuse', 'Dependency', 'Substance Use', 'Domestic Violence', 'Other Concerns', 'Wrap Up', and 'Submit Report'.

The **Participant Details** screen appears.

2. Enter/select as much information about the individual as you know/have access to. Once the extent of known information is entered, you may check the box at the top which indicates **Participant is unknown or partially known**. The fields on this screen include the following:

- *First Name

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- Middle Name
- *Last Name
- Suffix
- *Date of Birth – use format MM-DD-YYYY or select from calendar icon.
Note: If the exact date of birth is not known, you may check the box for Estimated DOB, DOB Unknown or enter Age Range (From Age – To Age).
- DOD (Date of Death) or check box for Deceased Date Unknown, if applicable.
- Gender
- SSN (Social Security Number)
- *Hispanic/Latino
- *Race (check all that apply)
- *Role

The screenshot displays the 'Participant Relationships' section of the TEAM Ohio application. At the top, it shows the Ohio Department of Job and Family Services logo and navigation links for Home, Reporter Profile, and User guide. The main content area is titled 'Participant Relationships' and includes a 'Case Number : 00305234'. A green message states, 'All relationships are selected, you can proceed to next page.' Below this, a prompt asks the user to 'Click a participant's name. Please record the relationship(s) to the best of your knowledge.' The form features a list of participants on the left: 'Test Child' (Unknown / Age 9), 'Test Parent' (Unknown / Age 36), and 'Test Child 2' (Unknown / Age 3). To the right of this list are two dropdown menus: 'Test Child 2 relationship to Test Child' (set to 'Sibling') and 'Test Child 2 relationship to Test Parent' (set to 'Biological Child'). At the bottom left is a 'Save for later' link, and at the bottom right are 'Previous' and 'Next' buttons. A 'Steps' sidebar on the right lists the workflow: Confirmation Page, Referral Detail, Add Participants, Participant Relationships (highlighted), Add Witnesses, General Information, Physical & Emotional Abuse, Neglect, Sexual Abuse, Dependency, and Substance Use.

(see [Appendix B](#) for a list of values and additional explanations of Roles). Check all that apply to the individual. One person may be an **Alleged Perpetrator**, **Caretaker** and **Custodian**, for example.

- *Address (can select Unknown Address – a text box will appear asking to provide any known information to locate the family, which is required)
- Contact Type (Additional fields will appear to fill in based on the Contact Type selected, such as email or phone.)

TEAM Ohio User Guide

- Click **Save** to add this information to the referral OR click **Cancel** to erase your entered information and return to the **Add Participants** screen.

Please enter as much information about this person as you can. If you do not know the person's first and last name, please enter any information that is known below, and then select the "Participant is unknown or partially known" checkbox. The system will populate the missing first and/or last name and flag this as an unknown participant.

Participant is unknown or partially known

* First Name Middle Name * Last Name Suffix

* Date of Birth Estimated Date of Birth OR Date of Birth Unknown Age Range: From Age To Age

Date of Death Deceased Date Unknown Gender SSN

Hispanic/Latino

* Race (check all that apply)

- Asian
- Black/African American
- Native Hawaiian
- White
- Other Pacific Islander
- Alaskan Native
- Multi-racial (one or more races unknown)
- American Indian
- Unable to Determine
- Unknown
- Multi-racial (all races unknown)

* Role (check all that apply)

- Alleged Perpetrator (AP)
- Caretaker
- Child Daycare Provider
- Child Subject of Report
- Custodian
- Group Home Staff
- Nonrelative Foster Parent
- Nonrelative Kinship Provider
- Other Involved Adult (OIA)
- Other Involved Child (OIC)
- Other Professional
- Parent
- Relative Kinship Provider
- Residential Facility Staff

Address: Unknown Address

* Address Line 1

Address Line 2 * City * State

* Zip Code

Contact Type

If an unknown address is selected:

Address:

Unknown Address

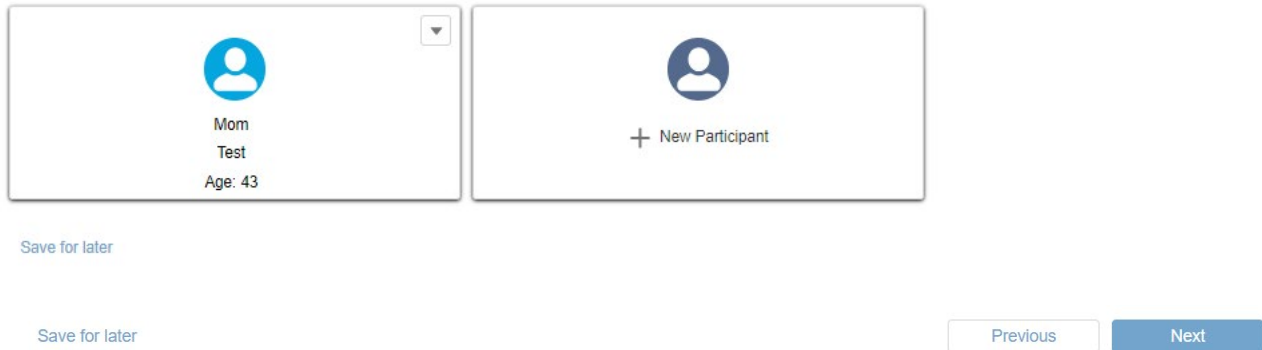
*** Provide any known information to locate the family**

The family was last known to be living in their car at the local superstore parking lot.

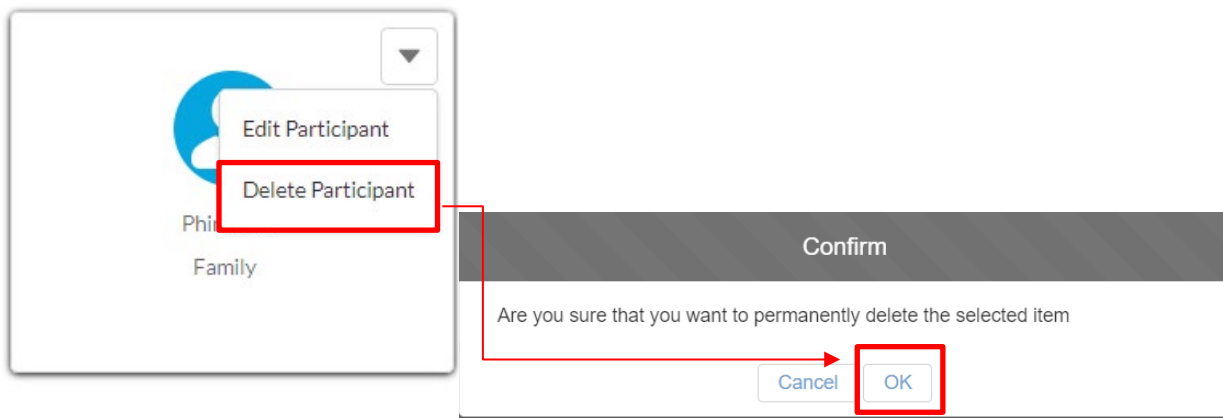
Note: Once unknown address information is entered for one participant, the entered text will auto-fill for additional participants on the same referral; as soon as you re-type the beginning characters of the narrative.

TEAM Ohio User Guide

- The entered individual will now display on the screen in a box with their name. The **+New Participant box** will be available to continue adding individuals to the Referral.



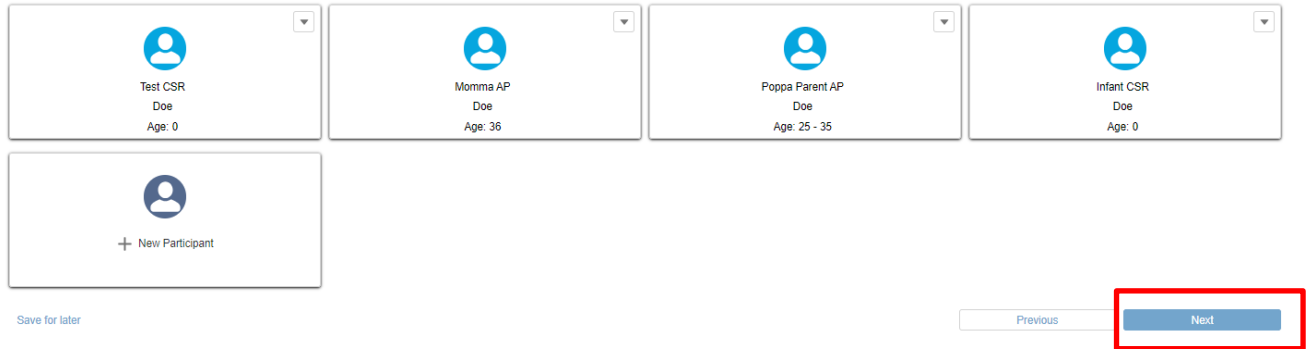
- If you need to edit or remove an entered participant, click on the down arrow of the box of the individual and select **Edit Participant** or **Delete Participant** as applicable. **Edit Participant** will take you back to the details screen to modify their information. **Delete Participant** will bring up a confirmation screen asking if you are sure you want to permanently delete the participant. Click **OK** to delete or **Cancel** to retain that person's record.



- Continue adding individuals to the Referral until you have entered as many **Participants** as are known. Then, click **Next** to proceed to the **Participant Relationships** section.

Note: You may click **Previous** to return to the **Referral Details** section.

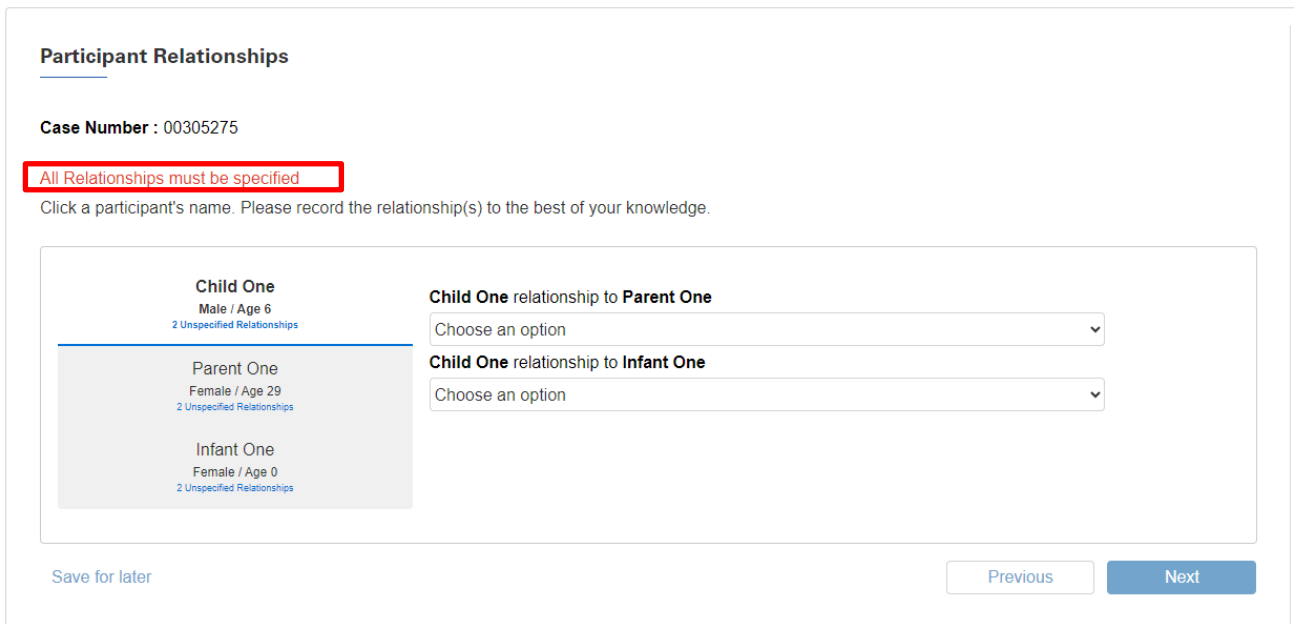
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Warning: Navigating away from this page without using the Save for Later button or Next button will result in the loss of all Participants you have entered.

Participant Relationships Section

1. This next section will capture each participant relationship to one another. All relationship information will be required.



2. You will click on each participant in the left-hand, vertical list and enter their relationship to all other involved participants. When possible, the application will autofill any reciprocal relationship information. You will navigate through all participants to fill in any missing values until all relationship information has been entered.

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Ohio Department of Job and Family Services

Home Reporter Profile User guide

Participant Relationships

Case Number : 00305234

All relationships are selected, you can proceed to next page
Click a participant's name. Please record the relationship(s) to the best of your knowledge.

Test Child Unknown / Age 9 <small>Unspecified Relationship</small>	Test Child 2 relationship to Test Child Sibling
Test Parent Unknown / Age 36 <small>Unspecified Relationship</small>	Test Child 2 relationship to Test Parent Biological Child
Test Child 2 Unknown / Age 3 <small>Unspecified Relationship</small>	

Save for later


Previous **Next**

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships**
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use

3. Once all information is entered, you will see “All relations are selected, you can proceed to the next page.”
4. Then, click **Next** to proceed to the **Add Witnesses** section.

Note: You may click **Previous** to return to the **Add Participants** section. If a participant’s record is edited and their gender is changed, the relationship information will NOT be automatically updated to reflect the gender change. Relationship information will need to be changed manually but the following message will appear as a reminder.

 One or more participant's gender has been changed after relationships were entered. Be sure to review this page for accuracy and make changes here as needed.

Add Witnesses Section

Note: This section is optional and should be individuals who are not included as participants of the referral. You may click the **Next** button immediately to proceed to **General Information** if not applicable. If there are witnesses to the incident beyond those entered in the **Add Participants** section, follow these instructions:

1. Click the **+ New Witness** box.

TEAM Ohio User Guide

Add Witnesses

Case Number : 00305275

Are there any witnesses to this incident that either saw the incident or have knowledge of the incident?

- This may include other mandated reporters or professionals who have knowledge of the report.

Warning: Navigating away from this page without using the Save for Later button or Next button will result in the loss of all Witnesses you have entered.

+ New Witness

Save for later

Previous Next

The Witness information screen appears.

2. Enter a **First Name** and/or **Last Name** *
3. Enter an **Email** and/or **Phone** *
4. Click **Save** to add this information to the referral or **Cancel** to delete the entered information and return to the **Add Witnesses** page.

Please enter at least one name field and email or phone

*First Name

*Last Name

*Email

*Phone

Cancel Save

5. If you need to edit or remove an entered Witness, click on the down arrow of the box of the individual and select **Edit Witness** or **Delete Witness** as applicable.
 - o **Edit Witness** will take you back to the details screen to modify their information.
 - o **Delete Witness** will bring up a confirmation screen asking if you are sure you want to permanently delete the Witness. Click **OK** to delete, **Cancel** to retain that person's record.
6. Continue adding individuals to this section until you have entered as many **Witnesses** as are known. Click **Next** to proceed to the **General Information** section.

Note: You may click **Previous** to return to the **Participant Relationships** section

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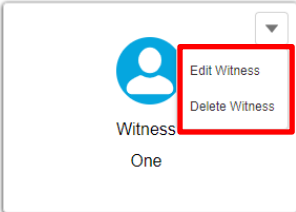
Add Witnesses

Case Number : 00305275

Are there any witnesses to this incident that either saw the incident or have knowledge of the incident?

- This may include other mandated reporters or professionals who have knowledge of the report.

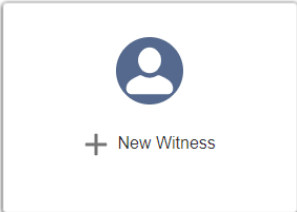
Warning: Navigating away from this page without using the Save for Later button or Next button will result in the loss of all Witnesses you have entered.



Witness One

Edit Witness

Delete Witness



+ New Witness

Save for later

Previous **Next**

General Information Section

1. Answer **Yes** or **No** for all three questions.
2. If answering **Yes** to **Has Law Enforcement been contacted or are they involved for the concerns in the report?**, answer the corresponding questions which dynamically display.

Important: On any question where an 'i' circle icon is located, hovering over that icon will provide additional information about the question or data needed.

Human trafficking of a child means: Child is subjected to forced labor (including labor in illicit industries such as drug trafficking) and/or is involved in commercial sex.



3. Click **Next** to proceed to the **Physical & Emotional Abuse** section.

Note: You may click **Previous** to return to the **Add Witnesses** section.

TEAM Ohio User Guide

General Information

Case Number : 00305275

Please answer the questions contained in this referral to the best of your ability. If you do not have information that is being asked of you, please indicate that in your responses.

* Are the concerns in this report about a child death/fatality or near death/fatality?

Yes

No

* Are there concerns for alleged human trafficking of a child(ren)?

Yes

No

* Has Law Enforcement been contacted or are they involved for the concerns in this report?

Yes

No

[Save for later](#) [Previous](#) [Next](#)

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information**
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use

Physical & Emotional Abuse Section

1. Answer **Yes** or **No** by clicking the corresponding circle for the question **Does this report involve concerns about any type of physical injury, mental/emotional injury or any dangerous act that could/did cause harm to child?**
2. If **No**, you may proceed to the **Neglect** section by clicking the **Next** button.
3. If **Yes**, check all the boxes that apply for concerns of **Physical & Emotional Abuse**.

Physical & Emotional Abuse

Case Number : 00305275

* Does this report involve concerns about any type of physical injury, mental/emotional injury or any dangerous act that could/did cause harm to a child?

Yes

No

* Do your concerns for abuse include any of the following? (Select all that apply)

Please select at least one option:

- Bruises
- Burns
- Broken Bone(s)
- Head Injury
- Ingestion
- Strangulation/Choking
- Shaken Baby
- Excessive Discipline
- Emotional Maltreatment/Mental Injury
- Forced Labor of a Minor
- Any other type of inflicted injury, physical abuse concern, or action by an adult putting a child in danger

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse**
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- Domestic Violence
- Other Concerns

4. For each checked box, additional questions will dynamically appear below to provide details.

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Important: Please be as detailed as possible when answering each question.

* Please provide details of the excessive discipline used on the child(ren):

- Who was it done by (if unknown, who had access to the child),
- What were the circumstances,
- Does the child have any injuries due to the discipline?

* Please provide details of the emotional maltreatment and/or mental injury to the child(ren):

- Who caused the mental injury (if unknown, who had access to the child),
- How was the mental injury caused,
- What behavior is the child(ren) showing that indicates mental injury?

* Please provide details of any other inflicted injury, physical abuse or action by an adult causing danger to the child(ren) not noted above. Please give as much detail as possible.

- Who caused the injury or abuse (if unknown, who had access to the child),
- What were the circumstances,
- Does the child have a current injury or pain?

* Please provide details on when the reported abuse occurred:

- Date of each incident, if known. Provide estimated date if possible,
- Duration of the abuse,
- Frequency, if applicable.

4. Answer the final questions at the bottom by clicking the appropriate circle button, answering the clarifying questions that will appear depending on the chosen response, then click **Next** to proceed to the **Neglect** section.

Note: You may click **Previous** to return to the **General Information** section.

* Is the explanation of the injury consistent with observation and/or medical opinion?

Yes

No

Unknown or no explanation provided

* Has the child(ren) been seen by a medical or mental health professional for the abuse?

Yes, the child(ren) has been seen for the abuse

At least one child has not been seen but needs to be

No, but child(ren) does not need to be seen

Unknown

[Save for later](#)

[Previous](#)

[Next](#)

Neglect Section

1. Answer **Yes** or **No** by clicking the corresponding circle button for the question **Does this report involve concerns about the child(ren)'s basic needs, living conditions, education, or medical needs?**
2. If **No**, you may proceed to the **Sexual Abuse** section by clicking the **Next** button.
3. If **Yes**, check all the boxes that apply for concerns of **Neglect**.

TEAM Ohio User Guide

Neglect

Case Number : 00305275

* Does this report involve concerns about the child(ren)'s basic needs, living conditions, educational or medical needs?

Yes
 No

* What concerns do you have for the child(ren) in the household? (Select all that apply)

Please select at least one option:

- Failure to provide basic needs (such as food, shelter, clothing)
- Lack of supervision by parent/caregiver
- Dirty/Unsanitary/Unsafe Home
- Child's Hygiene/Lice
- Educational Neglect
- Medical Neglect (including failure to thrive non-organic)
- Child left with an inappropriate caregiver
- Unsafe sleep conditions of an infant
- Other neglect concerns not listed above

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
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- Neglect**
- Sexual Abuse
- Dependency
- Substance Use

4. For each checked box, additional questions will dynamically appear below to provide details.
5. Answer the final question at the bottom then click **Next** to proceed to the **Sexual Abuse** section.

Note: You may click **Previous** to return to the **Physical & Emotional Abuse** section.

* Please describe your concerns for the parent/caregiver failing to provide basic needs to the child(ren):

- What basic needs are not being provided,
- What are the circumstances,
- What effect does it currently have on the child(ren),
- Is the parent/caregiver finding alternative solutions to provide basic needs?

* Please describe your concerns for lack of supervision:

- What is the length of time unsupervised,
- Are there safety concerns due to the lack of supervision,
- What are the circumstances,
- Does the child(ren) have access to help in case of an emergency,
- Are there behavioral or developmental concerns for the child(ren)?

* Please provide details on when the reported neglect occurred:

- Date of each incident, if known. Provide estimated date if possible,
- Duration of the neglect,
- Frequency, if applicable.

* Please describe any barriers or beliefs of the family that may be contributing to the reported neglect above.

TEAM Ohio User Guide

Sexual Abuse Section

1. Answer **Yes** or **No** by clicking the corresponding circle button for the question **Does this report involve concerns about sexual abuse?**
2. If **No** is answered, you may proceed to the **Dependency** section by clicking the **Next** button.
3. If **Yes** is answered, check all the boxes that apply for concerns of **Sexual Abuse**.

Sexual Abuse

Case Number : 00305275

*Does this report involve concerns of sexual abuse?
 Yes
 No

*What concerns for sexual abuse do you have for the child(ren)? (Select all that apply)

- Relative/Caregiver involved the child(ren) in sexual activity
- An Authority Figure involved the child(ren) in sexual activity
- A Stranger involved the child(ren) in sexual activity
- An individual, more than four years older than a 13 to 15 year old child, engaged the child in sexual activity
- Child is exhibiting abnormal sexualized behavior(s) or has inappropriate sexual knowledge for their age
- A convicted sexual offender has access to the child(ren) and there is concern for sexual contact
- Actions done to or around a child for the purpose of sexual gratification
- There is concern that the child has been exposed to sexual acts/materials, and/or photographed/recorded in a sexual manner, including "sexting" or inappropriate social media interaction
- Someone involved the child(ren) in sexual activity in exchange for anything of value
- Other sexual abuse concern not listed above

Steps

- Confirmation Page
- Referral Detail
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- Add Witnesses
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- Physical & Emotional Abuse
- Neglect
- Sexual Abuse**
- Dependency
- Substance Use

4. Provide information about each concern in the text box, being as detailed as possible.
5. Answer the final questions at the bottom by clicking the appropriate circle button, answering the clarifying questions that appear depending on the chosen response, then click **Next** to proceed to the **Dependency** section.

Note: You may click **Previous** to return to the **Neglect** section.

*Please give information about each sexual abuse concern. Be as detailed as possible.

Has the child(ren) seen a medical professional for these concerns?
 Yes, the child(ren) has been seen for the abuse
 At least one child has not been seen but needs to be
 No, but child(ren) does not need to be seen
 Unknown

*What medical professional was seen and what was the outcome?

Medical Professional Contact Information (Address and Phone Number, if known)

Save for later

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TEAM Ohio User Guide

Dependency

1. Answer **Yes** or **No** by clicking the corresponding circle button for the question **Does your concern involve child(ren)'s needs not being met through no fault of the parents, guardians, or custodians, or the birth of an infant on an open, ongoing case?**
2. If **No** is answered, you may proceed to the **Substance Use** section by clicking the **Next** button.
3. If **Yes** is answered, check all the boxes that apply for concerns of **Dependency**.

Dependency

Case Number : 00305275

*Does your concern involve child(ren)'s needs not being met through no fault of the parents, guardians, or custodians, or the birth of an infant on an open, ongoing case?

Yes
 No

* What concern(s) for dependency do you have for the child(ren)? (Select all that apply)

Caretaker is overwhelmed with and/or incapable of providing for child(ren)'s basic needs through no fault of their own
 Caretaker is overwhelmed with and/or incapable of providing for the extreme special needs of the child(ren).
 Caretaker does not have the mental or physical capacity to provide appropriate care for the child.
 Caretaker incapacitated due to hospitalization, incarceration, or death and the child does not have an appropriate caretaker.
 Birth of a new child on an open, ongoing case.

* Please provide detailed information about the dependency concern(s).

* Describe the situation that is causing the caretaker to be overwhelmed with and/or incapable of providing for the child(ren)'s basic needs:

- Who is the caretaker,
- What issues are present and impacting the caretaker's ability to provide for basic needs, and
- What is the impact on the child(ren)?

* Describe the supports that the caretaker and/or family has:

Save for later

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Steps

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- Other Concerns
- Details About Child Subject
- Details About Each Alleged Perpetrator
- Wrap Up
- Submit Report

Agent Offline

4. Provide information about each concern in the corresponding text box, being as detailed as possible. Then, click **Next** to proceed to the **Substance Use** section.

Note: You may click **Previous** to return to the **Sexual Abuse** section.

Substance Use Section

1. Select one of the boxes for the question **Does this report involve any of the following?** Select all that apply or choose **None of the above**. If **None of the above** is selected, click **Next** to proceed to the **Domestic Violence** section.

TEAM Ohio User Guide

Substance Use

Case Number : 00305275

*** Does this report involve any of the following? Select all that apply:**
Please select at least one option:

- Misuse of legal or illegal substances by any parent/caregiver or adult household member
- Intentional misuse of legal or illegal substances by the child(ren)
- Infant tests positive at birth for a legal or illegal substance
- Infant was exposed or affected by a legal or illegal substance which was misused by the parent during pregnancy - this can include no toxicology testing at birth or toxicology results are unknown at this time
- An infant diagnosed with Fetal Alcohol Spectrum Disorder
- Mother has participated in Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD) treatment during her pregnancy.
- None of the above

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Steps

- Confirmation Page
- Referral Detail
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- Sexual Abuse
- Dependency
- Substance Use**

- For each box checked other than **None of the above**, answer the questions which dynamically display as a result. Choosing any of the three effected infant substance use concerns will trigger additional questions to meet the reporting requirements for **CARA** (the [Comprehensive Addiction & Recovery Act](#)), including Plan of Safe Care information.
- When all questions have been completed, click **Next** to proceed to the **Domestic Violence** or the **Substance Use Continued** (if applicable) section.
Note: You may click **Previous** to return to the **Sexual Abuse** section.

*** How did you become aware of the substance abuse?**

- Observed
- Told by Another Party
- Positive Toxicology

*** Which child(ren) has substance use concerns?**
Please select at least one child

- Frank Family

*** Is the parent/caregiver aware of any of the child(ren)'s substance use?**

- Yes
- No
- Unknown

*** Is an adult using substances with or providing substances to any of the child(ren)?**

- Yes
- No
- Unknown

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CARA: Plan of Safe Care Section (if applicable)

If the Substance Use concerns noted in the prior section were about an infant, additional questions will need to be answered on this screen. This information applies to all infants 12 month and younger if:

- The infant was prenatally exposed to substance misuse (legal and/or illegal),
- The infant is demonstrating symptoms of withdrawal, and/or
- The infant is diagnosed with Fetal Alcohol Spectrum Disorder.

Fill out this section to the best of your ability to assist the PCSA in determining if an adequate Plan of Safe Care is in place. If you are unsure about the service information, please select the closest applicable response and provide any known information.

1. Select the response(s) by clicking the appropriate box and answering any questions which dynamically display as a result. This information is required for compliance with the Comprehensive Addiction and Recovery Act (**CARA**) as detailed in [Ohio Administrative Code Chapter 5101:2-36](#).
2. Click **Next** to proceed to the **Domestic Violence** section.

Note: You may click **Previous** to return to the **Substance Use** section.

CARA: Plan of Safe Care

Case Number : 00305275

Please complete all required fields

* Who are the caregivers for the infant(s) that reside in the home? Select all that apply.
Please select at least one caregiver

Parent One

* Was safe sleep discussed with the caregiver(s)?

Yes
 No
 Unknown

* Provide details about the safe sleep discussion or any concerns for safe sleep:

* Describe the interaction between the parent/caregiver(s) and the infant(s):

* What is the family's insurance provider:

* Name and contact information for the hospital or medical facility where the infant(s) is/was receiving care:

If you are unsure about the service information, please select the closest applicable response and provide any known information.

What services are in place or needed for the Infant(s):
Infant One

* Primary Physician Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

* Medical Specialist(s) Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

* Early Intervention Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

* Other Services

Referral Needed	Referral Made	In Place	Not Applicable
-----------------	---------------	----------	----------------

Save for later

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Steps

- Confirmation Page
- Referral Detail
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- CARA: Plan of Safe Care**
- Domestic Violence
- Other Concerns
- Details About Child Subject
- Details About Each Alleged Perpetrator
- Wrap Up
- Submit Report

TEAM Ohio User Guide

Domestic Violence Section

1. Answer **Yes** or **No** by clicking the corresponding radio button for the question **Do you have any concerns for domestic violence within the household?**
2. If **Yes** is answered, answer the resulting questions, and check the boxes that apply for concerns of **Domestic Violence**.

Domestic Violence

Case Number : 00305275

* Do you have any concerns for domestic violence within the household?

Yes

No

* How many domestic violence incidents are you aware of for this family?

One

More than one

* For the domestic violence incident(s) that you are aware of, please check all that apply:

Injury to a parent/caretaker

Injury to a child

Child intervening with violence

Child witnessed domestic violence

Threat and/or use of a weapon

Threat of killing family member or pet

Law enforcement called due to domestic violence

Parent/Caregiver arrested due to domestic violence

Other

* For each instance of domestic violence that you are aware of, please provide as much detail as possible on the following:

- Who was involved,
- When did it occur,
- What were the circumstances,
- Details on any concerns you indicated above.

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
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- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- CARA: Plan of Safe Care
- Domestic Violence**
- Other Concerns
- Details About Child Subject

3. Answer each question that dynamically displays based on the responses to your concerns of **Domestic Violence**.
4. You will be asked about any controlling coercive behaviors of the caregivers, whether you answer **'Yes'** or **'No'** to the domestic violence concerns.
5. When all questions have been completed, click **Next** to proceed to the **Other Concerns** section.
Note: You may click **Previous** to return to the **Substance Use** section(s).

TEAM Ohio User Guide

*** As a result of domestic violence, are you aware of any current court involvement or order of protection for a parent/caregiver or anyone else residing in the home?**

Yes
 No

*** Please describe any information you know about the court involvement or order of protection:**

- Who does the order pertain to,
- When was it issued,
- What court issued the order,
- Are the participants following the court orders?

*** Does a family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren)?**

Yes
 No

*** Please describe the pattern of controlling behaviors:**

- Who is displaying the behaviors,
- What controlling behaviors are happening,
- What impact does it have on the child(ren)?

[Save for later](#) [Previous](#) [Next](#)

Other Concerns Section

1. Select one of the boxes for the question **Are you reporting concerns regarding any of the following categories?** Select all that apply or choose **None of the above**. If **None of the above** is selected, click **Next** to proceed to the **Details About Child Subject** section.
2. For each box checked other than None of the above, answer the questions which dynamically display as a result. When all questions have been completed, click **Next** to proceed to the **Details About Child Subject** section or the **Details About Each Alleged Perpetrator** (if applicable) section.
3. Note: You may click **Previous** to return to the **Domestic Violence** section.

TEAM Ohio User Guide

Other Concerns

Case Number : 00305275

* Are you reporting concerns regarding any of the following categories? Select all that apply

Please select at least one option:

- Unruly Delinquent
- Placement of an Infant for Incarcerated Mother
- Family needs preventative services
- Child Fatality NOT caused by abuse or neglect
- Home Evaluation/Assessment (Court request only)
- Required Non-Lead PCSA Interview (Out of State PCSA request only)
- Courtesy Supervision (Out of State PCSA request only)
- None of the above

[Save for later](#)

[Previous](#) [Next](#)

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- CARA: Plan of Safe Care
- Domestic Violence
- Other Concerns**

Details About Child Subject

1. Answer the questions regarding **Details About Child Subject(s)**, who will be listed on this screen as entered earlier in the Referral. Based on the responses chosen, additional questions will dynamically display.
2. When all questions have been completed, click **Next** to proceed to the **Wrap Up** or the **Details About Each Alleged Perpetrator** section.

Note: You may click **Previous** to return to the **Other Concerns** section.

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Details About Child Subject

Case Number : 00305275

Names of Child Subject(s):

- Child One
- Infant One

*What is the current location of each child and how long are they expected to be there? Please provide the address, if known.

*Please describe the child(ren)'s behavior and functioning as it relates to the current allegation(s) and/or harm.

*Please describe the current condition of each child as it relates to the reported allegation(s) and/or harm.

*Has any action been taken by a parent/caregiver or any other person to protect the child(ren) based on the reported allegations (other than this report being made)?

Yes

No

*Are you aware of any prior abuse or neglect regarding this family?

Yes

No

*Please describe each child's custody arrangement.

[Save for later](#) [Previous](#) [Next](#)

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- CARA: Plan of Safe Care
- Domestic Violence
- Other Concerns
- **Details About Child Subject**
- Details About Each Alleged Perpetrator
- Wrap Up
- Submit Report

Details About Each Alleged Perpetrator (if applicable)

1. Answer the questions regarding **Details About Each Alleged Perpetrator**, who will be listed on this screen if entered earlier in the Referral.
2. When all questions have been completed, click **Next** to proceed to the **Wrap Up** section.

Note: You may click **Previous** to return to the **Details About Child Subject(s) Concerns** section.

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Details About Each Alleged Perpetrator

Case Number : 00305275

Parent One

*What is the current location of the person you believe caused the abuse or neglect and how long are they expected to be there? Please provide an address, if known.

*What access does this person have to the child(ren)?

*Describe any concerning behavior for the person causing the abuse/neglect.

Save for later Previous **Next**

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- CARA: Plan of Safe Care
- Domestic Violence
- Other Concerns
- Details About Child Subject
- Details About Each Alleged Perpetrator**
- Wrap Up
- Submit Report

Wrap Up Section

1. Answer the questions on the page by selecting **Yes** or **No** as appropriate and entering text as required.
2. When all questions have been completed, click **Next** to proceed to the **Submit** section.

Wrap Up

Case Number : 00305275

*Describe the Strengths and Protective Capacities of the Family:

- What attempts have the parent or others made to address the reporter's concerns?
- Who does the child(ren), parent, or caretaker go to when they need help?
- What are some positive things about the family?
- What support(s) does the family have in place?

*Do you have reason to believe the family will flee or refuse access to the child subject(s) of the referral?

Yes
 No

*Are you aware of any concerns for the worker's safety? For example: dangerous animals, weapons in the home, dangerous or threatening behavior of any household member.

Yes
 No

*Is there a language or communication barrier for any of the participants you added to this referral?

Yes
 No

*Are there any other concerns for the family or household that you have not yet stated in this referral that you believe would be important for the agency to know?

*In the event that the agency needs additional information regarding this referral, please provide the best time(s) within the next 24 hours that you can be contacted by phone. Provide the phone number, if different than the phone number listed on your account.

Save for later Previous **Next**

Steps

- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
- Substance Use
- CARA: Plan of Safe Care
- Domestic Violence
- Other Concerns
- Details About Child Subject
- Details About Each Alleged Perpetrator
- Wrap Up**
- Submit Report

TEAM Ohio User Guide

Submit Report Section

In this section, you can upload any relevant documents that might be helpful for the agency receiving your referral.

- You can upload documents up until the time of a screening decision being made.
- Although uploading supporting documentation is optional, items like photos, videos, audio files, medical reports, etc. often aid PCSAs in making screening decisions.
- If you have questions or concerns about providing supporting documentation, please consult your agency's policies regarding reports to children services, when applicable.

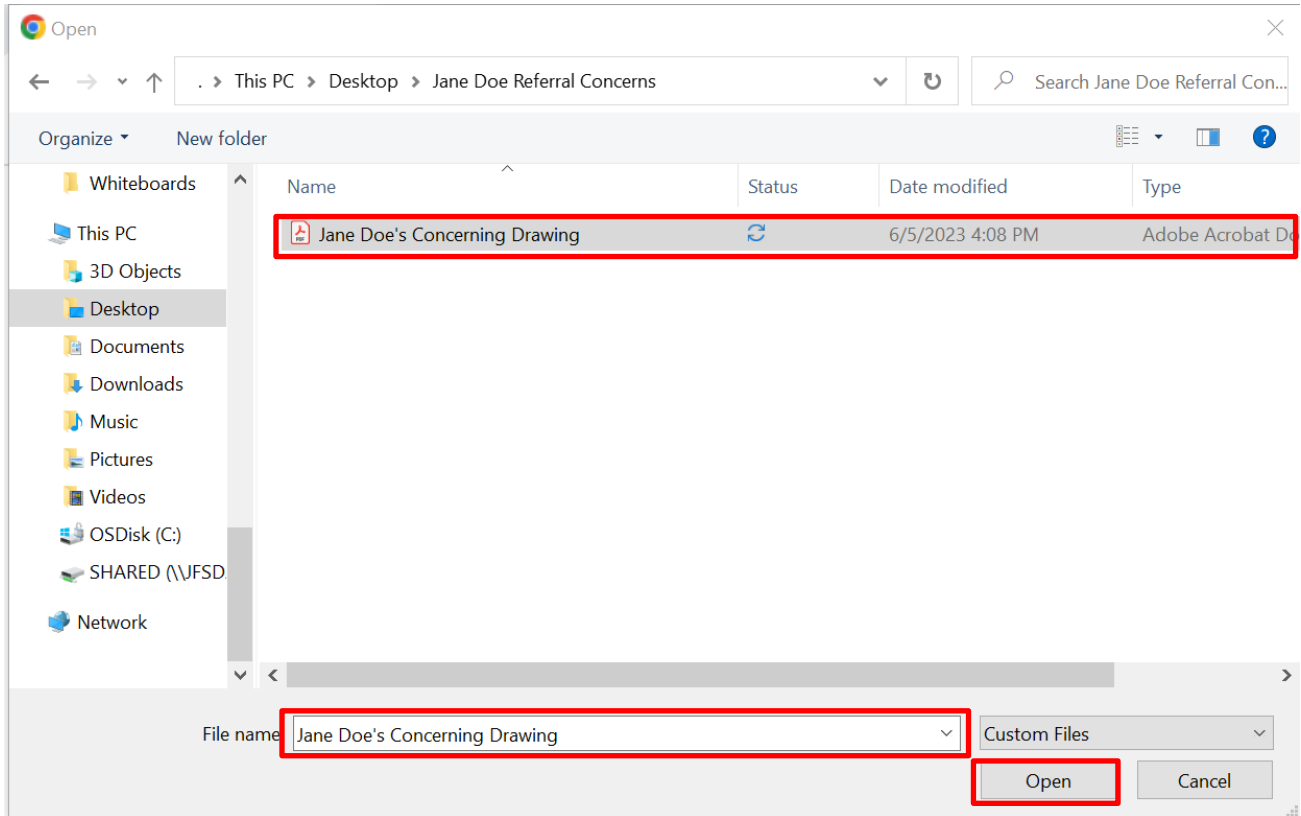
1. Click the **Upload Files** button.

The screenshot shows the 'Submit Report' form. At the top left, it says 'Submit Report' and 'Case Number: 00305275'. Below that, there is a note: 'Optional: Upload any relevant or supporting files for this referral. This may include, but is not limited to, documents, photos, videos, etc.' A red box highlights the 'Upload Files' button. Below the note, there is a text area for the file name and a 'Drop files' area. At the bottom left, there is a confirmation question: 'Are you sure you want to submit this report?' with a 'Save for later' link and 'Previous' and 'Submit' buttons. On the right side, there is a 'Steps' sidebar with a list of steps: Confirmation Page, Referral Detail, Add Participants, Participant Relationships, Add Witnesses, General Information, Physical & Emotional Abuse, Neglect, Sexual Abuse, Dependency, Substance Use, CARA: Plan of Safe Care, Domestic Violence, Other Concerns, Details About Child Subject, Details About Each Alleged Perpetrator, Wrap Up, and Submit Report. The 'Submit Report' button is highlighted with a green box.

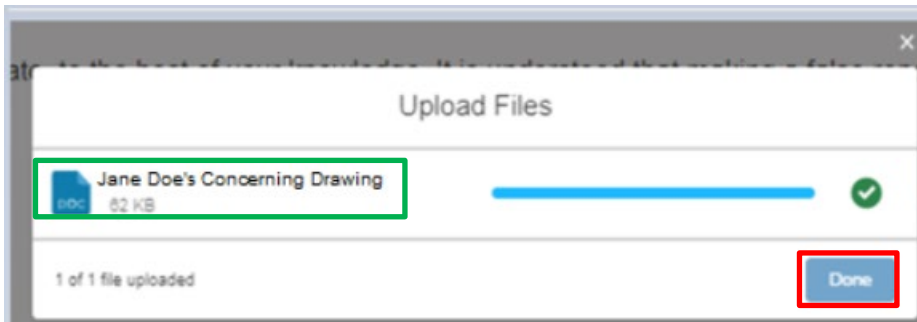
2. Select a file from your device to attach by clicking on it and placing it in the file name area.

3. Click the **Open** button.

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- An **Upload Files** dialogue box will appear to confirm the document has been added successfully with a blue progress bar and a green check when complete. Click **Done** to add the file to the Referral record.



- You may add additional documents by repeating steps 1-4 above.
- To delete a saved document, click on the trash can icon next to the document name.
Note: no confirmation screen will be received, the system will immediately remove the document.



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7. Click the **Submit** button (or click **Previous** to review other sections entered prior to submission).
8. If the system finds any errors to the submission, they will be listed on the Failed to Submit page. If these occur, make note of the area(s) which need correction, then select the **Go Back** button to edit the areas of the Referral needed.

This script has been automatically saved, in order to resume in the future: [Copy the link](#) or [Email me the link](#)

Failed To Submit

Please review the error(s) below:

Please identify at least one alleged perpetrator

Go Back



9. If all areas of the Referral report have been satisfied, you'll receive the following confirmation message. Click the **Return Home** button, which will take you to the Home page.
10. If you start a referral, but do not finish it, **TEAM Ohio** will notify you by email to complete or cancel the referral at the 4-hour mark, 12-hour mark, and 23-hour mark.

Submitted Successfully!





Your referral has been submitted successfully.





















Return to Home

Managing Referrals


1. From the home page, you may take the following actions on your created Referrals:
2. Click the **View** icon () to review any Submitted Referrals.
Note: You cannot edit once the Referral has been Submitted.
3. Click the **Edit** icon () to return to any In-Progress Referral that has not been submitted to continue working on it.

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4. Click the **Cancel** icon () to delete any In-Progress Referral that has been started in error and/or is no longer needed. A reason for cancellation drop-down will appear.
5. Click the **Quick View** icon () to see a summary of information you entered for a referral, such as the type(s) of concern(s), participant name(s), address, role, county , and the referral number.
6. Click the **View Documents** icon () to view items uploaded for a specific referral.
7. Click the **Clone** icon () to start a new referral on the same family without having to reenter the **Referral Detail** or **Participant** information. You will be able to review these sections and make any modifications, as needed.

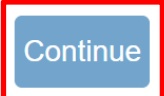
Number	County	Status	County Sent To	Date Created	Date Submitted	Actions
00304979	Coshocton County	In Progress		10/13/2023, 03:08 PM		   
00304955	Coshocton County	In Progress		10/12/2023, 09:25 AM		   
00304974	Coshocton County	Submitted		10/12/2023, 01:24 PM	10/12/2023, 01:29 PM	   
00304942	Coshocton County	Received		10/11/2023, 02:35 PM	10/11/2023, 02:41 PM	   
00304941	Coshocton County	Submitted		10/11/2023, 02:09 PM	10/11/2023, 02:17 PM	   

8. Periodic system changes are made to TEAM Ohio to improve and enhance functionality. When these changes occur while a report is in progress, you may receive this message. Click the **Continue** button to proceed to your in-progress report.



Form Updated

The form has been updated since you last saved it. Click Continue to start over using the updated form.



What Happens After I Submit a Referral?

Once your referral is submitted, you will receive an email notification for the successful submission.

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The referral will automatically be sent to the appropriate Public Children Services Agency (PCSA) for review. In this review, the PCSA will determine whether the reported concerns meet state guidelines for a mandated report, agency involvement, and if law enforcement notification is required.

When a decision has been made on the referral, an email notification will be sent to you with the updated status. If the report is mandated and agency involvement was initiated, an email notification will be sent to you at the conclusion of the assessment/investigation.

Screening Decisions:

- **Screened In:** This status means that the PCSA will be opening an assessment or investigation regarding the referral that was submitted.
- **Screened Out:** This status means that the PCSA determined that the referral submitted did not meet criteria to open an assessment or investigation. It may also mean the concerns were a duplicate of those already received by the agency.
- **Referred to Other County:** This status means that the PCSA that reviewed the referral determined that another county PCSA held jurisdiction over the decision. The receiving PCSA sends the referral to the appropriate PCSA, who then decides to screen in or screen out.
- **Received/Not Mandated:** This status means that the PCSA determined that the referral was made outside of the mandated reporter's duties so the reporter will not see the decisions made on the referral.

If you become aware of further concerns for children you have reported on, a new referral should be submitted through **TEAM Ohio** or by contacting the county agency directly. If you obtain additional information regarding a family that you feel the PCSA should be aware of, please contact the agency directly.

Help

If access issues are encountered attempted to utilize **TEAM Ohio**, please contact SACWIS_ACCESS@childrenandyouth.ohio.gov.

If you encounter technical difficulties while using **TEAM Ohio**, please contact the OFC Automated Systems Help Desk at SACWIS_HELP_DESK@childrenandyouth.ohio.gov. Please CC: Janna.Warren@childrenandyouth.ohio.gov and use the Subject: *Priority TEAM Ohio Issue. Please provide screenshots if available.

Live Chat: You may chat with an Automated Systems Help Desk representative during normal business hours to obtain technical assistance in real-time. When available, mandated reporters will see a tab in the bottom right-hand corner labeled 'Chat with an Expert'.

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Appendix A – List of Role/Titles in Employer Records

Alleged Perpetrator	Attorney	Children’s Residential Center Staff
Clinic or Hospital Physician	Coroner	County Humane Society Agent
Day Care Center Employee	Day Care Provider	Developmental Disabilities Personnel
Law Enforcement	Mental Health Professional	Nurse
Other Medical Personnel	Other School Personnel	Other Social Service Personnel
Pre/Nursery School Employee	Principal	Private Physician
Social Worker (Hospital/Medical)	Social Worker (Non-Medical)	Teacher
Clergy	Court Personnel	Family Foster Caregiver
Other	PCSA Employee	School Nurse

Appendix B – List of Roles in Participant Details

Adult Subject of Report	Alleged Perpetrator (AP) - the person suspected of being responsible for the abuse or neglect of a child. When the Alleged Perpetrator is not known, all adults/caretakers who had access to the child may be considered Alleged Perpetrators.	Caretaker
Child Daycare Provider	Child Subject of Report - is the child(ren) you are concerned about. This includes a child who has been or is at risk of becoming abused or neglected, a dependent child, or a child in need of services.	Custodian
Group Home Staff	Nonrelative Foster Parent	Nonrelative Kinship Provider

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Other Involved Adult (OIA)	Other Involved Child (OIC)	Other Professional
Parent	Relative Kinship Provider	Residential Facility Staff