

Knowledge Base Article

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Overview

This Knowledge Base Article describes how to record a **Child Abuse and/or Neglect (CA/N) Intake** when the **Alleged Perpetrator (AP)** meets one or more of the following criteria:

- 1) Is a person responsible for the alleged child victim's care in an out-of-home care setting as defined in rule 5101:2-1-01 of the Administrative Code.
- 2) Is a person responsible for the alleged child victim's care in out-of-home care as defined in section 2151.011 of the Revised Code.
- 3) Has access to the alleged child victim by virtue of his/her employment by or affiliation to an institution.
- 4) Has access to the alleged child victim through placement in an out of home care setting.

This includes, but is not limited to, foster parents, teachers, residential staff, daycare providers, and others.

For more information about the kinds of reports to which this applies, please refer to OAC 5101:2-36-04 PCSA Requirements for Conducting a Specialized Assessment/ Investigation.

This article also addresses recording **Information and/or Referral Intakes** of the type **Licensing Rule Violation**.



Creating the Intake

Create a CA/N Intake following the usual steps:

1. From the Ohio SACWIS Home screen, click the Intake tab.

The Intake Workload screen appears.

Home	Intake	Case	Provider	Financial	Administration
Intake Workload					
Add Intake View	v by: Default	▼ Filter			

- 2. Click the **Add Intake** button. The **Intake Workspace** screen (**Reporter** tab) appears.
- 3. Complete the information on the **Reporter** tab as usual.

Intake Workspace					
INTAKE ID:	INTAKE STATUS: Pending	DATE/TIME CREATED: 12/29/2023 09:49 AM	INTAKE CATEGOR	ć inta	KE TYPES:
Received: * 12/29/2023	₩ 09:49 AM ▼	Method: * Phone		Screener: / Claime	d:
✓ABC Scripts & T	- emplates	Reporter Basic	Participants Ar	CV/AP Detail Allegations	
Intake Narrative: * (Expand view) 20000	Reporters			
		No reporters have been Add Reporter	added yet.		

4. Click the Basic Tab.

Intake Workspace					
INTAKE ID:	INTAKE STATUS: Pending	DATE/TIME CREATED: 12/29/2023 09:49 AM	INTAKE CATEGORY:	INTAKE TYPES:	
Received: *	09:49 AM ~	Method: * Phone	~	Screener: / Claimed:	
✓ABC Scripts & T	emplates	Reporter Basic	Participants ACV/AP Deta	il Allegations	
Intake Narrative: * (Expand view) 20000	Reporters			



- 5. Provide appropriate Intake Workload Name.
- 6. Make a selection from the drop-down menu for Intake Category.
- 7. Select the Add button for Intake Types.

ke Workload Name:	TESTER			
ke Category:	CA/N Report	~		
Intake Types:		Selected Types:		
٩	Add All Add	Remove	Remove All Q	
Q Baby Doe/D	Add All Add Disabled Infant	Remove Neglect	Remove All Q]
Q Baby Doe/E Emotional N	Add All Add Disabled Infant Maltreatment	Remove Neglect	Remove All Q	
Q Baby Doe/E Emotional N Medical Neg	Add All Add Disabled Infant Maltreatment glect	Remove Neglect	Remove All Q	
Q Baby Doe/E Emotional M Medical Neg Physical Ab	Add All Add Disabled Infant Maltreatment glect use	Remove Neglect	Remove All Q	
Q Baby Doe/E Emotional N Medical Neg Physical Ab Physical Ab	Add All Add Disabled Infant Maltreatment glect use use Shaken Baby	Remove	Remove All Q	

8. Select **Yes** from the drop-down menu for: **Does this report require a Specialized Assessment/Investigation?**

The next question involves Third Party Involvement. **Third Party Involvement** is required when there is a potential conflict of interest because one or more of the following parties is a principal of the report:

- 1) Any employee of an institution or facility that is licensed or certified by the Ohio department of job and family services (ODJFS) or another state agency and supervised by the PCSA.
- 2) A foster caregiver, pre-finalized adoptive parent, adoptive parent, relative, or kinship caregiver who is recommended, approved, or supervised by the PCSA.



- 3) A type B family day care home certified or licensed by a county department of job and family services (CDJFS) that has assumed the powers and duties of the county children services function defined in Chapter 5153. of the Revised Code.
- 4) Any employee, or agent of ODJFS or the PCSA as defined in Chapter 5153. of the Revised Code.
- 5) Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.
- 6) A foster caregiver or an employee of an institution or facility licensed or certified by ODJFS, and the alleged child victim is in the custody of, or receiving services from, the PCSA that accepted the report.
- 7) Any time a PCSA determines that a conflict of interest exists. The PCSA shall document in the case record if a conflict of interest is identified.

For more information, please refer to <u>OAC 5101:2-36-08 PCSA Requirements for</u> <u>Involving a Third Party in the Assessment/Investigation of a Child Abuse or</u> <u>Neglect Report</u>.

If the report requires the involvement of a **Third Party**, complete the following steps:

- 9. Select **Yes** from the drop-down menu for: **Does this report require Third Party involvement due to a potential conflict of interest?**
- 10. Select the applicable **Type of Third Party** from the drop-down list.

Does this report allege human trafficking of a child or children?	 Not Answered No Yes
Does this report allege a child fatality or near fatality?	 Not Answered No Yes
Does this report require a Specialized Assessment/Investigation?	Yes 🗸
Does this report require Third Party involvement due to a potential conflict of interest?	Yes 🗸
Select type of Third Party:	~

11. Complete the additional information on the **Basic** tab as usual.



Adding the Participants and Recording the Participant Relationships

1. Click the **Participants** tab.

The **Participants** screen appears.

Reporter	Basic	Participants	ACV/AP Detail	Allegations	Specialized	
Participant	S					
No participa	ants have b	een added yet.				
Search &	Add Partic	ipants				

2. Record the Intake Participants as usual, via the **Search & Add Participant** button.

Important: If the report involves multiple Alleged Child Victims (ACVs) from multiple cases, a **separate Intake** must be recorded for **each Case**.

- **Hint:** In this event, it may be helpful to first complete the information common to all of the ACVs, then use the Intake **Copy** feature to create the multiple intakes before adding the child-specific information to each intake.
- 4. In the **Participants Relationships** section, click the **Edit** link beside the name of a participant with unspecified relationships.



<u>dit se</u> Fe	<u>earch T</u> est, Adult emale	Caretaker	勴
<u>dit Se</u> Fe	<u>earch </u> Test, Test emale	Alleged Child Victim (ACV)	â

The **Relationships** screen appears displaying the name of the selected participant in the **Relationship to** field (as shown in green below).

5. For each person with an unspecified relationship to the participant, select the appropriate **Relationship** from the drop-down list.

Rela	ationship Editor (a)							
	Test , Adult I unspecified relationship	Test , Test 1 unspecified relation:	ship					
•	Test , Adult is the Teacher or School Personnel	~	^{to} Test , Test					
				Apply Save	Cancel			

6. Click the **Save** button. The **Participants** screen appears.

Important: When recording the relationship between the AP and the ACV, always choose the most specific option available. For example, "Teacher or School Personnel" is more specific than "Non-related Adult". This level of specificity provides more useful



data for reporting purposes, including the federal **National Child Abuse and Neglect Data System (NCANDS)** report.

7. Repeat Steps 4-6 for each participant with unspecified relationships.

Completing the Allegations Tab

1. Click the **Allegations** tab.

The Allegations Details screen appears.

In the **Setting Type** drop-down list, select the **Setting Type** that best describes where the alleged abuse or neglect occurred.

2. Click the **Search for Address** or **Select Participant Address** button to select the address of the location where the allegations took place, if known.

Reporter	Basic	Participants	ACV/AP Detail	Allegations	Specialized
Allegation [Details				
No allegatio	ons have be	een added yet.			
Add Alleg	ation				
	_				
Allegation	Setting				<u></u>
Setting Type	e:				~
Address:					
		Sea	rch for Address	Select Participa	ant Address
		Law E	nforcement Jurisdic	tion is dependen	t on selected address.

3. Additionally, if the Law Enforcement Jurisdiction has been recorded on the Address record (as shown in green below), it will display on the **Allegations Settings** screen in the Intake (as shown in green below).



Iress: 123 Test Rd Test, O	h 12345		
County: *	Test	Other County:	
School District:	FEDERAL	Other District:	
Census Tract:	.00	Geographical Designation: None	
Neighborhood Name:			
Law Enforcement Jurisdiction:	Sacwis Police Dept.		
Environmental Hazard Details:		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards Spell Check Clear 4000		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards Spell Check Clear 4000 Directions:		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards Spell Check Clear 4000 Directions:		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards Spell Check Clear 4000 Directions:		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards Spell Check Clear 4000 Directions: Spell Check Clear 4000		No Known Environmental Hazards	
Environmental Hazard Details: No Known Environmental Hazards Spell Check Clear 4000 Directions: Spell Check Clear 4000 Created Date:		Created By:	

Allegation Setting	
Setting Type:	Public School
Address:	123 Test Rd Test, Oh 12345
	Law Enforcement Jurisdiction : Sacwis Police Dept.
	Search for Address Select Participant Address
	Law Enforcement Jurisdiction is dependent on selected addre

- 4. The **Comments** text field can be used to document a description of the allegations to display on the Law Enforcement Notification and/or the Law Enforcement Request for Assistance reports.
- 5. To record an allegation, Click the **Add Allegation** button.

Reporter	Basic	Participants	ACV/AP Detail	Allegations	Specialized	
Allegation I	Details					
Add Allega	tion					
age 10 of 2	L4		Dhi	1 Or Department of Children & Yo	of uth	Last Revised: 12/29/2023

6. **Record** the Allegations as usual.

Completing the Specialized Tab

When the allegations involve a child in an Out of Home Care setting, the **Out of Home Care Information** section must be completed:

- 1. Click the **Specialized** Tab.
- 2. Select the applicable **Out of Home Care Setting Type** from the drop-down list.

Reporter	Basic	Participants	ACV/AP Detail	Allegations	Specialized	
Out of Hom	ie Care Def	tails				
OHC Setting	д Туре:					~

Next, link the Out of Home Care Provider to the Intake:

3. Click the **Search Provider** button.

Out of Home Care Details	
OHC Setting Type:	Public School 🗸
Search for the provider and/or facility that is indicated by A provider has not been added yet.	this report below:
Search Provider	

The Provider Profile Search Criteria screen appears.

1. Enter search criteria as appropriate OR enter the **Provider ID**, if known.

Search For Provider Profile				
Provider ID:	1			
123456				
	OR			
Devides News		Manhard and Name	Marchae First Name	Manager Maralan Manager
		Wember Last Name.	Member First Name.	Member Middle Name :

2. Click the **Search** button.



The results appear in the **Provider Profile Search Results** grid at the bottom of the screen.

1. If the OHC setting is a non-ODJFS Provider that does not already exist in Ohio SACWIS, click the **Add Non-ODJFS Provider** button to create it.

Note: For more information, please refer to the <u>Creating a Non-ODJFS Provider</u> Knowledge Base Article.

2. If the applicable Provider displays in the Search Results grid, click the **Select** link beside the **Provider Name**.

Search Results Result(s) 1 to 1 of 1/Page 1 of 1						
	Provider Name / ID	Provider Status	Provider Category	Address		
select	Test, Provider / 123456	ACTIVE	HOME	1212 Test Rd Test, Oh 12345		
	View Provider Type Information ~					
Add Non-ODJFS Provider Close						

The **Out of Home Care Information** screen appears. The selected **Provider ID**, **Facility Name**, **Address**, **Contact Info**, and **Facility Administrator** now display on the Intake:

Provider ID :	123456 Search Provider Clear
Facility Name & Address:	Test, Provider 1212 Test Rd Test, Oh 12345
Contact Info:	(123) 456-7899
Facility Administrator:	
Licensing Authority:	~

3. Select the applicable Licensing Authority from the drop-down list.



Provider ID :	123456 Search Provider Clear
Facility Name & Address:	Test, Provider 1212 Test Rd Test, Oh 12345
Contact Info:	(123) 456-7899
Facility Administrator:	
Licensing Authority:	

- 3. Make a selection from the drop-down menu for, **Is the current behavior and functioning of the Caretaker known**?
- 4. Record the Number of Children Alleged Perpetrator has Access to, if known.
- 4. Record the **Names of Children Alleged Perpetrator has Access to** in the narrative field.

Is the current behavior and functioning of the Caretaker known?	No	~
Number of children Alleged Perpetrator has access to:	18	
Names of children Alleged Perpetrator has access to:	Narrative	✓ ABC 3991
		h

Important: Linking the OHC Provider to the Intake is imperative, as it triggers other events in Ohio SACWIS.

- When a CA/N Intake involves a **Provider Applicant or household member**, the Intake will display on the **CA/N Link** of the **Provider** record.
- The Intake will be included in the Provider Maltreatment and Licensing Violation Report, providing valuable data for tracking and oversight of Providers.
- When an Intake Participant is an **Active** member of a **Home** Provider, the following email notifications are automatically generated:



- When a CA/N Intake is **Screened In** or **Screened in AR**, an email is sent to the caseworkers assigned to cases with children currently placed with the Provider who is involved in the Intake. A notification is also sent when the disposition is recorded for the Intake.
- When an Alleged Perpetrator in a CA/N Intake is an Active member of a Home Provider, and the Licensing Authority on the Intake OHC tab is 'Ohio Department of Job and Family Services', a notification is sent to the assigned Provider worker, and (in the near future) a notification will be sent to the State Licensing Specialist Supervisors. Subsequent email notification is sent upon disposition.

When an Intake has **Out of Home Care Information** completed, Ohio SACWIS recognizes that the Intake pertains to a **Specialized Assessment/ Investigation**, and generates the corresponding intake and OHC disposition information in the case.

Information and/or Referral Licensing Rule Violation

When a referral is made regarding a Licensing Rule Violation, absent concerns of abuse/neglect, an Information and/or Referral Licensing Rule Violation Intake should be recorded. Recording the applicable Out of Home Care Information on these Intakes provides valuable data and ensures that these are correctly displayed in the **Provider Maltreatment and Licensing Violation Report**.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at <u>sacwis help desk@childrenandyouth.ohio.gov</u>.

