

Mandated Reporter User Guide



TEAM Ohio User Guide

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TEAM Ohio User Guide

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?

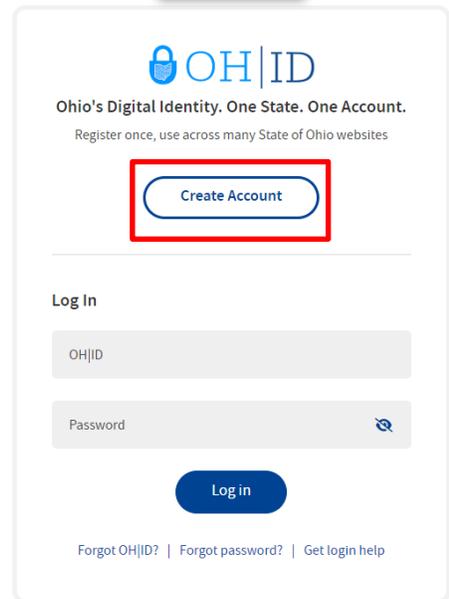
Mandated reporters are required by law to report suspected child abuse, neglect and/or dependency. If you are unsure if you are a mandated reporter, refer to [Section 2151.421](#) of the Ohio Revised Code for a complete list. Examples of Ohio mandated reporters include, but are not limited to:

- 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

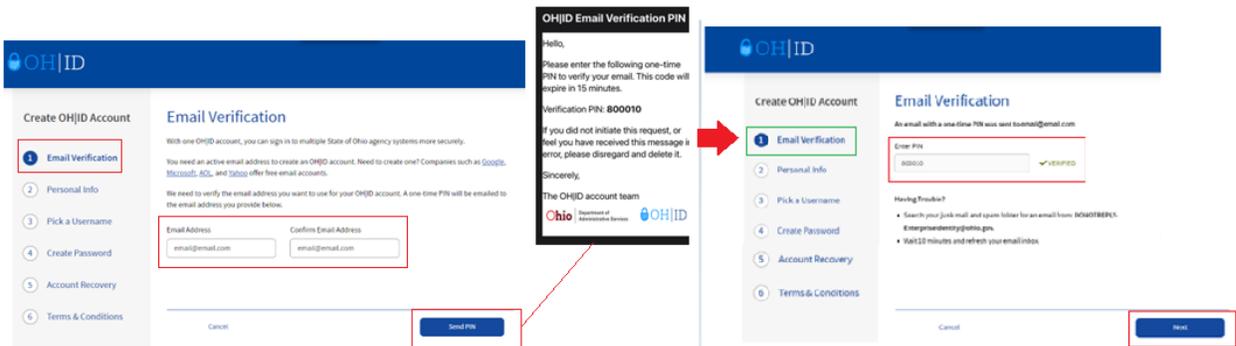
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Gaining Access to TEAM Ohio

1. Proceed to [MyOhio.gov](https://myohio.gov) and click **Create Account**. If you already have an account, you will need to create a new one for **TEAM Ohio**.
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.

The screenshot shows the 'Personal Info' step of the account creation process. On the left, a vertical sidebar lists the steps: 1. Email Verification (checked), 2. Personal Info (highlighted with a green box), 3. Pick a Username, 4. Create Password, 5. Account Recovery, and 6. Terms & Conditions. The main content area is titled 'Personal Info' and contains four input fields: 'Legal First Name' (with 'Ann' entered), 'Legal Last Name' (with 'AdoptiveMom' entered), 'Date of Birth' (with '01/01/1970' entered), and 'Last 4 digits of SSN (optional)'. A red box highlights these four fields. Below the fields is a note: 'Be sure to use your real date of birth, you may need it for account recovery later.' At the bottom right, there is a 'Next' button highlighted with a red box and a 'Cancel' button.

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

The screenshot shows the 'Pick a Username' step. The sidebar on the left has 'Personal Info' checked and 'Pick a Username' highlighted with a green box. The main content area is titled 'Pick a Username' and lists '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

Below the requirements is an input field containing 'annadoptivemom', which is highlighted with a red box. At the bottom right, there is a 'Next' button highlighted with a red box and a 'Cancel' button.

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.

The screenshot shows the 'Create Password' step. The sidebar on the left has 'Pick a Username' checked and 'Create Password' highlighted with a green box. The main content area is titled 'Create Password' and lists '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 ([\$%&~*~!~@~#~^~&tilde~?])
- 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"

Below the requirements are two input fields: 'Password' and 'Confirm Password', both highlighted with a red box. At the bottom right, there is a 'Next' button highlighted with a red box and a 'Cancel' button.

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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](#).

OH|ID

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- 5 Account Recovery**
- 6 Terms & Conditions

Account Recovery

Your email () is the main way you'll reset your password. Adding your mobile number to your account ensures that we have a way to reach you if you lose access to your email.

Set up mobile/text message account recovery
You will receive a PIN via text message. Message and data rates apply. See [Terms & Conditions](#) and [Privacy Policies](#).

Mobile Number
555-555-5555

If you choose not to add your mobile number to your account at this time, you can [skip this step](#).

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**.

OH|ID

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- ✓ Account Recovery
- 6 Terms & Conditions**

Terms & Conditions

In order to proceed with this request, you must agree to the following terms and conditions.

By clicking "I Agree" and creating an OH|ID Citizen, Business, or Workforce profile you consent to use electronic signatures with the State of Ohio and receive communications in electronic form.

If you use this site, you are responsible for maintaining the confidentiality of your OH|ID account(s) and password(s) and for restricting access to your computer, and you agree to accept responsibility for all activities that occur under your OH|ID account(s) or password(s). The Ohio Department of Administrative Services reserves the right, in the event of a violation of law or State of Ohio policy, or as a result of any suspicious activity occurring on your OH|ID account, to refuse service, terminate accounts, remove or edit content on Ohid.ohio.gov, or cancel transactions related to your OH|ID account.

Children under the age of 13 are not eligible to use services that require the submission of personal information and should not submit any personal information to us. This includes submitting personal information to the website as part of a user profile or profile personalization. If you are a child under the age of 13, you can use these services only if used together with your parents or guardians. Ask permission from your parents or guardians if you are under the age of 13.

I Agree

Confirm you are not a robot

What is the 2nd digit in 219037?
1

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.

OH|ID

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- ✓ Account Recovery
- Confirmation**

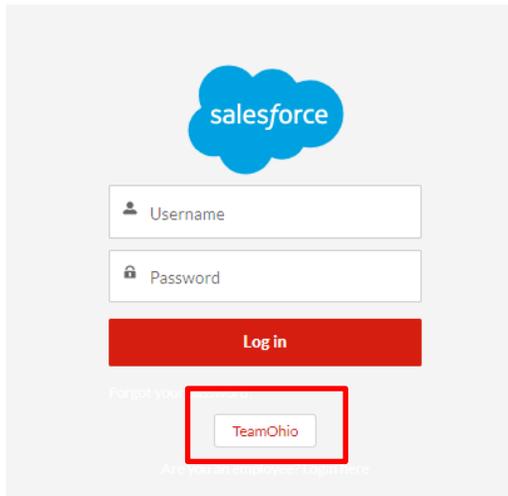
Check your Email

We are working to create your new OH|ID account. This may take a few seconds or a few minutes.

OH|ID: annadpvtvemom
Email: email@email.com

Once you receive a confirmation email, return here to [log in to OH|ID](#).

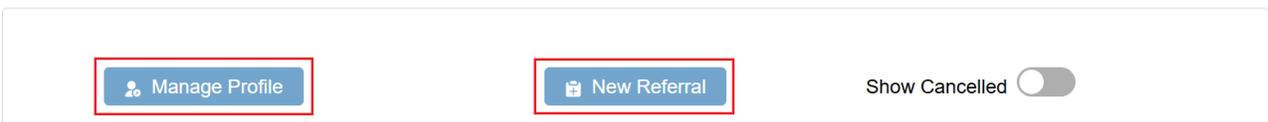
11. Users will log into the **TEAM Ohio** site using their newly created OH|ID and password after obtaining the URL from their point of contact at the PCSA.



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.

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.



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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 |
|----------|-------------|-----------|----------------|-------------------|-------------------|---|
| 01187673 | Test County | Received | | 01/06/2025, 10... | |    ... |
| 01187675 | Test County | Received | | 01/06/2025, 10... | |    ... |
| 01187674 | Test County | Received | | 01/06/2025, 10... | 01/06/2025, 10... |    ... |
| 01186765 | Test County | Submitted | | 08/09/2024, 02... | 12/13/2024, 12... |    ... |

Manage Profile

1. Click on the **Manage Profile** button as shown in the screenshot above. 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.

Reporter Profile



| | | |
|---|---|-----------------------------------|
| Last Name | First Name | Gender |
| <input type="text" value="TEAM Ohio"/> | <input type="text" value="Reporter1"/> | <input type="text" value="Male"/> |
| Email | Phone | Address |
| <input type="text" value="test@testing.com"/> | <input type="text" value="1234567899"/> | 123 Main St Testing, 12345 |

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 all boxes that apply for ***Race**.

Note: If Multi-racial is selected for Race, at least one other race value must be selected.

4. Enter your work **Address**.

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Note: Address Line 1 format needs to be a street number and street name or PO Box followed by a number. If the format is entered incorrectly, an error validation message will display upon clicking Save.

5. Enter your work **Email** address.
6. Enter your work **Phone** number.
7. 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: Reporter1 Middle Name: Last Name: TEAM Ohio

Gender: Male Hispanic/Latino: No

* Race:
 American Indian
 Asian
 Black/African American
 Native Hawaiian
 White
 Other Pacific Islander
 Alaskan Native
 Multi-racial (one or more races unknown)
 Multi-racial (all races unknown)
 Declined

Address 1: 123 Test Address 2:

City: City State: Ohio Zip: 34324

Email: y@jfs.ohio.gov Phone: (234) 234-2342

Buttons: Cancel, Save

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

Success

Your profile has been updated successfully!

Buttons: Close

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

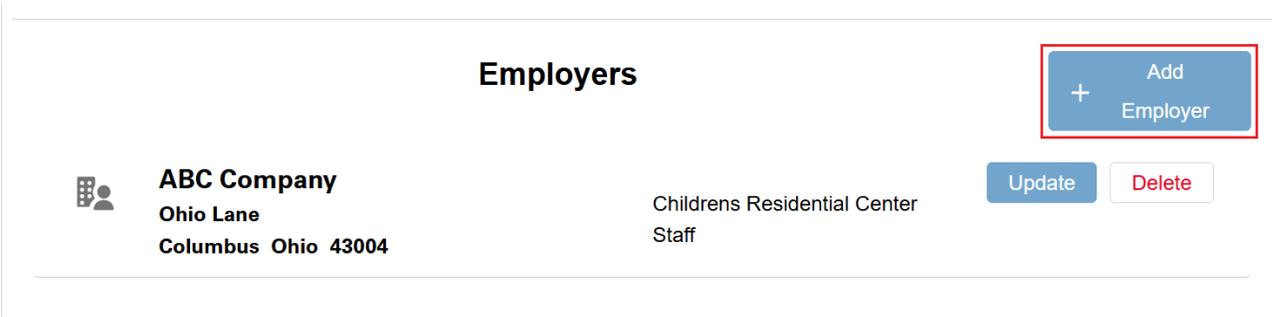
Employer Section

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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.



The **Employer Information** screen appears.

1. 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**

2. 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 Exten...

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

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

Success

Your employer record has been updated successfully.

Delete Employer

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

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Employers

+ Add Employer

ABC Company
Ohio Lane
Columbus Ohio 43004
Childrens Residential Center Staff

Update Delete

test
test
teset Ohio 12345
Clergy

Update Delete

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.

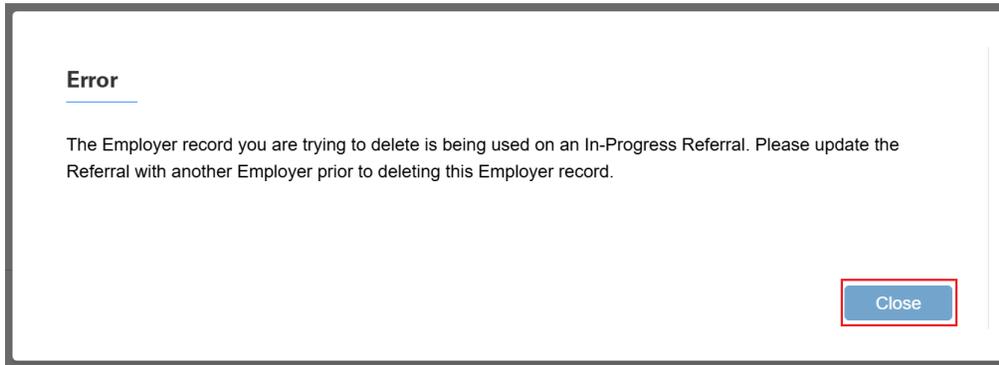
Confirmation

Delete Successful!

Close

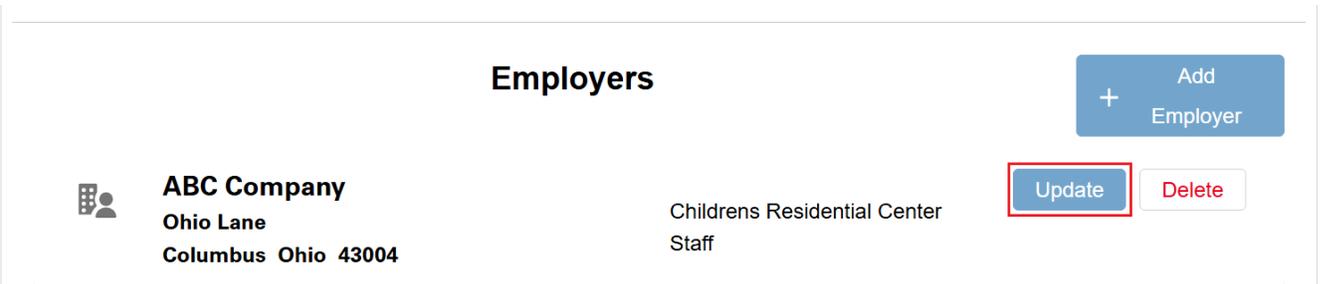
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4. If you selected **No**, the deletion is cancelled. Click **Close** to return to the Profile page.
5. Alternatively, an error message will be received indicating you are unable to delete the record because it is being used on an In-Progress Referral, 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.



Update Employer

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



The **Employer Information** screen appears.

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Employer Information

Solo Practitioner

* Name
ABC Company

* Role/Title
Childrens Residential Center ...

* Address Line 1
Ohio Lane

Address Line 2

* City
Columbus

* State
Ohio

* Zip
43004

Email

* Phone
(121) 212-121

Phone Exten...

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

Cancel

Save

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.

Success

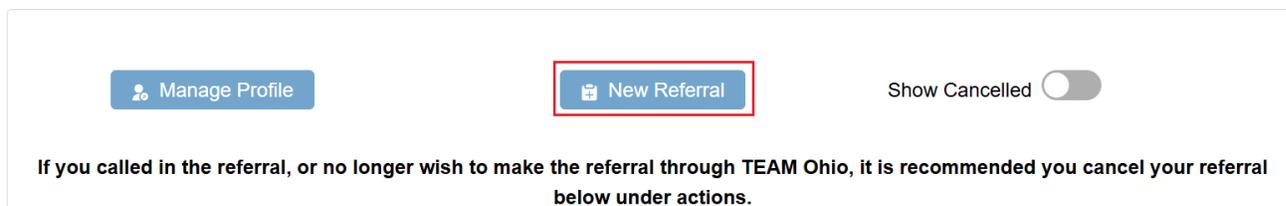
Your employer record has been updated successfully.

Close

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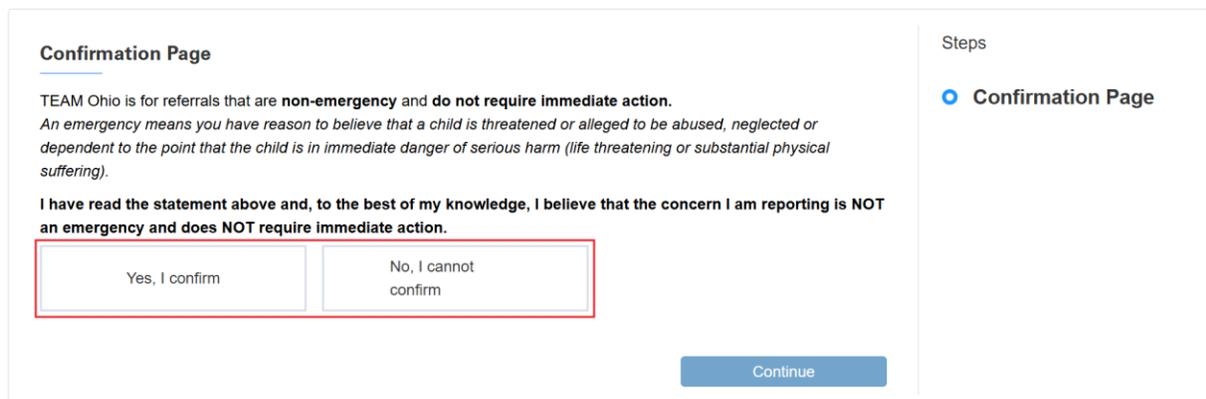
Creating a New Referral

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



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.
3. 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.
4. Click **Yes, I confirm** or **No, I cannot confirm** as applicable to the statement on the Confirmation Page.



5. 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**.

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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.

| | |
|---|---|
| <input type="button" value="Yes, I confirm"/> | <input type="button" value="No, I cannot confirm"/> |
|---|---|

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

| | |
|------------------------------------|-----------------------------------|
| <input type="button" value="Yes"/> | <input type="button" value="No"/> |
|------------------------------------|-----------------------------------|

Steps

- Confirmation Page

- If **No**, is selected, a message explaining what your next actions should be appears, asking you to call 911 and the local PCSA. Click **Continue**. You will be returned to the **TEAM Ohio** main page.

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.

| | |
|---|---|
| <input type="button" value="Yes, I confirm"/> | <input type="button" value="No, I cannot confirm"/> |
|---|---|

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

| | |
|------------------------------------|-----------------------------------|
| <input type="button" value="Yes"/> | <input type="button" value="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).

Agent Offline

Steps

- Confirmation Page
- Unable to Proceed

- If you click **Yes**, the system will present the button to select **Continue**.

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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
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency

Tips for Completing a Referral

1. A **Save for later** link is available which can be utilized at any time to retain the work completed. You may then return to the referral later to complete it.
2. As you navigate through the Referral sections, the **Steps or progress** bar on the right-hand side of the page will provide an overview of your progress. 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 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.

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.

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2. *Click the magnifying glass 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 are active. Click on 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: in 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.

Referral Detail

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).

*Select county for this referral:

*Please confirm the employer you are making a mandated report through:

 [+ Add Employer](#)

*Professional relationship to the child subject(s) in this report:

[Save & Continue](#)

Steps

- Confirmation Page
- Referral Detail**
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency [Agent Offline](#)

Add Participants Section

In this section, it is important to add at least one Child Subject and all household members you are aware of, along with any other individuals involved with the concern. 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
- 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

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

Add Participants

Case Number : 01187754

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.

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

- 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**
- **All Alleged Perpetrators**, whether they live in the home or not

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.

You must select at least one Child Subject, whether known or unknown.

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.

+ New Participant

Save for later Previous Next Agent Offline

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
- Wrap Up
- Submit Report

The **Participant Details** box 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
- *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)

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- *Hispanic/Latino
 - *Race (check all that apply)
 - *Role (see [Appendix B](#) for a list of values and additional explanations of Roles)
 - *Address (can select Unknown Address)
 - Contact Type (Additional fields will appear to fill in based on the Contact Type selected, such as email or phone.)
3. 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. Do not type 'Unknown' into the name fields. 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

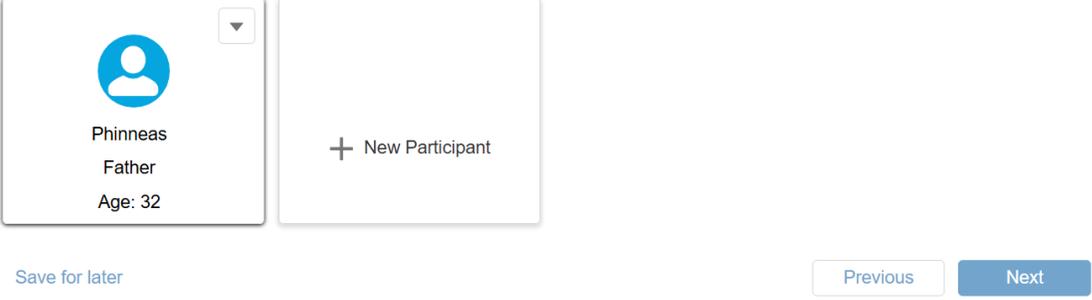
Address Line 2 * City * State

* Zip Code

Contact Type

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- 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.



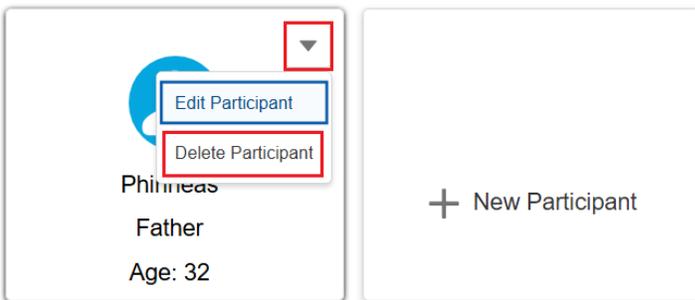
Phinneas
Father
Age: 32

+ New Participant

Save for later

Previous Next

- 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.

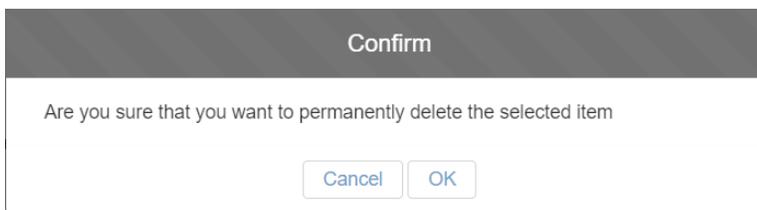


Phinneas
Father
Age: 32

+ New Participant

Edit Participant

Delete Participant



Confirm

Are you sure that you want to permanently delete the selected item

Cancel OK

- 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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Phinneas
Father
Age: 32

Fiona
Mother
Age: 30

Frank
Child
Age: 5

Francesca
Child
Age: 4

+ New Participant

Save for later

Previous Next

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

Record the relationship(s) to the best of your knowledge.

1. Select the **first Participant** listed.
2. **Choose an option** for each participant listed.

Note: Reciprocal relationships will be automatically populated based on gender and selected relationship.

Participant Relationships

Case Number : 01187754

All Relationships must be specified

Click a participant's name. Please record the relationship(s) to the best of your knowledge.

Francesca Child
Female / Age 3
3 Unspecified Relationships

Phinneas Father
Male / Age 32
3 Unspecified Relationships

Fiona Mother
Female / Age 30
3 Unspecified Relationships

Frank Child
Male / Age 4
3 Unspecified Relationships

Francesca Child relationship to Phinneas Father
Choose an option

Francesca Child relationship to Fiona Mother
Choose an option

Francesca Child relationship to Frank Child
Choose an option

Save for later

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Steps

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3. Complete for **each participant**.

Note: When selecting a relationship, it will pre-populate to the other participants, and you will only need to complete what is left. See below:

Participant Relationships

Case Number : 01187754

All Relationships must be specified

Click a participant's name. Please record the relationship(s) to the best of your knowledge.

| | |
|--|---|
| <p>Francesca Child Female / Age 3 0 Unspecified Relationships</p> | <p>Fiona Mother relationship to Francesca Child</p> <p>Biological Mother</p> |
| <p>Phinneas Father Male / Age 32 0 Unspecified Relationships</p> | <p>Fiona Mother relationship to Phinneas Father</p> <p>Wife</p> |
| <p>Fiona Mother Female / Age 30 1 Unspecified Relationships</p> | <p>Fiona Mother relationship to Frank Child</p> <p>Choose an option</p> |
| <p>Frank Child Male / Age 4 1 Unspecified Relationships</p> | |

Save for later Previous **Next**

2. When all relationships are completed, click **Next** to proceed to the **Add Witnesses** section.

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

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.

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Add Witnesses

Case Number : 01187754

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

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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

TEAM Ohio User Guide

Add Witnesses

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



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.

Save for later

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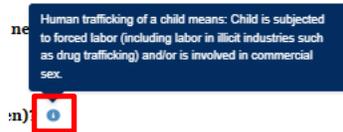
Steps

- Confirmation Page
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- General Information
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- Neglect
- Sexual Abuse

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.



3. If **Yes** is selected for Has Law Enforcement been contacted or are they involved for the concerns in this report, additional **Narrative** questions populate. Answer all the questions.

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

Yes
 No

***What Law Enforcement agency was contacted or is involved?**

Law Enforcement Contact Name & Phone Number, if applicable

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

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

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

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 : 01187754

*** 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

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- Domestic Violence
- Other Concerns

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

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](#)

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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?**

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- If **No**, you may proceed to the **Sexual Abuse** section by clicking the **Next** button.
- If **Yes**, check all the boxes that apply for concerns of **Neglect**.

Neglect

Case Number : 01187754

* 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

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

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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 **Substance Use** 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 : 01187754

* 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

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6. Provide information about each concern in the text box, being as detailed as possible.
7. 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)

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Dependency Section

1. Select one of the boxes for the questions **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. Check all that apply for, **What concern(s) for dependency do you have for the child(ren).**
3. For each box checked answer the questions which dynamically display as a result.
4. Provide a Narrative for, **Please provide detailed information about the dependency concern(s).**

Dependency

Case Number : 01187754

* 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)
Please select at least one option:

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).

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When all questions have been completed, click **Next** to proceed to the **Substance Use** section.

Substance Use Section

1. Select one of the boxes for the question **Does this report involve any of the following substance use concerns?** Select all that apply.
2. For each box checked answer the questions which dynamically display as a result.

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Substance Use

Case Number : 01187754

*** 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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- For each box checked other than **None of the above**, answer the questions which dynamically display as a result.
- Choosing any of the substance use concerns regarding a parent's use during pregnancy or an infant will trigger additional questions to meet the reporting requirements for CARA, including Plan of Safe Care information. When all questions have been completed, click **Next** to proceed to the **CARA Plan of Care** (if applicable) section or the **Domestic Violence** section.

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

*** Does the child(ren) have access or exposure to an adult's substances or paraphernalia?**

- Yes
- No
- Unknown

*** Which infant(s) was exposed to or affected by substance misuse by the parent during pregnancy? Select all that apply.**
Please select at least one infant

- Francesca Child

*** Does the family have a Plan of Safe Care in place at the time of this referral?**

- Yes
- No
- Unknown

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Plan of Safe Care Section

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.

CARA: Plan of Safe Care

Case Number : 01187754

Please complete all required fields

For the following questions, please provide any information you have regarding the family.

Who are the caregivers for the infant(s) that reside in the home? Select all that apply.

Phinneas Father
 Fiona Mother

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:

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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):
Francesca Child

*** 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

What services are in place or needed?
Phinneas Father

*** Medical**
Referral Needed Referral Made In Place Not Applicable

*** Mental Health**
Referral Needed Referral Made In Place Not Applicable

*** Substance Use Treatment**
Referral Needed Referral Made In Place Not Applicable

*** Domestic Violence Services**
Referral Needed Referral Made In Place Not Applicable

*** Parenting Education/Support**
Referral Needed Referral Made In Place Not Applicable

*** Breast Feeding/Lactation Support**
Referral Needed Referral Made In Place Not Applicable

*** Case Management Services**
Referral Needed Referral Made In Place Not Applicable

*** Child Care Services**
Referral Needed Referral Made In Place Not Applicable

*** Housing Services**
Referral Needed Referral Made In Place Not Applicable

*** Employment Services**
Referral Needed Referral Made In Place Not Applicable

*** Transportation Services**
Referral Needed Referral Made In Place Not Applicable

*** Other Services**
Referral Needed Referral Made In Place Not Applicable

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- Details About Each Alleged Perpetrator
- Wrap Up
- Submit Report

2. Click **Next** to proceed to the **Domestic Violence** section.
Note: You may click **Previous** to return to the **Substance Use** section.

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 **No** is answered, you may proceed to the **Other Concerns** section by clicking the **Next** button.
3. If **Yes** is answered, answer the resulting questions and check the boxes that apply for concerns of **Domestic Violence**.

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Domestic Violence

Case Number : 01187754

*** 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.

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- Details About Each Alleged Perpetrator
- Wrap Up

4. Answer each question that dynamically displays based on the responses to your concerns of **Domestic Violence**.
5. You will be asked about any controlling behaviors of the caregivers, whether you answer yes or not to the domestic violence concerns.
6. 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).

*** 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 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)?

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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.

Other Concerns

Case Number : 01187754

*** 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

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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** (if applicable) section or the **Wrap Up** section.

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

*** Please describe the circumstances regarding the dependency of the child(ren):**

- What are the concerns for the caretaker or, if applicable, what led to the child not having a caretaker,
- Any physical, mental or behavioral concerns for the caregiver,
- Any physical, mental or behavioral concerns for the child(ren).

*** Please give information for the requested courtesy supervision:**

- Summary of agency involvement;
- Frequency of contacts;
- Frequency of reports back to your agency;
- Needed information to be gathered?

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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.

Details About Child Subject

Case Number : 01187754

Names of Child Subject(s):

- Francesca Child
- Frank Child

*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.

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- 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.

TEAM Ohio User Guide

Details About Each Alleged Perpetrator

Case Number : 01187754

Phinneas Father

*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

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

Wrap Up Section

- Answer the questions:**
 - Describe the strengths and protective capacities of the family.
- Make a selection for **Do you have reason to believe the family will flee or refuse access to the child subject(s) of the referral.** Based on the responses chosen, additional questions will dynamically display.
- Make a selection for **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.** Based on the responses chosen, additional questions will dynamically display.

TEAM Ohio User Guide

4. Make a selection for **Is there a language or communication barrier for any of the participants you added to this referral**. Based on the responses chosen, additional questions will dynamically display.
5. **Answer the questions:**
 - 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.
 - **Please give detailed information and make every effort to speak to the PCSA if you are contacted back about your report.**
 - Decisions must be made **within 24 hours of receipt** of the information. If the PCSA is unable to get in contact with you for additional needed information, they will be required to complete the screening decision based on the information they have.
6. When all questions have been completed, click **Next** to proceed to the **Submit** section. **Note:** You may click **Previous** to return to the **Details About Child Subject** section.

Wrap Up

Case Number : 01187754

***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
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- Wrap Up**
- Submit Report

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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.

Submit Report

Case Number : 01187754

Optional: Upload any relevant or supporting files for this referral. This may include, but is not limited to, documents, photos, videos, etc.

Or drop files

Are you sure you want to submit this report?

By submitting this referral, you are confirming that the information provided is accurate, to the best of your knowledge. It is understood that making a false report of child abuse and/or neglect violates section 2921.14 of the Ohio Revised Code.

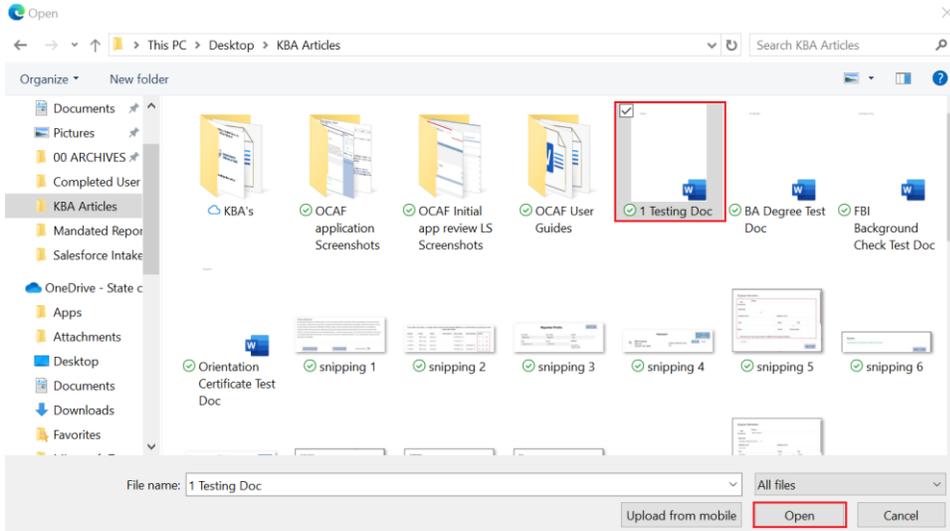
[Save for later](#)

Steps

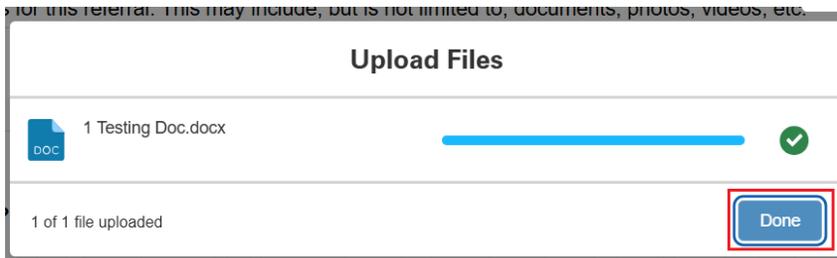
- Confirmation Page
- Referral Detail
- Add Participants
- Participant Relationships
- Add Witnesses
- General Information
- Physical & Emotional Abuse
- Neglect
- Sexual Abuse
- Dependency
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- Wrap Up
- Submit Report**

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

TEAM Ohio User Guide

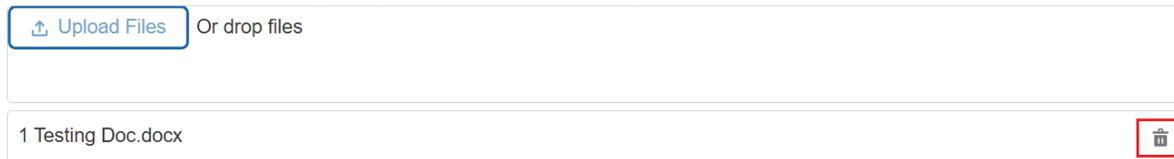


- An **Upload Files** dialogue box will appear to confirm the document has been added successfully with a blue progress bar and a green check when complete. Click **Done** to add the file to the Referral record.



- 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.

Optional: Upload any relevant or supporting files for this referral. This may include, but is not limited to, documents, photos, videos, etc.



- Click the **Submit** button (or click **Previous** to review other sections entered prior to submission).

TEAM Ohio User Guide

Submit Report

Case Number : 01187754

Optional: Upload any relevant or supporting files for this referral. This may include, but is not limited to, documents, photos, videos, etc.

[Upload Files](#) Or drop files

1 Testing Doc.docx

Are you sure you want to submit this report?

By submitting this referral, you are confirming that the information provided is accurate, to the best of your knowledge. It is understood that making a false report of child abuse and/or neglect violates section 2921.14 of the Ohio Revised Code.

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

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:

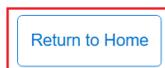
Please identify at least one alleged perpetrator



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. After this, the reporter will receive daily email reminders until they submit or cancel their in-progress referral.

Submitted Successfully!

Your referral has been submitted successfully.



TEAM Ohio User Guide

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.

4. Click the Cancel icon () to delete any In-Progress Referral that has been started in error and/or is no longer needed.

5. Click the Clone icon () to clone the referral.

6. Click the Quick View icon () to view an overview of the Referral.

7. Click the View Documents icon () to view the submitted documents for the Referral.

Manage Profile New Referral Show Cancelled

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 |
|----------|-------------|-----------|----------------|---------------------|---------------------|---|
| 01187754 | Test County | Received | | 02/19/2025, 10:1... | 02/19/2025, 01:4... |     |
| 01187673 | Test County | Received | | 01/06/2025, 10:1... | |     |
| 01187675 | Test County | Received | | 01/06/2025, 10:3... | |     |
| 01187674 | Test County | Received | | 01/06/2025, 10:2... | 01/06/2025, 10:2... |     |
| 01186765 | Test County | Submitted | | 08/09/2024, 02:5... | 12/13/2024, 12:0... |     |

What Happens After I Submit a Referral?

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

The referral will automatically be sent to the appropriate Public Children Services Agency (PCSA) for review within 24 hours. In this review, the PCSA will determine whether the reported concerns meet state guidelines for agency involvement and if law enforcement notification is required.

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When a decision has been made on the referral, an email notification will be sent to you with the updated status. If 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.
- **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.

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 the [Customer Care Center](#).

If you encounter technical difficulties while using TEAM Ohio, please contact DCY Children Services Operational Support through the [Customer Care Center](#) Information Station.

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 |

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