TEAM Ohio Intake Screener
User Guide

Knowledge Base Article

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Ohio Department of Children & Youth

Overview

This article describes how to use TEAM Ohio as an Intake Screener. This portal was created to allow Intake Screeners to complete and intake for non-emergent reports of suspected child abuse, neglect and/or dependency.

Gaining Access to TEAM Ohio

1. To gain access to the TEAM Ohio portal, the role in the Digital JFS 7078 in myOhio must be requested for you. Select the appropriate role based on the type of agency employee.

Worker: EIDMX_JFS_C-OFC-TEAM Ohio Agency Worker

Supervisor: EIDMX_JFS_C-OFC-TEAM Ohio Agency Supervisor

Note: A single user cannot have both roles associated to their OHID. If you are provisioned as a TEAM Ohio Agency Worker but later get promoted to supervisor, you will need to request that the worker role be removed when requesting the supervisor role and vice versa.

2. If the user needs the ability to view restricted intakes within TEAM Ohio, indicate this in the 'Additional Request Details' field on the digital JFS 07078.
3. Users will log into the Salesforce platform using their OH|ID and password created after being granted access into the **TEAM Ohio** site. It's important to use the link provided for log-in to ensure you are navigated to the TEAM Ohio application.
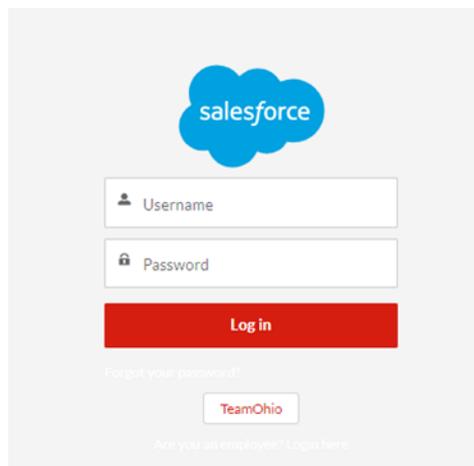

Important Information for Users of ODAPS and TEAM Ohio/OCAF

If you have an ODAPS account, you will not be able to log into TEAM Ohio or OCAF using your OHID.

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1. A separate email will be sent to you with a new username you will use for TEAM Ohio. Your new username will be formatted as an email address. **<u>This email is not a scam!</u>**
2. You will click the reset password link. This will need to be completed within 24 hours of receiving the reset password email. If it is beyond the 24 hours, please email SACWIS_ACCESS@childrenandyouth.ohio.gov to request it be resent.
3. Upon logging in after you reset the password, you will go to the Salesforce App below, select "**Log in with a Different Account**," then enter the username sent to you and your password.
   You can also navigate to this site by visiting: https://odjfs2.my.salesforce.com/
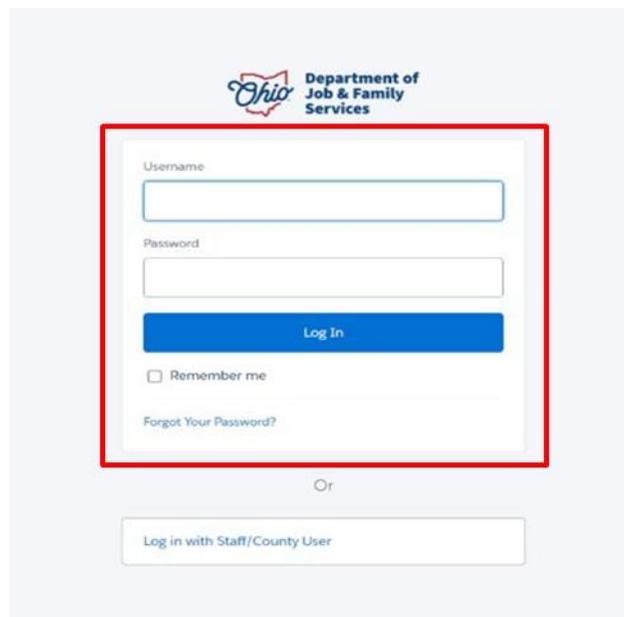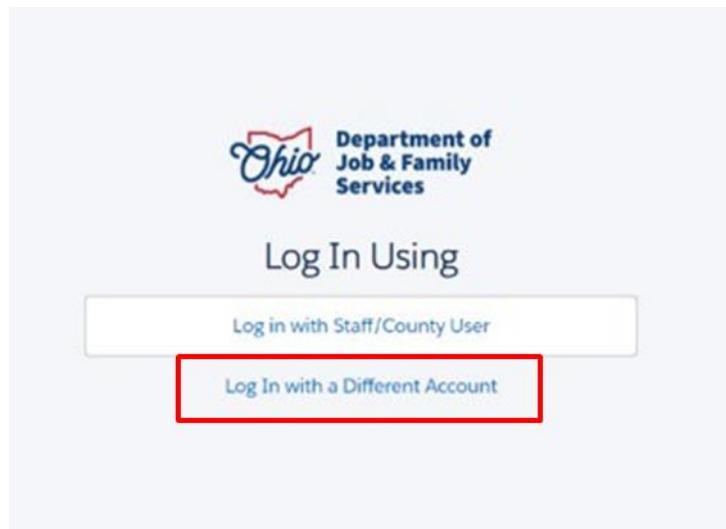
4. The resulting screen will display an area to enter your **TEAM Ohio** Username and Password.

Note: If you have issues signing in with your TEAM Ohio Username, please clear your cache, open a new browser, and try again.

- These same instructions will apply if you are trying to access OCAF and have an ODAPS Account.

Home Page

1. Upon successful log-in, the **Home** page will appear.

2. If you work within multiple applications on the Salesforce platform, you may need to switch between them using the 9-dot square App Launcher in the upper left-hand corner of the screen. If you click this area, it will display a list of all applications you have access to. Choose **TEAM Ohio** to work within this app.

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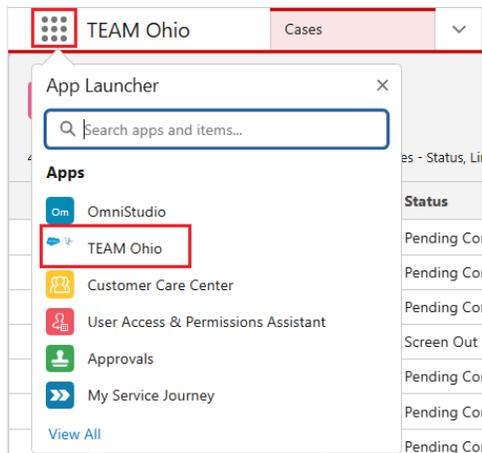
3. The landing page of **TEAM Ohio** will contain a list of available **Case Views**. There will be eight available **Public List Views** for your agency:

    a. **All Open Cases** – This list will display all TEAM Ohio Cases.

    b. **TEAM Ohio (County Name) County Queue**- This list will display cases in Submitted status that have not been assigned yet. This list will be viewable by TEAM Ohio Users at your agency.

    c. **All TEAM Ohio (County Name) County Cases**- This list will display all TEAM Ohio Cases for only your agency, regardless of status and/or assignment. This list will be viewable by TEAM Ohio Users at your agency.

    d. **My TEAM Ohio Cases**- This list will display all TEAM Ohio Cases assigned to you, regardless of their screening decision status. This list will only be viewable by you, the signed in TEAM Ohio User.

    e. **My Open Cases**- This list will display all TEAM Ohio Cases assigned to you that are in Received status and have not had a screening decision selected for them yet. This list will only be viewable by you, the signed in TEAM Ohio User.

    f. **(County Name) County Ready for Screening**- This list will display all TEAM Ohio Cases that are in Received status and have the SACWIS Entry Completed Checkbox checked, regardless of assignment. This list will be viewable by TEAM Ohio Users at your agency.

    g. **TEAM Ohio (County Name) County Screened Cases**- This list will display all TEAM Ohio Cases that have a screening decision entered (Screened In, Screened Out, Referred to Other County), regardless of assignment. This list will be viewable by TEAM Ohio Users at your agency.

    h. **Recently Viewed**- This list will display all TEAM Ohio cases you recently viewed.

Click the arrow next to the header to view these options. To set your preferred view, click on the list view of your choice and then click the thumbtack icon to 'pin' the list view as your default.

Note: "Athens" list views were used as an example below, but each agency will see their agency name for each agency specific list.

Ohio. **Department of Children & Youth**
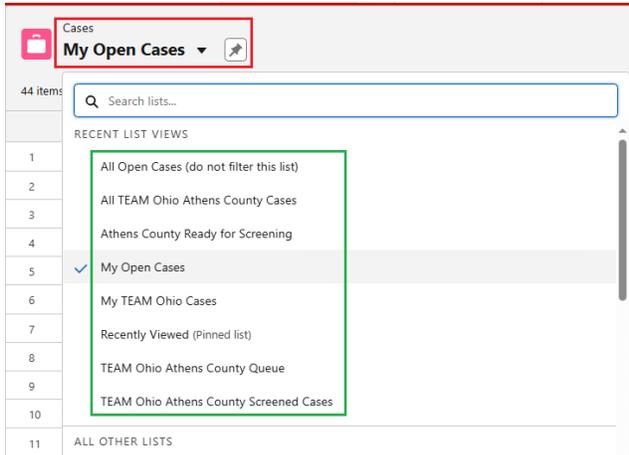
# Creating an Intake

1. From the Cases screen, click the **New** button.
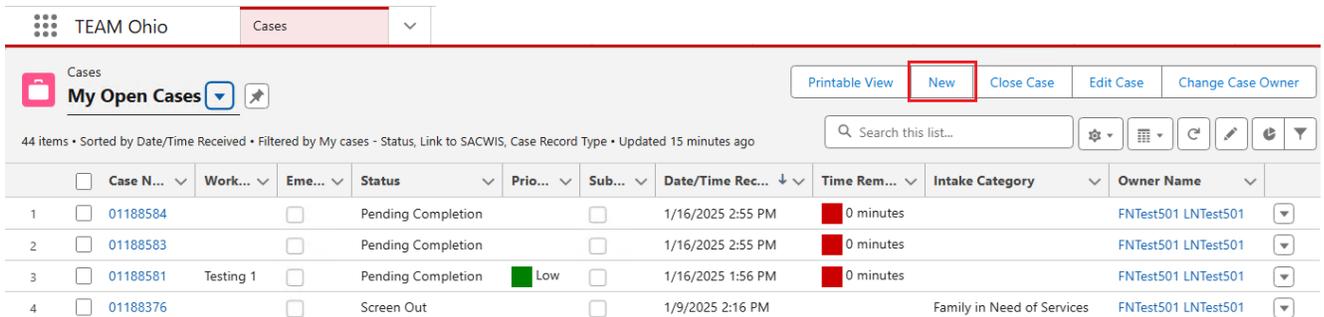
2. Click the **Save** button on the New Case: TEAM Ohio Case screen.
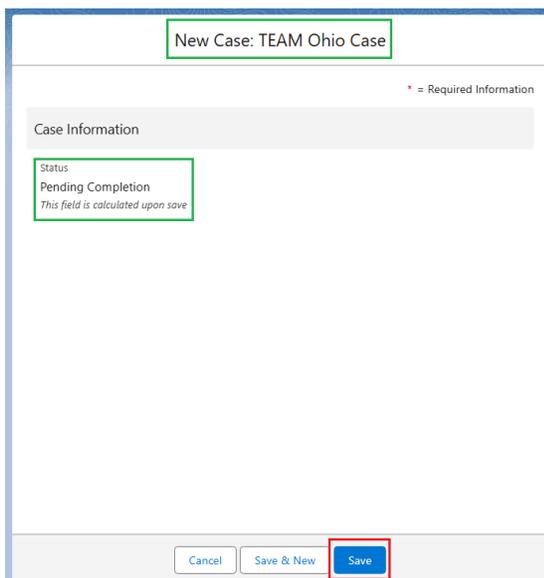
The new **TEAM Ohio Case** screen displays defaulting to the Referrals Details tab.

Note: The grey sections are not editable.

3. Select a **Date/Time Received**.
4. Make a selection for **Method**.
5. **Owner** will prepopulate with the logged in user's name. This can be edited if needed by clicking the **Change Case Owner** button.

Adding a Reporter

1. Click the **Add Reporter** button.

The Person Search box displays.

2. Provide as much information available to you by providing the **First Name, Middle Name, Last Name, DOB, Age, Date of Death, Gender, SSN and/or the OH SACWIS Person ID** of the Reporter.

Note: Only one Search entry is required to search. Fields marked with an asterisk are only required to complete the intake, not to search.

3. Provide the **Address, City, State, Zip Code and Phone Number** for the Reporter.

Note: If ONLY searching with an Address, all address search fields are required to complete a successful search. Example: If the user only searches for "Ohio" the system will return no results.

4. Make a selection for **Mandated Reporter prefers to receive letters by USPS mail or Email**. Checkmark the appropriate box.
5. Make a selection for **Best way to reach person** from the dropdown menu.
6. Click the **Search** button.

The Search Results display.

7. Select the appropriate person by clicking the **Check Box** next to their name.
8. Click the **Link Person** button.

Note: You can click the Save for Later button to save your selection.

9. Once a Person is selected, any information **Linked** to that Person will autofill the known information. For example: Name, Ohio SACWIS Person ID, Address, etc.

Note: The user can edit the auto filled information if needed.

10. Make a selection for **Hispanic/Latino** from the dropdown menu.
11. Check all that apply for **Race** by checking the checkboxes.
12. Make a selection for **Type of Reporter** from the dropdown menu.
13. Make a selection for **Reporter Type** from the dropdown menu.

Additional Reporter Details

Hispanic/Latino

No

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

Reporter Information

Type of Reporter

Reporter Type

14. Provide a **Narrative** for, Relationship to Alleged Child Victim(s)/Child Subjects(s) of Report.
15. Provide a **Narrative** for, 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 that the phone number listed on your account.

Relationship to Alleged Child Victim(s)/Child Subject(s) of Report

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.

16. If you need to link a provider, click the **Link Provider** button. A new screen will display prompting you to search for the Provider and making a selection similar

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to the steps above. This step is only required if mandated and not a solo practitioner.

17. Make a selection for **Contact Method**.

Note: If a Preferred Contact Method is selected, a Contact Details Narrative box will display where the user can provide additional information if needed.

18. Select a **Date and Time** for **Date Reporter** contacted agency.
19. Make a selection for, **How did the reporter learn about the situation**.
20. Select **Yes, No** or **Unknown** to referral source for, Are there others with knowledge of the situation.

Note: If **Yes** is selected, a narrative box displays requesting the Name and contact information for others who have knowledge of the situation.

21. Select **Yes** or **No** for, Has the reporter addressed the concerns with the Parent/Caretaker.
22. Provide a **Narrative** for, Last date and time reporter had contact with the ACV(s)/CSR(s).
23. Click **Save and Update Person in Ohio SACWIS**.

Note: By selecting **Save and Update Person** in Ohio SACWIS, the Ohio SACWIS Person ID field is retained within TEAM Ohio. If only Save for Later is selected, the Ohio SACWIS Person ID field clears upon saving.

The **TEAM Ohio Intake** screen displays defaulting to the Referral Details tab.

24. Shown in green below is the new Reporter you created.

Note: The user can delete the reporter by click the Delete button next to the appropriate reporter's name. The user can view additional details/edit fields by click the Show More Details button, shown in red below.

25. If additional Reporters need added to the case, click the **Add Reporter** button, and follow the previous steps.
26. When completed adding Reporters, click the **Save** button.

Adding Participants

1. Click the **Add Participants** tab.

The Add Participants tab displays.

2. Click the **New Participant** button.

The Person Search box displays.

1. Provide as much information available to you by providing the **First Name, Middle Name, Last Name, DOB, Age, Date of Death, Gender, SSN and the OH SACWIS Person ID** of the Participant. Only one search entry is required to complete a Person Search.

2. Provide the **Address, City, State, Zip Code and Phone Number** for the Participant if known.

Note: If ONLY searching with an Address, all address search fields are required to complete a successful search. Example: If the user only searches for "Ohio" the system will return no results.

3. Make a selection for **Best way to reach person**.

4. Click the **Search** button.

The Search Results display.

5. Select the appropriate person by clicking the **Check Box** next to their name.
6. Click the **Link Person** button.

7. Once a Person is selected, any information **Linked** to that Person will autofill the known information. For example: Name, Ohio SACWIS Person ID, Address, etc.
Note: The user can edit the auto filled information if needed.

8. Make a selection from the **Hispanic/Latino** dropdown menu.
9. Select all that apply for **Race** by checking the Check boxes.

10. **Check** all that apply for the Participant's **Role**.
11. Make a selection for **Fatality Status** for this report.
12. Click the **Save and Update person in Ohio SACWIS**.

The **Add Participants** tab displays. Here you can see your newly added Participant.

13. To add additional participants, click the **New Participant** button and follow the above steps.

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14. Make a selection for, **Is there a language or communication barrier for any of the participants you added to this referral**?
15. If **Yes** was selected, provide a **Narrative** for, Include which participant(s) have a language barrier and what language(s) they speak.
16. Make a selection for, **Are you aware of any concerns for the worker's safety**?
17. If **Yes** was selected, **Add Safety Hazards** by checking the Check Boxes.
18. Provide a **Narrative** explain your response.
19. Click the **Save** button.

Participants Relationships

1. Click the **Participant Relationships** tab.
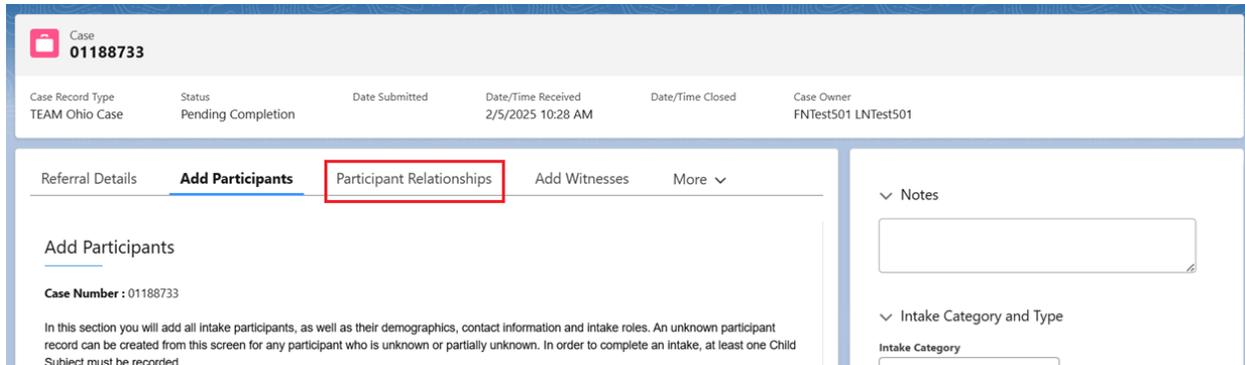
The Participant Relationships tab displays.

1. Click the **Retrieve Relationships** button to see if there are known relationships between the participants.

Important: It is important for the user to manually **Refresh** their browser to see the updated information.

Note: If there are no known matches, a notification banner will display. Shown below. It is important for the user to manually Refresh their browser to see the updated information. If there is a known Relationship, the system will prepopulate the relation.
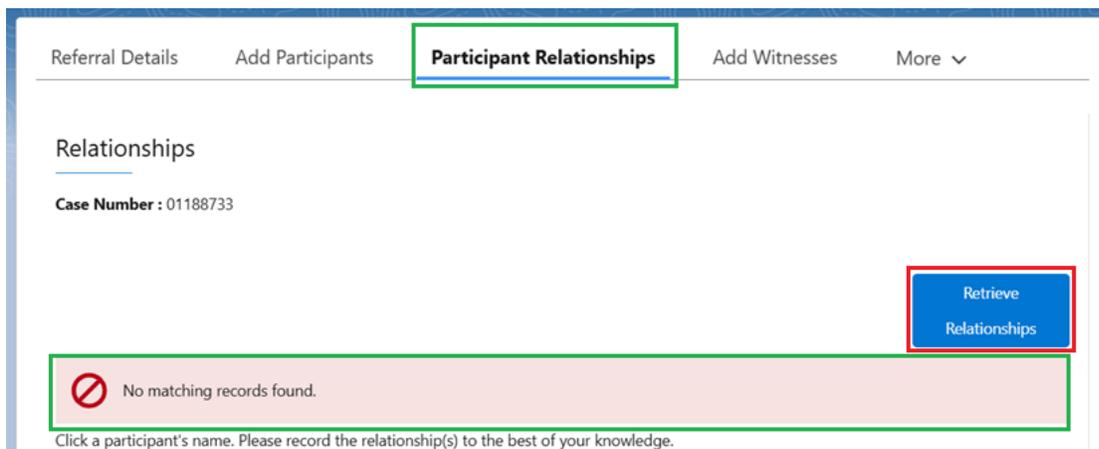
2. Click on the appropriate **Participants Name**.
3. Make a selection from the **Relationship** drop down menu.

4. Select the next **Participant Name**.
5. The **Relationship** will be auto populated for this Participant since the relationship has already been established.

6. When completed with Adding Relationships click the **Add Witnesses** tab.

The Add Witnesses tab displays.

Add Witnesses

1. Click the **Add Witness** button.

The Person Search box displays.

2. Provide as much information available to you by providing the **First Name, Middle Name, Last Name, DOB, Age, Date of Death, Gender, SSN and the OH SACWIS Person ID** of the Witness. Only one search entry is needed to search for a person.

3. Provide the **Address, City, State, Zip Code, Phone Number and Email** for the Witness if known.

Note: If ONLY searching with an Address, all address search fields are required to complete a successful search. Example: If the user only searches for "Ohio" the system will return no results.

4. Click the **Search** button.

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The Search Results display.

5. Select the appropriate person by clicking the **Check Box** next to their name.
6. Click the **Link Person** button.

Note: If the person you searched for does not appear, you can create a new person by clicking the Create Person button.

7. The **First and Last Name** auto populate from the witness you selected. This can be edited.
8. Provide an **E-mail Address**.
9. Provide a **Phone Number**.
10. Click **Save and Update Person in Ohio SACWIS**.

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11. The Witness now displays on the **Add Witness** tab.
12. To **Edit or Delete** the Witness, click the **Arrow** button.

13. Select the **General Information** tab.

The General Information tab displays.

General Information

1. Select **Yes or No** for, Are the concerns in this report about a child fatality or near fatality.
2. Select **Yes or No** for, Are there concerns for alleged human trafficking of a child(ren).
3. If **Yes** was selected, **At least one selection** is required: Sex Trafficking and/or Labor Trafficking.
4. Select **Yes or No** for, Has Law Enforcement been contacted or are they involved for the concerns of this report.
5. If **Yes** was selected, provide a **Narrative** for, What Law Enforcement agency was contacted or is involved.
6. Provide a **Narrative** for, Law Enforcement Contact Name and Phone Number if applicable.

7. Make a selection from the dropdown menu for, **Living arrangement at time of intake**.
8. Select **Yes or No** for, Does this report require Third Party involvement due to a potential Conflict of Interest.
9. If **Yes** was selected, select a **Type of Third Party** from the dropdown menu.

10. Select **Yes or Not** for, Does this report require a specialized assessment investigation for an out of home care setting.
11. If **Yes**, Make a selection from the **OHC Setting Type**.
12. Make a selection for **Licensing Authority**.
13. If you need to add a provider, click the **Link Provider** button.
14. Provide the **Number of children alleged perpetrator has access to**.
15. Provide the **Names of children alleged perpetrator has access to**.
16. Click the **Save** button.

17. Click the **Physical and Emotional Abuse** tab.

The Physical and Emotional Abuse tab displays.

Physical and Emotional Abuse

1. Select **Yes or No** for, 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.
2. If **No** was selected, click the **Save** button.

3. If **Yes** was selected, Select all that apply for, Do your concerns for abuse include any of the following.

Note: For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

4. Provide a **Narrative** for the additional question's specific to the Concerns you selected.
5. Provide a **Narrative** for, When the reported abuse occurred.

6. Make a selection for, **Is the explanation of the injury consistent with the observation and/or medical opinion**.
7. Provide an explanation in the **Narrative box**.
8. Make a selection for, **Has the child(ren) been seen by a medical or mental health professional for the abuse**.
9. Provide an explanation in the **Narrative box**.

Note: A Narrative Box does not populate for all questions. If the question requires more information, the box will display. Narrative boxes require an entry.

10. Click the **Save** button.

11. Click the **Neglect** tab.
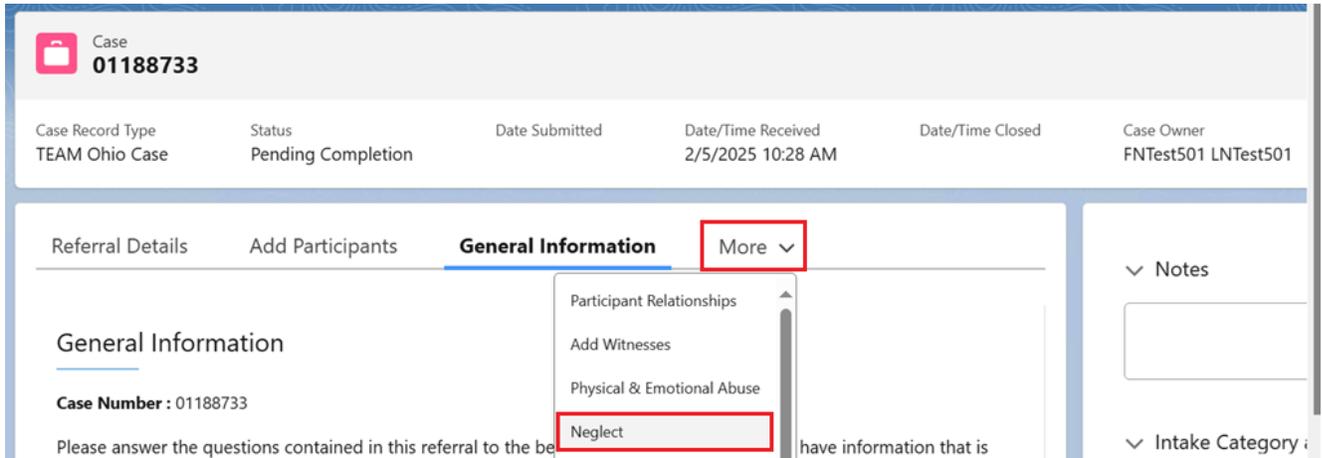
The Neglect tab displays.

Neglect

1. Select **Yes or No** for, Does this report involve concerns about the child(ren)'s basic needs, living conditions, educational or medical needs.
2. If **No**, Click the **Save** button.
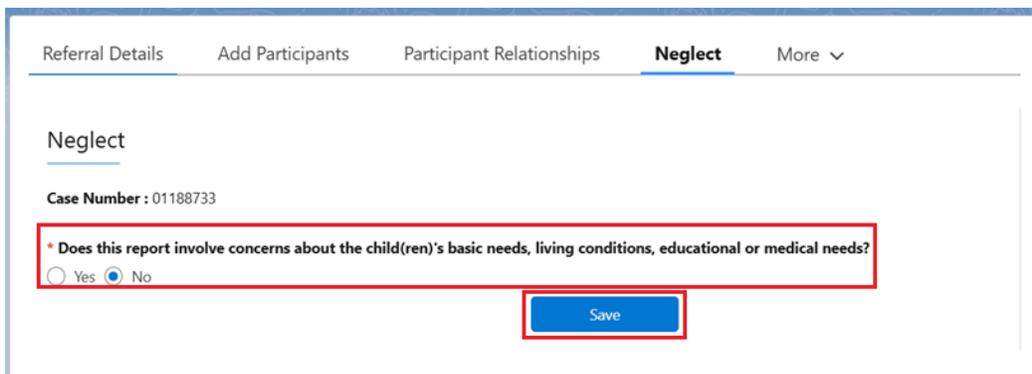
3. If **Yes**, Check all that apply for, What concerns about the child(ren) in the household.

> *** 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)**
>
> ☑ 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

Note: For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

4. Provide a **Narrative** for the additional question's specific to the Concerns you selected.
5. Provide a **Narrative** on when the reported neglect occurred.

> *** 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?
>
> | Testing |
>
> *** 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.
>
> | Testing |

6. Provide a **Narrative** for, Please describe any barriers or beliefs of the family that may be contributing to the reported neglect above.
7. Click the **Save** button.

> *** Please describe any barriers or beliefs of the family that may be contributing to the reported neglect above:**
>
> | Testing |

[Save]

8. Click the **Sexual Abuse** tab.

The Sexual Abuse tab displays.

Sexual Abuse

1. Select **Yes or No** for, Does this report involve concerns of sexual abuse?
2. If **No** was selected, click the **Save** button.

3. If **Yes** was selected, checkmark all that apply for, What concerns for sexual abuse do you have for the child(ren).
4. Provide a **Narrative** for, Please give information about each sexual abuse concern.

5. Make a selection for, **Has the child(ren) seen a medical professional for these concerns**.
6. Provide a **Narrative** for, What medical professional was seen and what was the outcome.
7. Provide a **Narrative** for, Medical Professional Contact Information (Address and Phone Number, if known).

Note: A Narrative Box does not populate for all questions. If the question requires more information, the box will display. Narrative boxes require an entry.

8. Click the **Save** button.

9. Click the **Dependency** tab.

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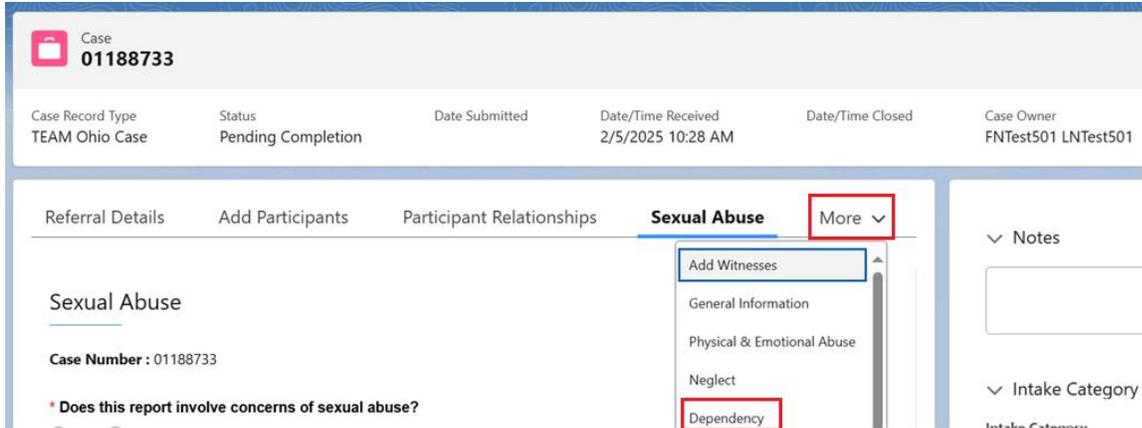
The Dependency tab displays.

Dependency

1. Select **Yes** or **No** for, Does your concern involve children'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** was selected, click the **Save** button.
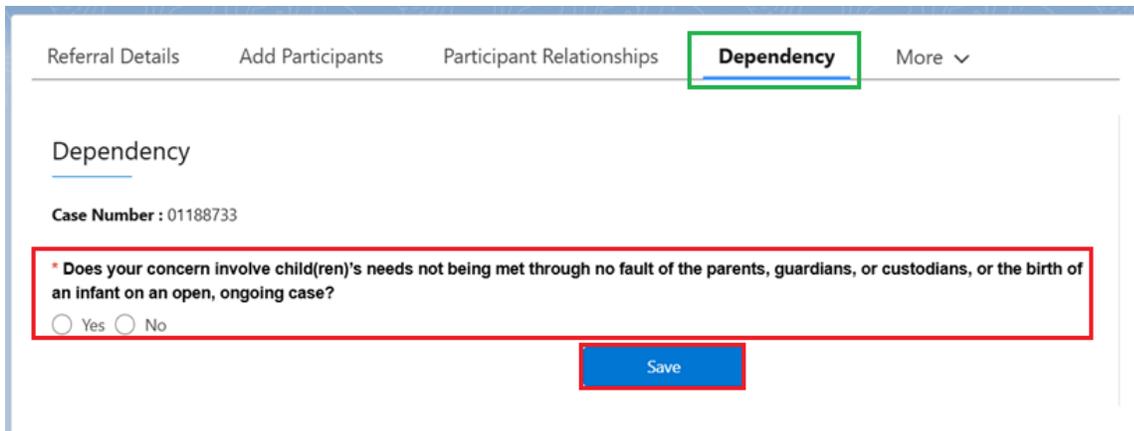
3. If **Yes** was selected, Select all that apply for, What concerns for dependency do you have for the child(ren)?

Note: For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

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4. Provide a **Narrative** for, Please provide detailed information about the dependency concerns.

5. Provide a **Narrative** for the additional question's specific to the Concerns you selected.
6. Provide a **Narrative** for, Describe the supports that the caretaker and/or family has.
7. Click the **Save** button.

8. Click the **Substance Use** tab.

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The Substance Use tab displays.

Substance Use

1. Checkmark all that apply for, **Does this report involve any of the following**.
2. If **None of the Above** was selected, click the **Save** button.

Note: All other options will generate additional questions. Questions will be specific to the options selected.

3. Make a selection for, **How did you become aware of the substance use**.

* Does this report involve any of the following? Select all that apply:

- ☑ 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

*How did you become aware of the substance use?

○ Observed   ○ Told by Another Party   ○ Positive Toxicology

4. Select, **Which parent/caregiver(s) or adult household member(s) have substance use concerns. Checkmark the appropriate person(s)**. The screen expands.
5. Checkmark, **Which substance(s) is the parent/caregiver and/or adult household member using**.
6. Provide a **Narrative** for, Describe known information regarding current and historical drug use, including any of the following: Use of Illegal Substance, Use of Medication or legal substance obtained illegally, Misuse of a prescribed medication or legal substance.

*Which parent/caregiver(s) or adult household member(s) have substance use concerns? Select all that apply.

Please select at least one parent/caregiver

☑ **Test Mother**

* Which substance(s) is the parent/caregiver and/or adult household member using?

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Barbiturates
- ☐ Benzodiazepines
- ☐ Cocaine
- ☐ Codeine
- ☐ Fentanyl
- ☐ Heroin
- ☐ Hydromorphone
- ☐ Methamphetamine
- ☐ Methadone
- ☐ Morphine
- ☐ Phencyclidine
- ☐ Propoxyphene
- ☐ Tetrahydrocannabinol (THC)
- ☐ Buprenorphine (Suboxone)
- ☐ LSD
- ☐ Opiates
- ☐ MDMA (AKA X, Ecstasy, Molly)
- ☐ Other
- ☐ Unknown to Referral Source

* Describe known information regarding current and historical drug use, including any of the following:
- Use of illegal substance
- Use of a medication or legal substance obtained illegally
- Misuse of a prescribed medication or legal substance.

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7. Provide a **Narrative** for, Describe the impact of the substance use on each parent/caregiver or adult household members ability to meet the child(ren)'s needs, such as lack of basic needs, supervision concerns, etc.
8. Make a selection for, **Does the child(ren) have access to exposure to an adult substance or paraphernalia**.
9. If **Yes**, Please describe what access or exposure the child(ren) has.

> *** Describe the impact of the substance use on each parent/caregiver or adult household member's ability to meet the child(ren)'s needs, such as lack of basic needs, supervision concerns, etc.:**
>
> Testing
>
> *** Does the child(ren) have access or exposure to an adult's substances or paraphernalia?**
> ● Yes ○ No ○ Unknown
> *** Please describe what access or exposure the child(ren) has:**
>
> Testing

10. Checkmark **Which infant(s) was exposed to or affected by substance misuse by the parent during pregnancy**. You can select more than one infant.
11. Select all that apply for, **The infant is/was experiencing the following**:
12. Select all that apply for, **Which substances was the infant exposed to and/or affected by**.
13. Provide a **Narrative** for, Please include any of the following information that is known: Toxicology results, or if results are pending, Withdrawal symptoms, Diagnoses if applicable, Treatment plan for the infant, Discharge plan for the infant.

> *** 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
> ☑ **Child Female**
>
> ***The infant is/was experiencing the following:**
> ☐ Positive Toxicology
> ☐ Diagnosed with Fetal Alcohol Syndrome
> ☐ Withdrawal Symptoms
> ☐ N/A
>
> *** Which substance(s) was the infant exposed to and/or affected by?**
> ☐ Alcohol
> ☐ Amphetamines
> ☐ Barbiturates
> ☐ Benzodiazepines
> ☐ Cocaine
> ☐ Codeine
> ☐ Fentanyl
> ☐ Heroin
> ☐ Hydromorphone
> ☐ Methamphetamine
> ☐ Methadone
> ☐ Morphine
> ☐ Phencyclidine
> ☐ Propoxyphene
> ☐ Tetrahydrocannabinol (THC)
> ☐ Buprenorphine (Suboxone)
> ☐ LSD
> ☐ Opiates
> ☐ MDMA (AKA X, Ecstasy, Molly)
> ☐ Other
> ☐ Unknown to Referral Source

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14. Select **Yes or No** for, For all reported substances that the infant was exposed to, does the parent have a valid prescription that has been verified and is being used as prescribed.
15. Select **Yes or No** for, Does the family have a Plan of Safe Care in place at the time of this referral.
16. Click the **Save** button.

17. Click the **CARA: Plan of Safe Care** tab.

The CARA: Plan of Safe Care tab displays.

Note: Users can put N/A for fields marked mandatory if there is no data to enter on the CARA: Plan of Safe Care tab.

CARA: Plan of Safe Care

1. Make a selection for, **Who are the caregivers for the infant(s) that reside in the home.** Select all that apply.
2. Select **Yes, No or Unknown** for, Was safe sleep discussed with the caregiver(s).
3. Provide a **Narrative** for, Details about the safe sleep discussion or any concerns of safe sleep.
4. Provide a **Narrative** for, The interaction between the parent/caregiver(s) and the infant(s).
5. Provide a **Narrative** for, What is the family's Insurance Provider.
6. Provide a **Narrative** for, Name and Contact Information for the hospital or medical facility where the infant(s) is/was receiving care.

7. Make a selection for, **What services are in place or needed for the infant(s) for Primary Physician Services, Medical Specialist Services, Early Intervention Services and Other Services**.

Note: When Referral Needed, Referral Made, In Place and Not Applicable are selected, additional questions will populate.

8. If **Referral** is selected for any section, the following question populates:
   a. **Describe the referrals needed for the child**. Provide a Narrative.

9. If **Referral Made** is selected for any section, the following questions populate:
   a. **Who is the service provider?** Please provide name and contact information.
   b. **Date Referral was made**. Provide a Narrative.

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10. If **In Place** is selected for any section, the following questions populate:
    a. **Who is the service provider?** Please provide name and contact information.
    b. **Date of Last Appointment**. Provide a Narrative.
    c. **Did you confirm services are in place with the provider**. Select **Yes** or **No**.

What services are in place or needed for the infant(s):
Child Female
* Primary Physician Services

Referral Needed	Referral Made	In Place	Not Applicable

* Who is the service provider? Please provide name and contact information.

* Date of Last Appointment?

* Did you confirm services are in place with the provider?
  ○ Yes
  ○ No

11. If **Not Applicable** is selected, no further questions populate.

What services are in place or needed for the infant(s):
Child Female
* 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

12. Make a selection for **What services are in place or needed for the mother**.
13. Follow previous **Steps 8-11** to complete this section.
14. Click the **Save** button.

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15. Click the **Domestic Violence** tab.

The Domestic Violence tab displays.

Domestic Violence

1. Select **Yes** or **No** for, Do you have any concerns for domestic violence within the household?
2. Select **Yes** or **No** for, Does a family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren).
3. If **No** was selected for both questions, click the **Save** button.

4. If **Yes** was selected for the above questions, the page expands with additional questions.
5. Make a selection for, **How may domestic violence incidents are you aware of for this family**.
6. **Checkmark** all that apply for, For the domestic violence incident(s) that you are aware of.

7. Provide a **Narrative** for, For each instance of domestic violence that you are aware of please provide as much detail as possible.
    a. Who was involved?
    b. When did it occur?
    c. What were the circumstances?
    d. Details on any concerns you indicated above.
8. Select **Yes** or **No** for, 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.
9. If **Yes** was selected, Please describe any information you know about the court involvement or order of protection.
    a. Who does the order pertain to?
    b. When was it issued?
    c. What court issued the order?
    d. Are the participants following the court orders?
10. Select **Yes** or **No** for, Does the family member have a pattern of coercive controlling behaviors that has a negative impact on the child(ren).
11. If **Yes** was selected, Please describe the pattern of controlling behaviors.
    a. who is displaying the behaviors?
    b. What controlling behaviors are happening?
    c. What impact does it have on the child(ren)?
12. Click the **Save** button.

13. Click the **Family in Need of Services** tab.

The Family in Need of Services screen displays.

Family in Need of Services

1. Select all that apply for, **Are you reporting concerns regarding any of the following categories**?
2. If the selection was, **None of the Above**, click the **Save** button.

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3. If any of the other concern options were selected, an additional question will populate for each one. **Provide a Narrative** for each concern you selected.

Note: For each concern that is checked, the system will generate further Narrative questions. The questions are specific to each concern. The Narrative boxes are required to have an entry.

4. Click the **Save** button.

Click the **Child Subject Details** tab.

The Child Subject Details screen displays.

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Child Subject Details

1. Provide a **Narrative** for, What is the current location of each child and how long are they expected to be there please provide the address if known.

Note: If the information is unknown, you can check the checkbox Unknown to Referral Source box. Shown in green below.

2. Select **Yes, No** or **Unknown to Referral Source** for, Does the reporter believe the child(ren) is safe at this time.
3. If **Yes** was selected, **Provide a narrative**.
4. **Please describe** the child(ren)'s behavior and functioning as it relates to the current allegations and/or harm.
5. **Describe** the current condition of each child as it relates to the allegations and or harm.

6. **Describe** the parent's behavior and or ability of the parent(s)/caretaker(s) to protect the child(ren): Cognitive, Behavioral, Emotional.
7. Select **Yes, No** or **Unknown to Referral Source** for, 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.
8. If **Yes** was selected, Please describe any actions taken by the parent/caregiver or any other person to protect the child(ren).
9. Select **Yes, No** or **Unknown to Referral Source** for, Are you aware of any prior suspected abuse or neglect regarding this family.
10. If **Yes** was selected, Describe the prior suspected abuse or neglect and how did you become aware of these concerns.
11. **Describe** each child's custody arrangement.
12. Select **Yes, No** or **Unknown to Referral Source** for, Are there any pending court hearings concerning the children.
13. If **Yes** as selected, Provide a Date and any Additional Comments if necessary.
14. Click the **Save** button.

* Describe the parent's behavior and/or ability of the parent(s)/caretaker(s) to protect the child(ren):
- Cognitive: Describe parents' interaction with the child. Does parent understand the child's needs? Does parent comfort the child when upset? Is age-appropriate discipline used?
- Behavioral: Describe how parent cares for the child. Does the parent put the child's needs first? How does the parent keep the child safe? Is the parent's behavior different when an incident occurs?
- Emotional: Is parent willing to protect? Does parent show and reciprocate affection with the child? Do child and parent appear bonded?

☐ Unknown to Referral Source

Testing

* 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 ○ Unknown to Referral Source

* Please describe any actions taken by the parent/caregiver or any other person to protect the children:

Testing

* Are you aware of any prior suspected abuse or neglect regarding this family?
◉ Yes ○ No ○ Unknown to Referral Source

* Please describe the prior suspected abuse or neglect and how did you become aware of these concerns?

Testing

* Please describe each child's custody arrangement:
☐ Unknown to Referral Source

Testing

* Are there any pending court hearings concerning the child(ren)?
◉ Yes ○ No ○ Unknown to Referral Source

Date   Additional comments regarding the court hearing
[🗓]

[Save]

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15. Click the **Alleged Perpetrator Details** tab.
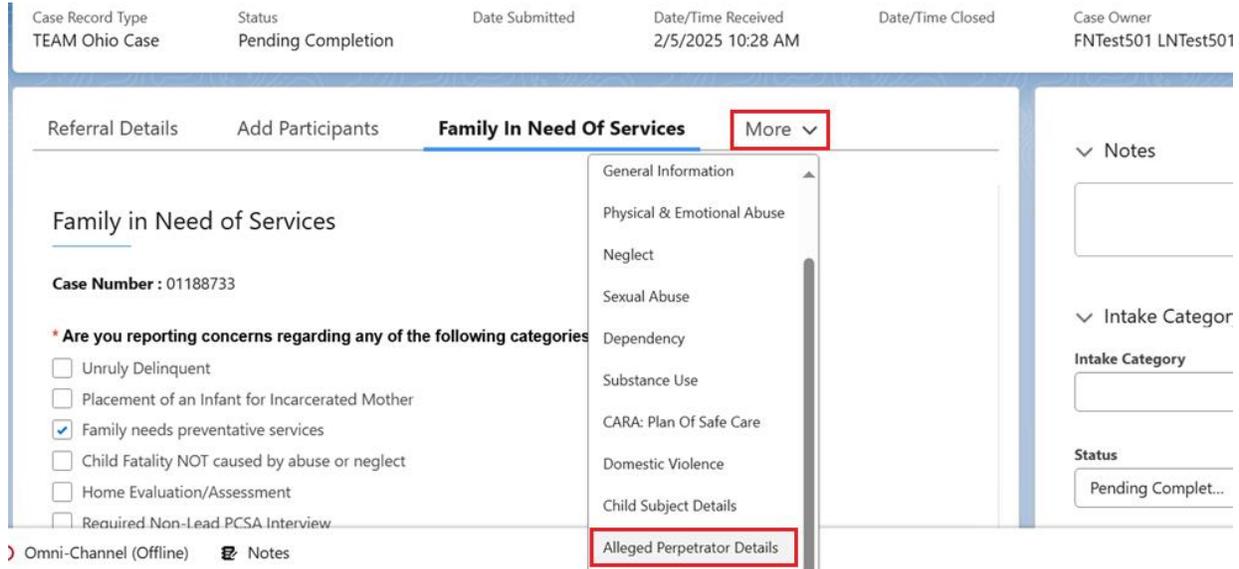
The Alleged Perpetrator Details screen displays.

Alleged Perpetrator Details

1. Provide a **Narrative** for, What is the current location of the person you believe calls the abuse or neglect and how long are they expected to be there. Please provide an address and phone number for the location if known.

Note: If the information is unknown, you can check the checkbox Unknown to Referral Source box. Shown in green below.

2. Provide a **Narrative** for, What is the current access of each Alleged Perpetrator/Adult Subject of Report to each Alleged Child Victim/Child Subject of Report.

3. **Describe the behavior and functioning of each Alleged Perpetrator/Adult Subject of Report.** Please include a detailed description of the following:
   a. Has a credible threat of serious harm to the children been made?
   b. Are physical altercations escalating in the home?
   c. Is he/she emotionally physically or cognitively impaired?
   d. Any physical illness or impairment?
   e. Any known drug or alcohol use?
   f. Refusing access to the child?
4. Click the **Save** button.

5. Click the **Summary and Attachments** tab.
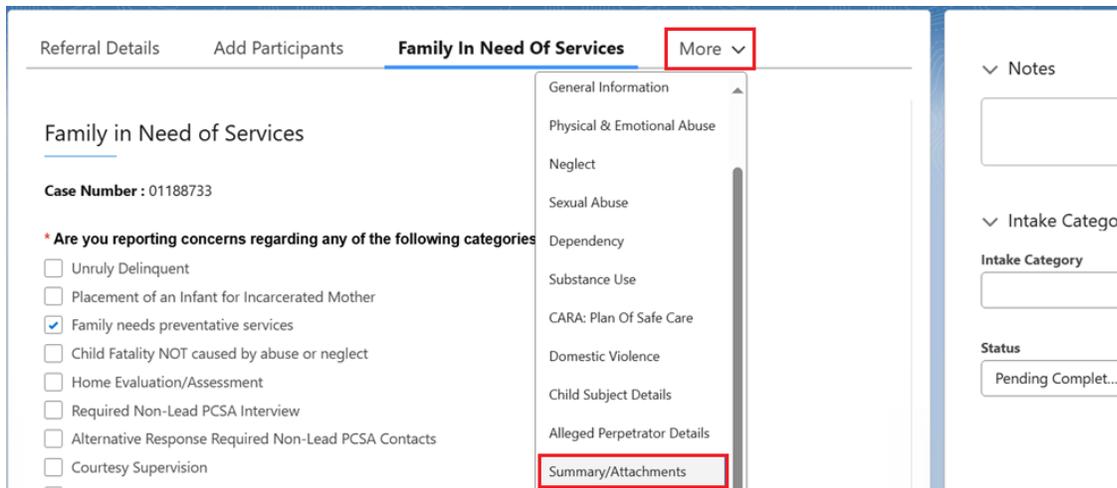
The Summary and Attachments screen displays.

Summary and Attachments

1. If this intake needs to be restricted, check the **Restrict this Intake** box.
2. Make a selection for **Screening Priority** from the dropdown menu.
3. Provide a **Workload Name** if necessary.
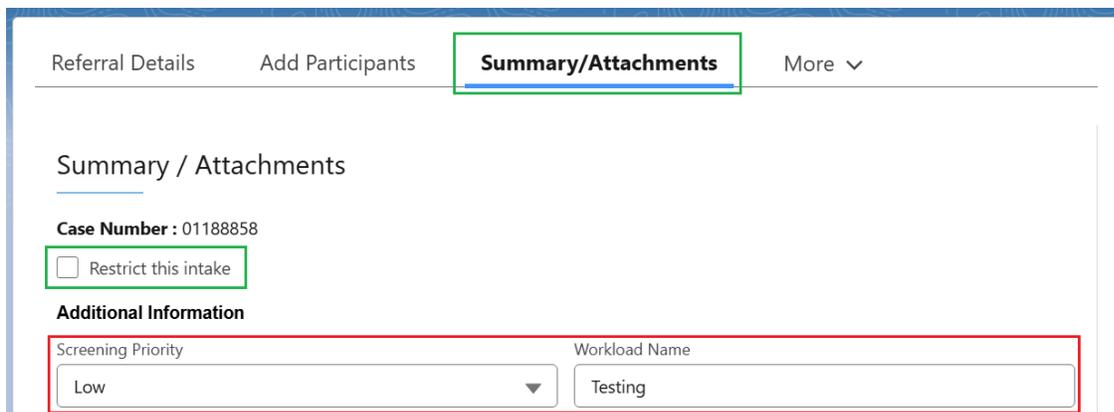
4. Provide a **Narrative** for, Describe the Strengths and Protective Capacities of the family.
5. Make a selection for, **Do you have reason to believe the family will flee or refuse access to the child subject(s) of this referral**.
6. If **Yes**, Provide a Narrative for your response.
7. Provide a **Narrative** for, Are there any other concerns or relevant information not captured in this referral that you believe would be important for the agency to know.

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8. To add allegations, click the **Add Allegation** button.

9. Select an **Incident Date**.
10. Make a selection for **Allegation Type** from the dropdown menu.
11. Select the **ACV/CSR**. Children listed on the intake will be listed.
12. Select the **AP/ASR**. Adults listed on the intake will be listed.
13. Click the **Save** button.

Note: If the date is estimated, you can check the checkbox Date is Estimated box.

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The **Allegation** is now displays.

14. To Edit or Delete the newly added Allegation, click the **Edit Icon** or the **Delete** button.

Allegation Details

Allegation Type	ACV/CSR	AP/ASR	Incident		
Neglect	Test Child	TEST T TEST	Date 02/24/202 5	✏️	Delete

15. Make a selection from the **Allegation Setting** dropdown menu.
16. To add files, click the **Upload Files** button.

Concerns Not Included in Allegations: Dependency, Sexual Abuse, Physical & Emotional

*Allegation Setting

Own Home ▼

Upload Files

⬆ Upload Files   Or drop files

Previously Uploaded Files

No files currently exist for this intake

17. Select the **Document** you want to add.
18. Click the **Done** button.

Upload Files

DOC 1 Test Doc.docx
      20 KB   ✓

1 of 1 file uploaded   Done

The newly added file now displays. You can Download, View and/or Delete this file by clicking the appropriate Icons.

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*Allegation Setting

Own Home ▾

Upload Files

⬆ Upload Files	Or drop files

Previously Uploaded Files

File Name	File Type	Date Uploaded	File	⬇	🌐	🗑
1 Test Doc	WORD_X	3/5/2025 1:01 pm	Size(Bytes			

19. Click the **Save** button.

Upload Files

⬆ Upload Files	Or drop files

Previously Uploaded Files

File Name	File Type	Date Uploaded	File	⬇	🌐	🗑
1 Test Doc	WORD_X	3/5/2025 1:01 pm	Size(Bytes) 22079			

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

20. Click the **Intake PDF** tab.

Intake PDF

The Intake PDF tab will display the intake in its entirety. You can Print and Save the intake from this screen.

Ohio **Department of Children & Youth**
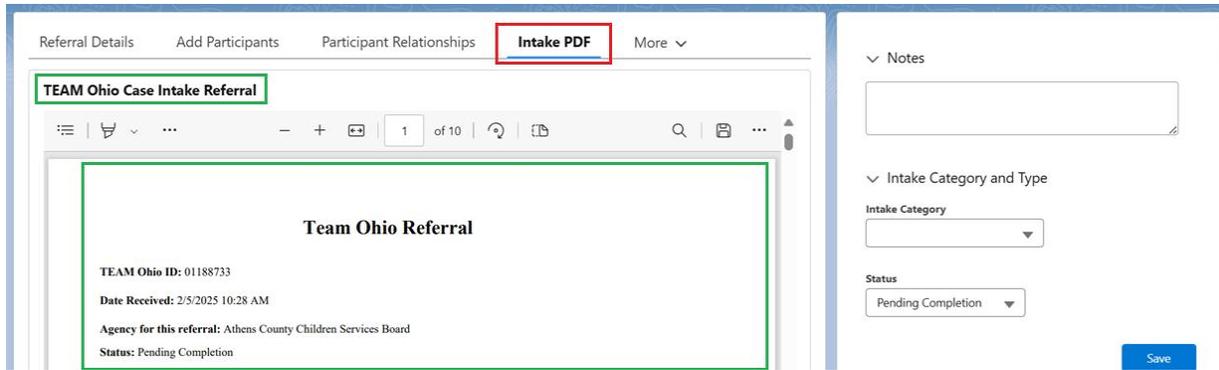
Status Update

1. Located on the right side of all Intake screens is the Notes and **Intake Category and Type** options.
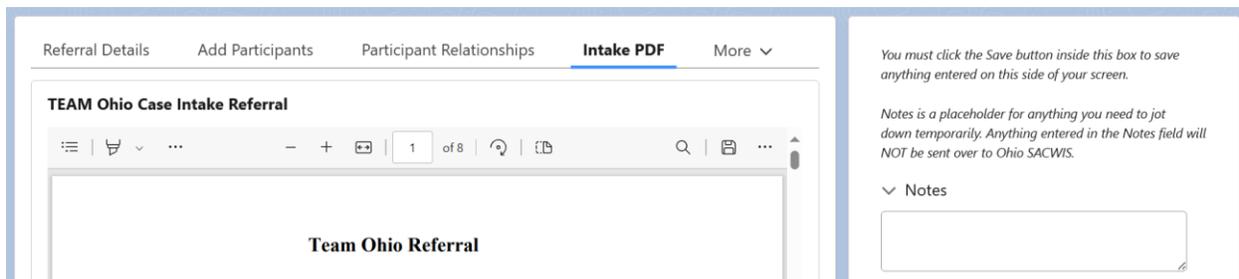
2. Make a selection from the **Intake Category** dropdown menu.
3. Checkmark **Intake Type**.
4. Update the **Status to Complete**.
5. Click the **Save** button.
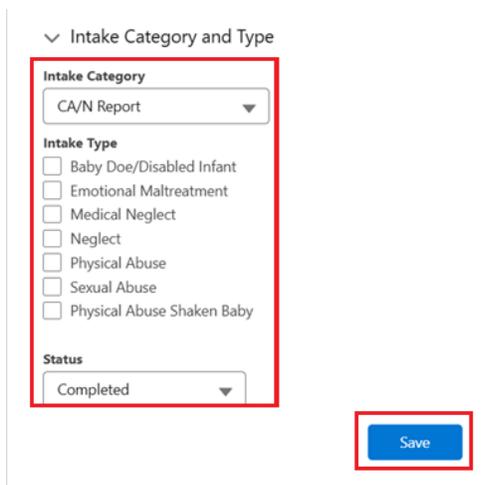
The Intake is now listed as Completed on the **Cases** screen.

Screening Decision - Supervisor

Prior to completing the Screening Decision and Linking a TEAM Ohio intake to Ohio SACWIS, it is helpful to be logged into Ohio SACWIS during this step.

1. Select the **Screening Decision** tab.
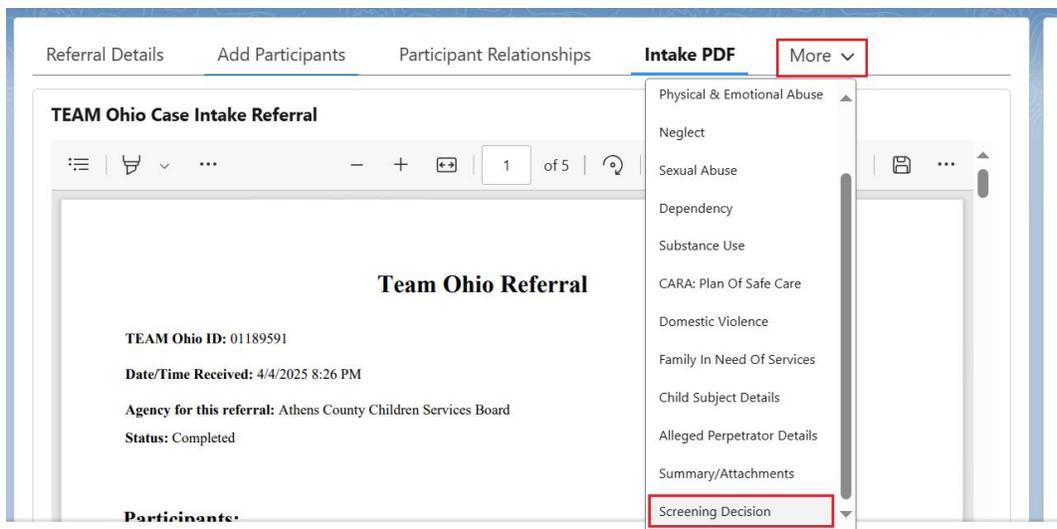
The Screening Decision tab displays.

2. Select **Yes** or **No** for **Is this an Emergency**.

Note: If Yes is selected, the Response time for initiation will display as 1 Hour. If No is selected, the Response Time will display as 24 Hours.

3. Make a selection for **Screening Decision**.

Note: Additional questions will populate for each selection you make for Screening Decision. Be sure to answer all the questions. This User Guide will review the 'Screening In' Decision.

4. Make a selection for **Screening Pathway**. Answer any additional questions that may display upon selection.
5. **Date and Time of Screening Decision** will prepopulate. This can be edited if needed.
6. Provide a **Narrative** for Screening Decision Rationale. (Optional)
7. Click the **Save** button.

The **Screening Decision** tab reloads displaying the entered information. Shown below:

8. Click **Send to OH SACWIS** button.

Linking an Intake – Two Options

Option One

The first option to linking a TEAM Ohio intake to Ohio SACWIS immediately follows the above instructions on clicking the "Send to OH SACWIS" button.

1. Once the TEAM Ohio intake has been sent to Ohio SACWIS, navigate to the Ohio SACWIS **Intake** tab.

Note: When selecting **Send to OH SACWIS** button (shown above) you will need to manually open Ohio SACWIS and navigate to the Intake tab.

2. Locate the appropriate Intake and click the **Link** button.

3. Follow the procedure for Linking or Creating a Case in Ohio SACWIS. If you need further guidance on this please refer to the following Knowledge Based Article: SACWIS Knowledge Base - Linking Intakes to a Case (Including Adoption Cases)

Option Two

The second option to link a TEAM Ohio intake to Ohio SACWIS is located on the Screening Decision screen. To review how to complete the Screening Decision tab, refer to the Screening Decision section of this User Guide.

1. From the **Screening Decision** tab, once all fields are completed, click the **Link to Ohio SACWIS Case** button.

Note: When selecting the **Link to Ohio SACWIS Case** button a new browser tab will open, automatically navigating to Ohio SACWIS Intake tab.

A new browser tab will open Ohio SACWIS on the **Intake / Link Case** screen.

2. If there is a known existing case, you can Link the Intake by clicking the **Link** button.
3. If you do not see an existing case, you can create a new case by clicking the **Create Case** button.

4. Follow the procedure for Linking or Creating a Case in Ohio SACWIS. If you need further guidance on this please refer to the following Knowledge Based

Article: [SACWIS Knowledge Base - Linking Intakes to a Case (Including Adoption Cases)](#)

5. Once your Intake is Linked, the intake listed in TEAM Ohio now displays a **Status** of Linked. See Below:

From the TEAM Ohio intake record:

From the TEAM Ohio Cases Dashboard:

Note: If the intake needs to be **Unlinked** from a case in Ohio SACWIS, the process is the same in Ohio SACWIS. If Unlinked, the Intake Status in TEAM Ohio will be updated, and the intake will again display in the Ohio SACWIS Intake Workload and in the TEAM Ohio Screened Cases List View to be relinked to a case.

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).