

# **INTAKE AND SCREENING**

## **Requirements**

The Public Children Services Agency (PCSA) is required to have an intake procedure to receive referrals of child abuse and neglect 24 hours a day, 7 days a week.

The PCSA shall attempt to obtain, at a minimum, the following information from a referent/reporter upon receipt of referral information in order to determine an intake category and arrive at a screening decision:

- (1) The name(s) and address(es) of the child and his parent, guardian or custodian.
- (2) The child's age.
- (3) The child's and any family member's race and ethnicity.
- (4) The type, extent, frequency, and duration of the abuse, neglect or dependency, as applicable.
- (5) Alleged perpetrator's access to the child, if applicable.
- (6) The child's current condition.
- (7) The child's current location.
- (8) Circumstances regarding the abuse, neglect, or dependency or the circumstances indicating a need for PCSA services.
- (9) Information regarding any evidence of previous injuries, abuse, or neglect.
- (10) Any other information that might be helpful in establishing the cause of the known or suspected injury, abuse, or neglect or the known or suspected threat of injury, abuse, or neglect or the case circumstances that support the family is in need of PCSA services.

Receipt of all of the above listed information is not required in order to screen in a report.

All referrals received by a PCSA shall be recorded in the Statewide Automated Child Welfare Information System (SACWIS). The PCSA shall record the date and time the referral information was received.

All referrals received by the PCSA must be categorized into one of the following categories within twenty-four hours from receipt of the referral information:

- Abuse
- Neglect
- Dependency
- Family In Need of Services
- Information and/or Referral

The PCSA shall complete a screening decision and determine the immediacy of need for an agency response to ensure child safety within twenty-four hours from receipt of the information.

# **INTAKE AND SCREENING**

## **Purpose**

Intake and screening is the gateway into child protective services involvement for children and families. Intake and screening is a system of intervention that alerts child protective services of conditions that make children unsafe or that put children at risk of abuse or neglect. The primary responsibility of the PCSA is to identify the children who are in need of protection or services and assure that unsafe children are protected. The first assessment of safety occurs during the intake and screening process. Staff must gather sufficient information from the referent in order to determine if PCSA intervention is necessary based on the safety status and the risk of maltreatment to the child.

Assigning an intake category to information received from the referent provides a typology to the information and assists the screener in requesting and documenting information specific to the category identified. The intake categories available through SACWIS reflect the types of alleged maltreatment defined in the Ohio Revised Code. The intake categories provide the essential data required to be submitted in federal and state reports regarding child maltreatment.

The screening decision is a formal decision that is completed by the PCSA and is documented in the case record. All information the referent believes to place a child at risk of abuse or neglect must be documented in SACWIS regardless of the agency's screening decision. The appropriateness of the screening decision is dependent upon gathering accurate information about the family and the alleged maltreatment that is critical to the assessment of safety and risk of the child.

## **Strategies for Accomplishing**

### **Staff skills**

Staff responsible for receiving and recording referral information must be able to utilize interviewing techniques that will elicit thorough and pertinent information from the referent professionally and effectively. It is recommended that PCSAs utilize skilled and experienced caseworkers at the screening level. A skilled screener will increase the efficiency and effectiveness of the PCSA's response in protecting children.

### **Engaging the Referent**

The screener must be able to engage a referent to disclose essential information that may not be readily provided that is significant to informing the screening decision.

- Speak with a referent immediately; a referent should not have to wait to provide information regarding concerns of a child or family.

# **INTAKE AND SCREENING**

- Affirm the referent's decision to contact the PCSA with his/her concerns.
- Encourage the referent to tell you about the situation, and concerns for the child and family.
- Be patient and do not interrupt.
- Once the referent has provided the information, actively interview the referent so that pertinent information is gathered to support the decision making process that is critical to the report categorization and screening decision.
  - Use open ended questions in order to expound on the information the referent provided.
  - Gather details specific to the child and family functioning that provide insight to possible underlying conditions, protective capacities, contributing factors, and child vulnerabilities.
  - Determine the referent's relationship to the alleged child victim(s) and his/her family.
  - Determine how the referent obtained knowledge about the alleged maltreatment. (Did the referent witness it or was told by another individual?)
  - Determine what prompted the referent to report the information to the PCSA.
- Provide assurance to the referent that you understand his concerns and that it is very important that he called.
- Let the referent know that it is important for you to hear what he thinks about the family's situation and not "just the facts."
- Educate the referent about the PCSA's procedures regarding screening and assessment/investigation.
- Describe the types of cases accepted by CPS as well as the types of information needed from the referent.
- Be honest with the referent regarding the information that has been provided and how the PCSA may be responding.
- Be responsive to any referent that may have a cognitive delay, physical disability or limited speech that impacts his ability to communicate his concerns effectively.

## **Credibility of the Information**

Credible information is defined as: "information worthy of belief." A caseworker should evaluate the credibility of the information provided by a referent and not accept or dismiss it based solely on the source. A caseworker should not assess the credibility of the referent. Often asking a referent to describe specific behaviors or describe the impact on the child will assist in determining the credibility of the information reported. This is the first step in the assessment of a child's safety, as the assessment of safety relies on credible information. Regardless of suspicions about the motives of the referent, if the allegations meet the statutory and PCSA guidelines, the referral must be accepted as a report.

# **INTAKE AND SCREENING**

## **Categorization**

All referrals received by the PCSA must be categorized into one of the following:

- Abuse
- Emotional Abuse,
- Neglect
- Dependency
- Family In Need of Services
- Information and/or Referral

Categorizing information may be difficult if it does not contain allegations of child maltreatment, threatened harm, or child safety concerns. The screener may need to determine the category based on the referent's perception of the type of intake he is reporting. Referencing the Screening Guidelines in determining how to categorize information received will be beneficial.

The Ohio Department of Job and Family Services developed the Screening Guidelines to assist PCSAs in recognizing the link between the applicable statutes to the intake categories. The utilization of the Screening Guidelines provides examples for each report category to assist in the categorization of the referral information. Additionally, The Screening Guidelines define each category pursuant to the Ohio Revised Code (ORC) and provide examples to assist one in determining how to categorize the information received and complete screening decisions.

Obtaining the following information from a referent will assist in the categorization of the referral, completion of the screening decision, and assignment of a response priority.

### ***General:***

Demographic information of the individuals involved.

- Name of the alleged child victim (ACV) of the report.**
- Address of the ACV.**
- Address of the ACV's parent, guardian, custodian.**
- Phone number of ACV.**
- Phone number of ACV's parent, guardian, custodian.**
- The type of maltreatment the referent is reporting.**
- Referent's name, address, and contact information.**
- The alleged perpetrator's (AP) name and identifying information.**
- AP's address.**

### ***Safety and Risk:***

# **INTAKE AND SCREENING**

A thorough description of the allegations; inclusive of current and past maltreatment allegations. The surrounding circumstances pertinent to the maltreatment as well as the services or intervention needed for the child will assist the agency in completing an informed decision.

- The extent, frequency, and duration of the maltreatment.**
  - **When (date and time) the child maltreatment occurred.**
  - **Where the child maltreatment occurred.**
  - **How often does the maltreatment occur to the ACV.**
  - **The identity of the alleged perpetrator and relationship to the child.**
- The ACV's current location and degree of safety.**
- The ACV's current physical condition and health.**
- Witnesses' name, address, relationship.**
- How the referent received or knows about the information he/she is reporting.**
- Identify all children in the home of the ACV and their:**
  - **Name**
  - **Age**
  - **Relationship to the adults**
  - **Vulnerability**
- Identify all adults in the home of the ACV and their:**
  - **Name**
  - **Age**
  - **Circumstances, underlying conditions, contributing factors**
  - **Protective capacities**
- AP's access to the ACV**
- AP's access to any other children**

## **Screening Decision**

The screening decision determines which children and families will receive further assessment and/or investigation by the PCSA. A screening decision is based on the information received from the referent and the history of the family with CPS. The screener should request any known information from the referent regarding the following:

- Active safety threats
- Child vulnerabilities
- Protective Capacities
- Risk Contributors

Gathering information during the intake process from the referent regarding the safety and risk of the child is crucial in completing an accurate screening decision. Optimally, the screening decision is based on thorough and credible information gathered by the screener. The information obtained is used to determine the screening decision and the immediacy of need for initiation (response time).

When completing the screening decision the PCSA may only use the information provided by the referent along with information contained in the family's PCSA case record. The case record may provide historical information regarding

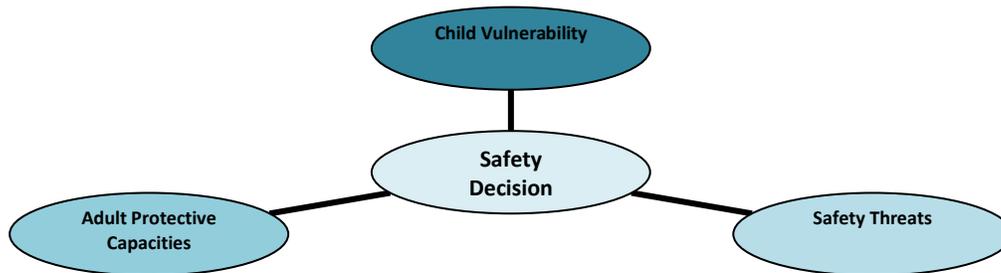
# **INTAKE AND SCREENING**

previous injuries resulting from abuse, or conditions of neglect that may significantly impact the screening decision. Collateral sources cannot be contacted prior to the PCSA screening in the referral as a report.

The responsibility of the final screening decision should not be assigned to one individual. A supervisor, or designee, should be involved in the final screening decision whether through a tiered system of reviewing completed screening decisions or through teaming. In order to provide consistent screening decisions Screeners and Screening Decision Makers should have access to supervision at any time.

## **Things to Consider**

### **Obtaining Relevant Information**



- **Assessment of Safety**

Within the CAPMIS Safety Assessment there are 14 listed safety factors that must be assessed. The safety factors are comprised of signs of present danger, safety threats, and serious harm. Information obtained in relation to the safety factors during the intake process will assist in completing an accurate screening decision.

- **Assessment of Safety**

- 1) A child has received serious, inflicted, physical harm.
- 2) A caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.
- 3) A caretaker or other person having access to the child has made a credible threat which would result in serious harm to the child.
- 4) The behavior of any member of the family, or other person having access to the child, is violent and/or out of control.
- 5) Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.

# **INTAKE AND SCREENING**

6) Drug and/or alcohol use by any member of the family, or other person having access to the child, suggests that the child is in immediate danger of serious harm.
7) Behavior(s) of any member of the family, or any person having access to the child, is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.
8) A caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.
9) Household environmental hazards suggest that the child is in immediate danger of serious harm.
10) Any member of the family, or other person having access to the child, describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.
11) The family refuses access to the child or there is reason to believe the family will flee.
12) A caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.
13) A caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.
14) Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.

- **Vulnerability of the Child**

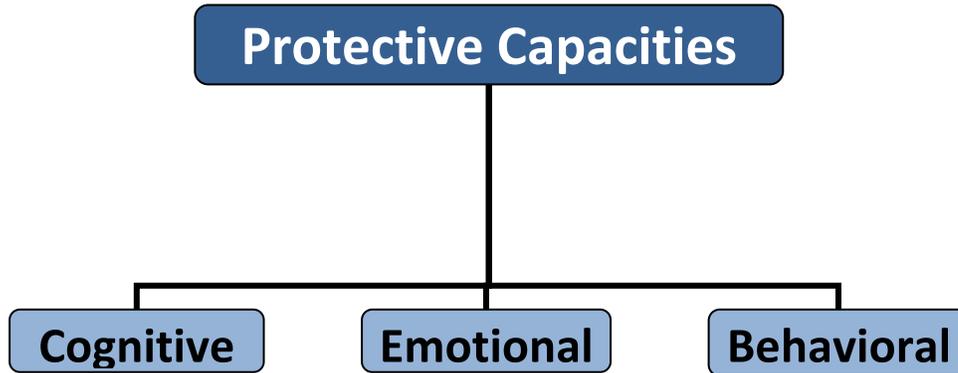
The degree to which a child can avoid or modify the impact of safety threats or risk concerns. Any information regarding the following characteristics of the child will assist in completing a screening decision.

Ability to protect self
Age
Ability to communicate
Likelihood of serious harm
Provocativeness of the child/s behavior or temperament
Special needs: behavioral, emotional, or physical
Access to individuals who can protect the child
Family composition
Role in the family
Physical appearance, size, and robustness
Resilience and problem-solving skills
Prior victimization
Ability to recognize and report abuse/neglect

# **INTAKE AND SCREENING**

- **Protective capacities of the Adult**

Strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. Identifying how the family utilizes protective capacities to ensure the child's safety is important in the screening decision.



Each of the three categories (cognitive, behavioral, and emotional) must be present to identify a strength or resource as a protective capacity. Using these three categories will assist a worker in identifying if the strength or resource is available.

- **Protective capacities of the Adult**

**Cognitive:**

Intellect, knowledge, understanding, and perception used to assist in protecting a child

- Have the referent describe each parent's interactions with the child.
- Does the parent comfort the child when he is upset?
- Does the parent use age appropriate discipline?
- Does the parent understand the child's needs?
- Is the parent aware of the concerns identified by the referent?
- What is the parent's reaction to the child?
- Examples:
  - *Mother asks step-father to leave the residence after child disclosed he sexually abused her.*
  - *Father takes his three year old son to grandmother's home for care and supervision while father drinks to point of intoxication.*
  - *Parent recognizes that he is frustrated by two year old child's refusal to eat dinner, takes a break before responding and does not physically discipline child as a result.*
  - *Having the cognitive ability to understand the limitations and needs of my newborn child and not physically disciplining*

# **INTAKE AND SCREENING**

*child as a result.*

- *What is the child's role in the family? What is the expectation of the child on a "regular day" by the parent?*

## **Behavioral:**

### **Specific action and activity to assist in protecting a child**

- Is the parent physically capable to intervene and protect the child?
- Does the parent defer his own needs in favor of the child?
- How does the parent care for the child?
- Is the parent able to adapt to stressful situations?
- Does the parent control impulsive behaviors?
- Is the parent responsive to the child? How?
- Have the referent describe behaviors of the parent that assist in maintaining the child's safety.
- Ask the referent to describe actions of the parent. Does the parent provide discipline? How is it implemented?
- What can the referent describe about the parent's ability to care for the child?
- Examples:
  - *Does the parent act differently when an incident occurs? (Substance abuse, supervision, and domestic violence)*
  - *Mother enforces the step-father leave the residence after child disclosed he sexually abused her.*
  - *Father takes his three year old son to grandmother's home for care and supervision while father drinks to point of intoxication.*
  - *Parents utilize a neighbor to provide care of the toddler while they are at work as current babysitter has been accused of leaving the toddler child home alone.*

## **Emotional:**

### **Specific feelings, attitudes, and motivations that are directly associated with child protection**

- Is the parent willing to protect the child?
- Does the parent have a desire to protect the child?
- Is the parent emotionally stable?
- Is the parent able to show affection?
- Does the parent reciprocate affection with the child?
- What is the nature of the parent-child attachment?
- Can the parent effectively meet his/her own emotional needs?
- How does the parent express love for/with the child?
- Do the child and parent appear to be bonded? How?
- Examples:
  - The parent will hug or kiss the child.
  - The parent will talk positively of the child to others.
  - The parent is proud of the child and his achievements.
  - The parent will defer his own needs to purchase a gift for the child.

# **INTAKE AND SCREENING**

## **Commonalities of Risk Contributors per Type of Child Maltreatment:**

Upon the categorization of referral information the screener should attempt to obtain additional information from the referent to assist in completing a screening decision based on characteristics that are clustered per the type of abuse/neglect.

- **Risk Contributor**

An assessment standard used to identify the conditions existing in the individual or family that create the likelihood of maltreatment to a child.

	Psychological Characteristics	Intra-Family Problems	Social Relationships	Social Economic Status
<b><u>Physical Abuse</u></b>	<ul style="list-style-type: none"> <li>• History of Rejection</li> <li>• Unresolved Anger</li> <li>• Rigid</li> <li>• Controlling</li> <li>• Substance Abuse</li> <li>• Assaultive Behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Marital Discord</li> <li>• Negative Child Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Conflict with Family</li> <li>• Conflict with community</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployed</li> <li>• Underemployed</li> </ul>
<b><u>Neglect</u></b>	<ul style="list-style-type: none"> <li>• Emotional Deprivation as child</li> <li>• Depressed</li> <li>• Hopeless</li> <li>• Substance Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Large Number of Children</li> <li>• Inadequate Parenting Knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Short-term Relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Very Poor</li> <li>• No Economical Resources</li> </ul>
<b><u>Sexual Abuse</u></b>	<ul style="list-style-type: none"> <li>• Need to feel powerful</li> <li>• Need to feel controlling</li> <li>• Substance Abuse</li> <li>• Generational Sexual Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Marital Discord</li> <li>• Lack of sexual gratification in marriage</li> <li>• Role Reversal</li> </ul>	<ul style="list-style-type: none"> <li>• Conforms with social norms</li> <li>• Lack of social involvement</li> <li>• Step-parent/paramour</li> </ul>	<ul style="list-style-type: none"> <li>• Job Dissatisfaction</li> </ul>
<b><u>Emotional Abuse/Neglect</u></b>	<ul style="list-style-type: none"> <li>• Lack of empathy</li> <li>• Rigid expectations</li> <li>• Narcissistic</li> </ul>	<ul style="list-style-type: none"> <li>• Disturbed attachment</li> <li>• Child fears parental rejection</li> <li>• If married, enmeshed family</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of continuing relationships</li> <li>• Participation in isolated charge or social group</li> </ul>	<ul style="list-style-type: none"> <li>• Employed</li> <li>• Adequate Income</li> </ul>

## **Commonalities of Risk Contributors per Type of Child Maltreatment:**

Staff should have expertise in the dynamics of abuse and neglect and be comfortable and skilled in obtaining family specific information from the referent. Knowledge of indicators, dynamics, and legal (ORC and Ohio Administrative Code) definitions of abuse and neglect will assist staff in gathering pertinent information from the referent to assist in the categorization and screening decision.

### **Domestic Violence**

Information regarding the presence of domestic violence including the demonstration of power, control, and entitlement (belief that one is deserving of certain privileges) within the home environment should be strongly considered

# **INTAKE AND SCREENING**

when completing a screening decision. Research indicates that up to 60% of cases where child maltreatment is occurring domestic violence is also present. Because of the high correlation between the two forms of violence, it is important to begin identifying the presence of domestic violence in the home at the point of intake. This information provides insight to the safety threats and risk to the child. It provides information relevant to relationship building with the caregiver/survivor in cases where domestic violence is present. Additionally, it assists the caseworker in determining how to proceed in obtaining information pertinent to assessing the protective capacities of the caregivers.

## **Resources**

### **Ohio Administrative Code Rule:**

**5101:2-36-01** Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes

### **Ohio Revised Code:**

**2151.42.1** Duty to report child abuse or neglect; investigation and follow-up procedures

**5153.16** Duties of public children services agency as to children in need of public care or protective services

### **Resources:**

- Ohio Child Welfare Training Program @ [www.ocwtp.net/CAPMIS/capmishome.html](http://www.ocwtp.net/CAPMIS/capmishome.html)
- CAPMIS Toolkit @ <http://www.ocwtp.net/CAPMIS/capmistoolkit.html>
- *Assessing Safety at the Screening Decision* Developed by IHS for the Ohio Child Welfare Training Program, June 2011 @ <http://www.ocwtp.net/CAPMIS/capmistoolkit.html>
- Standards for Effective Practice PCSAO© 1996, The Public Children Services Association of Ohio (PCSAO) Revised March 2010 @ <http://www.pcsao.org/PCSAOTools/tools.htm>
  - [Child Services Intake Screening Tool](#)
- ACTION for Child Protection <http://www.actionchildprotection.org>
- Child Protective Services Access and Initial Assessment Standards Bureau of Programs and Policies Division of Children and Family Services Wisconsin Department of Health and Family Services. *Child Protective Services: A Guide for Caseworkers*
- ODJFS Screening Guidelines @ <http://emanuals.odjfs.state.oh.us/emanuals>

# **INTAKE AND SCREENING**