

NEBRASKA Protection and Safety Intake Report

10-16-2003

Received by:
 Intake number:
 Date received:
 Time received:

Report received via: Telephone Fax/Letter E-mail
 Law Enforcement Report In-Person

Worker Assigned to the Intake Report:

County of Incident:

Type of Report: Abuse Neglect Dependent Child

Records Check:

All Program Cases (_____ Master Case Number: _____)
 APS Register Criminal History Sexual Offender Register
 CPS Register (list all previous contacts regarding the family or child from both CICS1 & N-FOCUS)

Is the child currently on a 48-hour police hold?
 Yes No

Is the child currently in an out-of home setting?
 Yes No

A. Demographic Information:

Child/ren Information: (*List perpetrator's relationship to victim in column A, and B if more than one perpetrator.)

Name/s (Include Nicknames)	Victim Yes/No	Tribal Affil.	Sex	Race	Age/ DOB	School and/or Child Care	Address	Phone	*A	*B

(BP) Biological Parent, **(SP)** Step Parent, **(AP)** Adoptive Parent, **(R)** Other Relative, **(FP)** Foster Parent, **(LG)** Legal Guardian, **(RS)** Residential Facility Staff, **(DC)** Day Care Provider, **(UP)** Unmarried Partner of Parent **(O)** Other

Is there indication the child/ren is Native American and Indian Child Welfare Act: may be applicable?
 Yes No

Parent/Caretaker Information:

Name/s (Include Nicknames/Aliases)	Sex	Race	Address	Phone	Age/ DOB	Employment/School (hours)

Non-custodial/Absent Parent:

Name/s (Include Nicknames/Aliases)	Sex	Race	Address	Phone	Age/ DOB	Employment/School (hours)

Alleged Perpetrator's Information (if other than parent/caretaker)

Name/s (Include Nicknames/Aliases)	Sex	Race	Address	Phone	Age/ DOB	Employment/School (hours)

List all other household members:

Name/s (Include Nicknames/Aliases)	Sex	Race	Address	Phone	Age/ DOB	Employment/School (hours)

Length of time at current address and former addresses if family is new to the area:

Child/Family's Primary Language: Is an interpreter needed?

Driving directions to the home:

B. Maltreatment/Safety/Risk/Situational Information:

1. What happened to the child(ren)? What concerns does the reporter have about the child(ren)? Has this happened to other children? (Ask the reporter to describe what happened to each child.)
2. Describe the physical evidence of abuse or neglect. Did the reporter see physical evidence of the abuse/neglect? Did the child die as a result of the alleged abuse/neglect?
 Yes No

 **** (If this is a child fatality or near fatality case, the information needs to be immediately conveyed to the supervisor, administrator, and central office.)**
3. Is there anything about the child's living environment that makes it unsafe? (See Supplemental ***Injurious Environment*** Screening Questions.)
4. What is the attitude of the parent/caretaker toward the child(ren)?
5. When did the allegation occur? Is there anything that makes the reporter believe the child is in immediate/imminent danger now? What?
6. Where did the allegation occur? **** (If the maltreatment did not occur in Nebraska, take the Intake Report and ensure the immediate safety of the child if necessary and then contact the appropriate state.)**
7. Has anything like this happened before to the child(ren)? If so, how long has it been going on?
8. Have there been previous concerns about this child(ren) and/or family? Have those concerns ever been shared with Child Protective Services or Law Enforcement before?

C. Dependent Child:

Definition of dependent child: A family has a dependent child if no child maltreatment has been identified AND information indicates the parent is or will be unable to care for the child through no fault of the parent.

9. A. Parent incapacity or absence: Does the parent have an acute or persistent mental or physical condition which prevents her/him from parenting the child adequately, or parent is dying or is dead, is incarcerated, hospitalized or otherwise unavoidably unable to provide care?
10. B. Child needs: Does the child have extraordinary mental health, emotional or physical needs that the parent doesn't have the ability or capacity to meet?

D. Safety Factors:

11. Where is the child(ren), parent/caretaker, perpetrator currently located? Does the perpetrator currently have access to the victim or any other child(ren)?
12. Is the child afraid to go home? Is there anyone in the household the child is afraid to be around?
13. Are there any serious problems with a worker going to the home? If so, what?
14. What does the reporter think HHS can do to make the child safer?

E. Family Characteristics/Connections:

15. Has the family ever been involved with formal or informal services/supports with HHS or any other community-based agency, program, support group, etc.?
16. Are there concerns about a family member's drug/alcohol use? (See Supplemental **Substance Abuse** Screening Questions.)
17. Are there concerns about a family member's mental health issues? If so, how does the mental illness impacts the parent/caretaker's ability to provide for the basic needs of the child(ren)?
18. Has there been any occurrence of Domestic Violence in the home? (See Supplemental **Domestic Violence** Screening Questions.)
19. Is there anyone in the household that has a history of crimes against children?
20. Does the reporter have information about the child(ren)'s absent parent, other relatives, and other siblings not living in the home? (Include name, address, and phone numbers)

F. Strengths/Protective Capacities:

21. Are household members or other relatives currently protecting the child(ren)?
22. What are the strengths of this family? What are the good things about this family? When things are going well for this family, what does this look like?
23. What has the family done in the past to manage difficult situations?
24. What about this family's culture is important to know? Does the reporter know anything about the family's customs and traditions? Does the reporter know anything about the family's faith-based practices, emotional support systems, values, beliefs, and principles?

G. Reporter:

25. When is the last time the reporter saw the child?
26. How does the reporter know what happened to the child(ren)? To whom has the child disclosed information? What led to the child's disclosure of the information?
27. Are there other people who may have knowledge of the situation, or witnessed the maltreatment? (Include name, address and phone number).
28. Has anything happened recently that prompted the reporter to call today?
29. Is there anything the reporter can do to help the family?

****Information collected from asking applicable Supplemental Screening Questions H-30 through 39 is documented under the relevant sections B to G above. If there is information that does not seem to fit well under a particular category (B-G), document it in the category that seems to be the most appropriate.**

H. Supplemental Screening Questions for Specific Issues:

The following questions are intended as a guide. These specific questions are not meant to replace the narrative already completed in this Report. If you have answered the questions that correspond to the specific allegations earlier in this report, then you should not repeat that information here. When these categories are not relevant to the allegations reported, indicate this by noting non-applicable (N/A), in the summary narrative under each category.

- 30. See Injurious Environment Questions**
- 31. See Physical Abuse Questions**
- 32. See Sexual Abuse Questions**
- 33. See Emotional Abuse/Neglect Questions**
- 34. See Domestic Violence Questions**
- 35. See Substance Abuse Questions**
- 36. See Abandonment Questions**
- 37. See Improper Supervision Questions**
- 38. See Improper Discipline Questions**
- 39. See Improper Care Questions**

I. Reporter Information:

40. Reporter's name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Relationship to family: _____

41. Reporter was informed there is a possibility his/her identity could be revealed if ordered by the court, and that the reporter could possibly be asked to testify at court. Yes No

J. Collateral Information:

- 42. Include name, address, telephone number, and relationship of contact to the child/family. Document the additional information and how it relates to the child maltreatment and safety risk factors to the child(ren).**

List all collateral information separately.

K. Maltreatment Screening Tools:

43. Indicate which of the following screening tools were consulted in screening of this report:

- | | |
|--|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Emotional Abuse/Neglect | <input type="checkbox"/> Injurious Environment |
| <input type="checkbox"/> Improper Supervision | <input type="checkbox"/> Improper Discipline |
| <input type="checkbox"/> Improper Care | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Dependency | |

Based on the Maltreatment Screening Tools, the Intake Report will be:

- Accepted NOT Accepted

L. Priority Response Decision Tools:

After consulting the appropriate Maltreatment Screening Tool(s), if the decision is to accept the report, you then consult the Response Priority Decision Tool(s). Indicate the response priority required and which of the following Response Priority Tools you consulted.

44. Priority Response required: (State reason(s) from the tool to indicate reason for Priority Response)

- Priority 1 (0-24 hrs)
 Priority 2 (0-5 calendar days)
 Priority 3 (0-10 calendar days)

Response Priority Tools consulted:

- Abuse Sexual Abuse Neglect Dependency

M. Intake Report Closure Status:

45. If the report is accepted, explain the reason(s):

- Accepted for Out-of-home-assessment
 Accepted for Comprehensive Assessment
 Accepted for Central Register Entry Only (i.e. non-caretaker perpetrator report, criminal report)
 Accepted for CPS Interview Assistance Only (i.e. Law Enforcement or other State CPS Agency)

If the report is NOT accepted, explain the reason(s):

- Additional Information to an Existing Intake Report
 Information does not meet statutory or department definition of abuse/neglect
 Allegation(s) did not occur in NE
 Entry Error

If referrals were made for community-based services/supports or other agencies, list and explain:

N. Supervisory Review:

46. Supervisor approved the decision to Accept/Not Accept as determined by the worker
 Supervisor changed the decision to Accept/Not Accept as determined by the worker
 Supervisor approved the Response Priority decision as determined by the worker
 Supervisor changed the Response Priority decision as determined by the worker
47. If the allegations occurred in an out-of-home placement setting, was the Intake Report shared with the appropriate Resource Development Staff and Licensing Staff? YES No (List who was contacted and how, as well as date of contact.)
48. If the maltreatment did not occur in Nebraska, was the immediate safety of the child addressed and then the appropriate STATE Child Protective Services Agency contacted? ? YES No (List who was contacted and how, as well as date of contact.)
49. Intake Report was sent to the appropriate Law Enforcement agency within 24 hours.
50. Intake Supervisor forwarded the Intake Report to the appropriate assessment staff.

H-30. Injurious Environment

Are there any structural issues in the home that make it unsafe, dangerous, or hazardous to the child(ren)'s health or safety? (e.g. exposed wires, holes in the floors, septic tank issues, leaking gas, unsanitary conditions,

Are there any objects or substances in the home or around the home that pose serious safety or risk to the child? (e.g. drugs, drug paraphernalia, chemicals, etc.)

Are firearms or weapons accessible to the child(ren)?

Is there a lack of utilities with no alternative made, or provisions that are made that are inappropriate

Are there situations in which the failure to provide or maintain cleanly home conditions pose a safety or health hazard to the child(ren)?

Go to Injurious Environment Screening Tool

H-31. Physical Abuse

Where was the child(ren) when the abuse occurred?

Describe the injury. (For example: Thursday, May 23, 2002, a.m. or p.m., red and blue mark, 1" by 4" shaped like a belt mark, fresh or fading)

What part of the body was injured?

Is there a need for medical treatment?

What is the parent/caretaker's explanation of the physical abuse?

What is the child's explanation of the physical abuse?

Is the child currently afraid of the alleged perpetrator?

Is the child afraid to go home?

Go to Physical Abuse Screening Tool

H-32. Sexual Abuse

Where was the child(ren) when the abuse occurred?

To whom did the child disclose the abuse?

Did the child disclose directly to the reporter?

What is the age of the alleged perpetrator and his/her relationship to the child?

What is the perpetrator's access to the victim and other children?

Does the reporter know if sexual abuse is occurring to any other child(ren)?

What steps are being taken to prevent further contact between the perpetrator and the child?

Has the child had a medical exam?

Go to Sexual Abuse Screening Tool

H-33. Emotional Abuse/Neglect

How does the child function in school?

What symptoms does this child have that would indicate psychological, emotional, social impairment?

Are there any psychological or psychiatric evaluations of the child?

Is the child failing to thrive or developmentally delayed?

Is there a bond between the parent/caretaker and child?

How long has the situation been going on, and what changes have been observed?

Are there any indications of cruel and unusual punishment?

Go To Emotional Abuse/Neglect Screening Tool

H-34. Domestic Violence

Has anyone in the family been hurt or assaulted? If so, describe the assault or harm (what and when). If so, who has been hurt? Who is hurting the child and other family members? Please describe the injuries specifically.

describe how the violence is affecting the child?

Have the police ever been called to the house to stop assaults against either the adults or child? Was anyone arrested? Were charges filed?

who is caring for and protecting the child right now?

What is the battered parent/caretaker's ability to protect him/herself and the child/ren)?

What steps were taken to prevent the perpetrator's access to the home? (shelter, police, restraining order)

Is there a history of domestic violence?

how can the battered parent/caretaker be contacted alone?

Go to Domestic Violence Screening Tool

H-35. Substance Abuse

What specific drugs are being used by the parent/caretaker?

Was the child born as a drug exposed infant?

What is the frequency of use?

Do the children have knowledge of the drug use?

How does the substance use affect the ability of the parent(s) to care for the child(ren) and provide for their basic needs?

Are there drugs, legal or illegal in the home? If so, where are they located?

Is anyone in the household growing or manufacturing drugs within the home?

Do the children have access to the drugs?

Has the parent ever experienced black outs?

How well are the children supervised? Are they left alone for extended periods of time?

Is there adequate food in the house?

Go to Substance Abuse Screening Tool

H-36. Abandonment

How long has the parent/caretaker been gone?

Did the parent/caretaker say when they would return?

Did the parent/caretaker make arrangements with someone to care for the child?

Go to Abandonment Screening Tool

H-37. Improper Supervision

What are the supervision concerns?

Is the child left alone? NO YES (If yes, answer the following questions)

How long is the child unsupervised?

What is the age and developmental status of the child?

What is the child's ability to contact emergency personnel,?

Is the child caring for siblings or other children, is the child afraid to be alone?

What time of day is the child left alone?

How is the parent/caretaker's ability to provide supervision compromised? Include information regarding the use of substances and mental health issues that directly impact the safety of the child(ren).

Go to Improper Supervision Screening Tool

H-38. Improper Discipline

If the child is injured from the discipline please describe the injuries in specific detail

Describe any instrument used to discipline.

Does the parent/caretaker have a pattern of disciplining inappropriately?

Is the child fearful of the parent/caretaker?

what prompted the parent/caretaker to discipline the child?

Go to Improper Discipline Screening Tool

H-39. Improper Care

Does the parent/caretaker provide adequate food, clothing, shelter? If the reporter feels the parent/caretaker is failing at providing the child with proper care, describe in detail what the child is lacking.

Is the parent/caretaker ensuring the child receives necessary medical care?

Is the parent/caretaker failing to provide proper medical care of a handicapped infant?

This would include the parent/caretaker's withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life threatening conditions.

****Exceptions** include those situations in which: 1) The infant is chronically and irreversibly comatose; or 2) The provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all the infant/child's life threatening conditions; or the provision of this treatment and the treatment itself under these conditions would be inhumane.

Go to Improper Care Screening Tool