



# Intake Program Statement

Intake is the front door into the Office of Children's Services (OCS), in that Intake is the point at which reports of alleged child maltreatment are received. The receipt of a report begins the course of action for determining if the child is safe in his or her own home. The reported information is documented into a Protective Services Report (PSR) within the agency's automated case management system, ORCA.

Intake marks the beginning of the safety assessment process. That process may result in identifying caregivers who are unable or unwilling to protect their children from danger, or it may result in identifying a family that requires no Child Protective Services intervention.

Intake is a critical function within the OCS, as it determines whether there will be a state intervention in the family's lives. Most initial contact made to OCS Intake is to either: 1) report concerns of child maltreatment or 2) obtain information and referral to other resources within OCS or in the community. Intake requires exemplary customer service.

## Reporting Concerns of Child Maltreatment

Upon receiving the information regarding the suspected child maltreatment, the intake worker needs to first allow the reporter to give an account of the concerns they have regarding a child and family. After the intake worker has listened carefully to the reporter's description of the concerns, the worker begins the interview to gather all necessary information, including clarifications to the original account of the child maltreatment.

The essential information needed at the point of intake includes: demographic information about the family including the location of the child and the alleged maltreater, identification of all individuals who have access to the child, extent of alleged child maltreatment, circumstances surrounding the maltreatment, child and adult caregiver functioning, overall parenting and disciplinary behavior. Additionally, any other factors that could contribute to the family's circumstances and may result in the child being unsafe or at high risk of maltreatment should also be determined.

The intake worker performs several tasks simultaneously. The worker must be responsive to and respectful of the caller's concerns and needs while also gathering all information necessary to make an informed decision about whether the child is unsafe or at high risk of maltreatment. It is crucial for the intake worker to get as much detail as possible regarding the specific behaviors that are concerning to the reporter and whether those concerns indicate the child is in danger. After all necessary information is collected, the intake worker answers any questions the reporter may have about the decision making process OCS goes through with regard to the report.

There may be times when the original reporter does not have all the needed information about the family. However, it is the intake worker's job to gather as much information as is attainable. In those instances, the worker must consider whether it is necessary to contact others (i.e. school teachers, medical personnel, etc.) who may have information about the family to make a fully informed decision about whether to intervene and if so how quickly a case worker needs to respond in order to assure the child is safe.

The intake worker completes a background check of the ORCA and PROBER databases for past interventions with the family and the outcomes of that work. Once all possible information regarding the family and the reported concerns are collected, the worker will assure all the gathered information is entered into a PSR within ORCA. All intakes will be entered into ORCA regardless of whether the reported information is duplicative or believed not to meet the criteria for intervention with the family. There are no exceptions to entering all intakes into a PSR within ORCA.

The information documented in the PSR is then analyzed to make a determination of whether the report meets intervention criteria and will be screened in for an initial assessment or screened out with no intervention by OCS. If the PSR does not meet the criteria for a protective services intervention, the report is forwarded to the Intake Supervisor for review and concurrence and the reason will be clearly documented within the screen out justification section of the PSR.

Once the report is determined to be screened in for initial assessment, the next decision involves how quickly OCS needs to



respond to the reported concerns. There are several considerations to be made: does the reported information indicate the child's safety is threatened or the child is at high risk of maltreatment; does the maltreater have access to the child; is the child's primary caregiver protective; and/or are there any caregivers who will act to protect the child? If it is determined that the child is in immediate danger, OCS will respond as quickly as possible. If OCS is unable to physically respond, OCS will request assistance from law enforcement. After receiving and accepting a report for initial assessment, there are three response time decisions that can be made as to how quickly OCS begins its initial assessment; these response times are called priorities. When a report is determined to be a priority 1, a face-to-face contact must be made with the alleged child victim within 24 hours. A priority 2 requires a 72 hour response and a priority 3 must be initiated within 7 days of receiving the Protective Services Report.

Additionally, a criminal records check is completed to determine if there has been any history of physical violence or weapons used in the home, so OCS can properly plan to assure worker safety in responding to the situation.

The intake worker sends the completed report electronically through ORCA with the recommendation for the screening decision and priority recommendations. The intake supervisor reviews the information collected for thoroughness, prior history with the family, the proposed response time if the report is screened in, and ultimately makes the final screening and response time decisions.

There can be several different conclusions to a report made to OCS. The report may be screened in for initial assessment by an OCS caseworker; the report may be screened out as there are no child protective services issues reported and referred to another more appropriate agency for follow-up; or the report may be referred to law enforcement as the alleged maltreater is not a caregiver to the child.

## Obtaining Information and Referral to Other Resources

When the public contacts OCS to request information, it is important for the intake worker to ascertain what specific information is being requested and assure the caller is only seeking information and referral rather than reporting suspected child maltreatment. Every effort will be made to assist the caller/inquirer with the request for information or make a referral to some other entity known to have the desired information.

All inquiries made at the point of intake will be entered into ORCA under the Information and Referral (I/R) tab along with the subject of the call. Data can then be gleaned to learn what percentage of the

contacts made to OCS are for I/R or to report new concerns of child maltreatment.

In conclusion, it is important to note that the intake worker should provide as much information to the reporter, if applicable and appropriate, regarding what happens as a result of the report being made and assure the reporter they have done the right thing by reporting concerns to OCS. Customer service and engagement is critical both to ensure sufficient information is gathered as quickly as possible and demonstrate to members of the community that child safety is of paramount concern.

