NORTH Dakota | Health & Human Services
Be Legendary.

DAYCARE PROVIDER CASE AND CPS ASSESSMENT ENTRY INTO FRAME

Prior to adding a New Case, search FRAME for all employees. If the employee is known to the system under another case that is not related to the daycare on the report, DO NOT reopen that case. Example would be if an employee is registered in a case including their own children and family unit members.

The daycare case information will be specific to the daycare with the exception of the employees address.
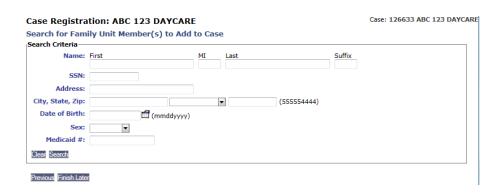
Enter the daycare name as it displays on their license if known.

Case Registration

*Case Name: ABC 123 DAYCARE

Cancel Continue
*Required

Click Continue

IMPORTANT NOTE: The family unit will consist of all employees working at the daycare that are included in the assessment or may be added into the assessment. The daycare children are NOT added to the family unit.

Daycare children are added to the report as non-family members.

Case Registration: ABC 123 DAYCARE   Case: 126633 ABC 123 DAYCARE
Search for Family Unit Member(s) to Add to Case
Search Criteria
Name: First   MI   Last   Suffix
SSN:
Address:
City, State, Zip: ▼   (555554444)
Date of Birth: (mmddyyyy)
Sex: ▼
Medicaid #:
Clear Search

Previous Finish Later

MINIMUM INFORMATION THAT SHOULD BE OBTAINED FOR EMPLOYEES:

- NAME OF OWNER/EMPLOYEE
- THE PRIMARY ADDRESS FOR THE OWNER (NOT THE EMPLOYEES) IS THE DAYCARE CENTER ADDRESS
- THE PRIMARY ADDRESS FOR THE EMPLOYEES (NOT THE OWNER) IS THE <u>HOME</u> ADDRESS (This is for notifying them of the findings)
- DATE OF BIRTH (Do not enter if unwilling to share)

Note: The daycare licensure may be able to provide the information in RED for the employees if they are unwilling to share.

- SEX
- Marital Status (Indicate Unknown if unwilling to share)
- Race (Indicate Unable to determine if unwilling to share)
- Hispanic (Indicate Unable to determine if unwilling to share)

Update the Member Details screen for the Owner

Member Details

General Information

*Name:	First	MI	Last	Suffix
	DAYCARE		OWNER	

Date of Birth: 03/01/1990 (mmddyyyy)

SSN: (333224444)

☐ Create a new Alias for the original member details

Alias:

Name	Date of Birth	SSN	Action
Add Alias			

Primary Contact

Address Type: Office

Address 1: 5 ANY STREET

Address 2:

City, State, Zip: BISMARCK   North Dakota   58501   (555554444)

County of Residence: BURLEIGH

Telephone: 7015555555   (2223334444)Ext: (12345)

Mobile: (2223334444)

Email:

Secondary Contact

Address Type: Home

Address 1: 1 ANY STREET

Address 2:

City, State, Zip: BISMARCK   North Dakota   58501   (555554444)

Telephone: (2223334444) Ext: (12345)

Case Addresses

Primary	Secondary	Address
⦿	○	5 ANY STREET BISMARCK, ND 58501
○	⦿	1 ANY STREET BISMARCK, ND 58501
○	○	2 ANY STREET BISMARCK, ND 58501
○	○	3 ANY STREET BISMARCK, ND 58501

Case Telephones

Primary	Secondary	Mobile	Telephone	Ext
⦿	○	○	7015555555	
○	○	○	7011111111	
○	○	○	7012222222	

For the owner(s) only, enter the daycare address as the Primary Contact address. Address Type is Office. A county of Residence must be entered based on the address.

The Secondary Contact will be the owner's home address.

The Case Addresses and Case Telephones will populate with the addition of each employee. Radio buttons can be selected accordingly.

Update the Member Details screen for the employee as outlined in the following screen print.

Edit Member Details

Member Details

General Information

*Name:
First	MI	Last	Suffix
EMPLOYEE		TWO	

Date of Birth: 03/01/1991 (mmddyyyy)

SSN: [_____] (333224444)

☐ Create a new Alias for the original member details

Alias:
Name	Date of Birth	SSN	Action

Add Alias

Primary Contact

Address Type: Home ▼

Address 1: 2 ANY STREET

Address 2: [_____]

City, State, Zip: BISMARCK North Dakota ▼ 58501 (555554444)

County of Residence: BURLEIGH ▼

Telephone: 7011111111 (2223334444)Ext: [_____] (12345)

Mobile: [_____] (2223334444)

Email: [_____]

Secondary Contact

Address Type: [_____] ▼

Address 1: [_____]

Address 2: [_____]

City, State, Zip: [_____] North Dakota ▼ [_____] (555554444)

Telephone: [_____] (2223334444) Ext: [_____] (12345)

If the home address of the employee was not entered into the Search Criteria, all address fields will be blank.

The Primary Contact for employees (not an owner) is their home address. Select the Address Type as Home and enter the employee's home address and County of Residence.

Case Addresses

Primary	Secondary	Address
○	○	5 ANY STREET BISMARCK, ND 58501
○	○	1 ANY STREET BISMARCK, ND 58501
◉	○	2 ANY STREET BISMARCK, ND 58501
○	○	3 ANY STREET BISMARCK, ND 58501

Case Telephones

Primary	Secondary	Mobile	Telephone	Ext
○	○	○	7015555555	
◉	○	○	7011111111	
○	○	○	7012222222	

To complete the Secondary Contact information, click the Secondary radio button for the daycare address. The Address Type and address will automatically populate. The telephone number is populated by selecting the Secondary telephone number specific to the daycare.

Secondary Contact

Address Type: Office ▼

Address 1: 5 ANY STREET

Address 2: [_____]

City, State, Zip: BISMARCK North Dakota ▼ 58501 (555554444)

Telephone: [_____] (2223334444) Ext: [_____] (12345)

Case Addresses

Primary	Secondary	Address
○	◉	5 ANY STREET BISMARCK, ND 58501
○	○	1 ANY STREET BISMARCK, ND 58501
◉	○	2 ANY STREET BISMARCK, ND 58501
○	○	3 ANY STREET BISMARCK, ND 58501

Complete the Personal Details – select unknown or unable to determine if employee is unwilling to share

Personal Details

Sex: ○ Male ◉ Female ○ Not Known ○ Unborn

Marital Status: ○ Single ○ Married ○ Unknown

Race:
☐ Asian
☐ African American
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Unable to determine
☐ Refusal by client

Hispanic: ○ Yes ○ No ○ Unable to determine ○ Refusal by client

Indian Enrollment Number: [_____]

ROAP Number: [_____]

Cancel Add

Once all employees are registered, click continue

Family Unit Details

Add Family Members

Name	SSN	Date of Birth	Sex	Address	Marital Status	Race	Relationship	Action
EMPLOYEE ONE		03/01/1990	Female	1 ANY STREET BISMARCK, ND 58501	Unknown	Unable to determine	Add	Edit
EMPLOYEE TWO		03/01/1991	Male	2 ANY STREET BISMARCK, ND 58501	Unknown	Unable to determine	Add	Edit
EMPLOYEE THREE		03/03/1999	Female	3 ANY STREET BISMARCK, ND 58501			Add	Edit
Add Member								

Previous Finish Later Continue

Add relationships for each employee to each other. In most cases the relationship will be OTHER. If it is known that any of the employees are related to one another, select the appropriate relationship.

Example: Employee One is a cousin to Employee Three; which in turn makes Employee Three a Cousin to Employee one. Employee Two is not related to either Employee One or Three, therefore Other applies.

NOTE: The relationship type is gender specific. The list displays according to the sex selected in the Member Details Screen.

Family Unit Details

Add Relationships to EMPLOYEE ONE

Name	Relationship
EMPLOYEE TWO	Other (Male)
EMPLOYEE THREE	Cousin - first or second (Female)

Cancel Add

The relationship status will change from Edit to Add once information is entered

Family Unit Details

Add Family Members

Name	SSN	Date of Birth	Sex	Address	Marital Status	Race	Relationship	Action
EMPLOYEE ONE		03/01/1990	Female	1 ANY STREET BISMARCK, ND 58501	Unknown	Unable to determine	Edit	Edit
EMPLOYEE TWO		03/01/1991	Male	2 ANY STREET BISMARCK, ND 58501	Unknown	Unable to determine	Add	Edit
EMPLOYEE THREE		03/03/1999	Female	3 ANY STREET BISMARCK, ND 58501			Add	Edit
Add Member								

Previous Finish Later Continue

To add missing member information into this screen, click Edit under Action to update the record to go to the individual's Member Details screen. Once the record is updated, the system will return to this screen to continue to the registration process.

Once relationships have been updated, click Continue

Edit Family Unit

Family Unit Members

Name	Sex	SSN	Date of Birth	Participation		*Set Relationship	*In Household	
				Start	End			
DAYCARE OWNER	Female		03/01/1990	01/08/2016		Edit	Yes	View De
EMPLOYEE TWO	Male		03/01/1991	01/08/2016		Edit	Yes	View De
EMPLOYEE THREE	Female		03/03/1999	01/08/2016		Edit	Yes	View De
EMPLOYEE FOUR	Male		03/04/1994	01/26/2016		Edit	Yes	View De

Add Member

Family Unit Structure

Structure: Non-relative caregiver household (includes non-relative foster care)

Family Unit Address

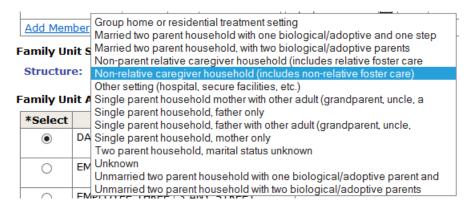| *Select	Residents	Address
●	DAYCARE OWNER	5 ANY STREET BISMARCK, ND 58501
○	EMPLOYEE TWO	2 ANY STREET BISMARCK, ND 58501
○	EMPLOYEE THREE	3 ANY STREET BISMARCK, ND 58501
○	EMPLOYEE FOUR	4 ANY STREET BISMARCK, ND 58501

Family Unit Preferred Telephone

Telephone: 7015555555 (2223334444) Ext: _____ (12345)

Cancel   Update

> Complete the indicated fields. Unknown answers will automatically default.
>
> Set "In Household" to YES
>
> Set Family Unit Structure. See options below
>
> Select the daycare address for the Family Unit Address
>
> Enter the telephone number

Options that may apply for Family Unit Structure are:
Other Setting
Non-relative caregiver household (includes non-relative foster care)
Non-parent relative caregiver household (includes relative foster care)\

Add Member

Family Unit S

Structure:

Family Unit A

*Select

DA

EM

- Group home or residential treatment setting
- Married two parent household with one biological/adoptive and one step
- Married two parent household, with two biological/adoptive parents
- Non-parent relative caregiver household (includes relative foster care
- Non-relative caregiver household (includes non-relative foster care)
- Other setting (hospital, secure facilities, etc.)
- Single parent household mother with other adult (grandparent, uncle, a
- Single parent household, father only
- Single parent household, father with other adult (grandparent, uncle,
- Single parent household, mother only
- Two parent household, marital status unknown
- Unknown
- Unmarried two parent household with one biological/adoptive parent and
- Unmarried two parent household with two biological/adoptive parents

Select the daycare address as the primary address for the case and enter the phone number.

Click Continue.

An Add Role/Child Information screen will display for any employee that is under the age of 18.

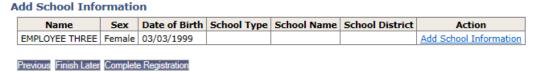This information is not applicable to the employee, therefore click Continue.

Case Registration: ABC 123 DAYCARE
Family Unit Details
Add Roles

Child Information

EMPLOYEE THREE
Date of Birth: 03/03/1999   SSN: Sex: Female
Child Ever Adopted: [▼]
Age at Adoption: [   ]
Placing Agency: [▼]
Child adopted from foreign country: [▼]
ICWA Applies: [▼]
Living on a Reservation: [▼]
Tribal Affiliation: ☐ OTHER
☐ SPIRIT LAKE SIOUX
☐ STANDING ROCK SIOUX
☐ THREE AFFILIATED
☐ TURTLE MOUNTAIN BAND OF CHIPPEWA

Absent Parent
Add Absent Parent

Previous Finish Later Spell Check Continue

Add School Information will also display, this information can be completed if known, but registration can be completed without it.

Case Registration: ABC 123 DAYCARE
Add School Information

Name	Sex	Date of Birth	School Type	School Name	School District	Action
EMPLOYEE THREE	Female	03/03/1999				Add School Information

Previous Finish Later Complete Registration

Click Complete Registration – The Summary screen will display and all employees will display under the Family Unit Details. Additional employees can be added through Edit Family Unit.

Case Details: ABC 123 DAYCARE
Summary
Case Details
Case Number: 126633 Edit Case Status: Opened
Family Unit Details
Address: 5 ANY STREET
BISMARCK, ND 58501
701-555-5555
Structure: Non-relative caregiver household (includes non-relative foster care)

Name	Sex	SSN	Date of Birth	Participation Start	End	In Household	Action
DAYCARE OWNER	F		03/01/1990	01/08/2016		Yes	View Details | Medical Information | View Face Sheet
EMPLOYEE TWO	M		03/01/1991	01/08/2016		Unknown	View Details | Medical Information | View Face Sheet
EMPLOYEE THREE	F		03/03/1999	01/08/2016		Yes	View Details | Medical Information | View Face Sheet
Edit Family Unit							

Intake | Assessment | Case Management | Legal | Placement | Plans

CHILD ABUSE AND NEGLECT REPORTS
Add CPS Report

Return Close Case Case History

ENTERING A DAYCARE CPS REPORT

On the Summary Case Details screen, under the Intake tab, click Add CPS Report

Case Details: ABC 123 DAYCARE

Summary

Case Details

Case Number: 126633 Edit Case Status: Opened

Family Unit Details

Address: 5 ANY STREET
BISMARCK, ND 58501
701-555-5555

Structure: Non-relative caregiver household (includes non-relative foster care)

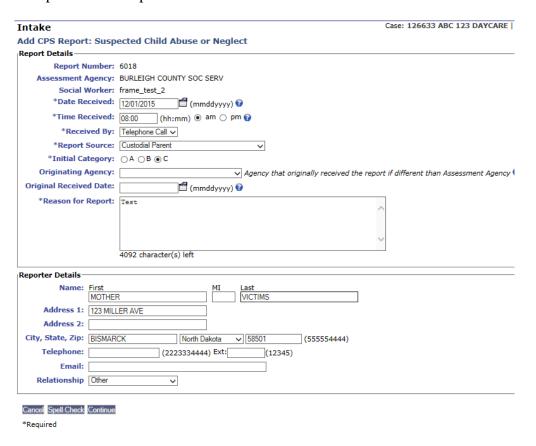| Name	Sex	SSN	Date of Birth	Participation Start	End	In Household	Action
DAYCARE OWNER	F		03/01/1990	01/08/2016		Yes	View Details | Medical Information | View Face Sheet
EMPLOYEE TWO	M		03/01/1991	01/08/2016		Unknown	View Details | Medical Information | View Face Sheet
EMPLOYEE THREE	F		03/03/1999	01/08/2016		Yes	View Details | Medical Information | View Face Sheet
Edit Family Unit							

| Intake | Assessment | Case Management | Legal | Placement | Plans |

CHILD ABUSE AND NEGLECT REPORTS

Add CPS Report

Add the CPS Report Details

The fields with an asterisk are required fields and must be completed prior to continuing to the next page

Intake

Add CPS Report: Suspected Child Abuse or Neglect

Report Details

*Assessment Agency: BURLEIGH COUNTY SOC SERV

*Social Worker: Frame Tst_2

*Date Received: _____ (mmddyyyy)

*Time Received: _____ (hh:mm) ○ am ○ pm

*Received By: _____

*Report Source: _____

*Initial Category: ○ A ○ B ○ C

Originating Agency: _____ *Agency that originally received the report if different than Assessment Agency*

Original Received Date: _____ (mmddyyyy)

*Reason for Report:
[   ]

4096 character(s) left

The Reporter Details are not required, but if they have been provided on the SFN 960, they should be entered.

Reporter Details

Name: First _____ MI ___ Last _____

Address 1: _____

Address 2: _____

City, State, Zip: _____ North Dakota _____ (555554444)

Telephone: _____ (2223334444) Ext: _____ (12345)

Email: _____

Relationship _____

Cancel Spell Check Continue

*Required

Completed CPS Report Details Screen

Click Continue

Select the Suspected Maltreatment based on report.

Enter the Incident Date as defined under the FRAME In System Help option

Add the day care children reported as victims in the report to the CPS report through the Add Nonfamily Individual function.

ADDING A NONFAMILY INDIVIDUAL

Intake

Add Nonfamily Individual

Contact Details

*Name:	First VICTIM	MI	Last ONE	Suffi

Home Address 1:

Home Address 2:

City, State, Zip: _____ North Dakota ▼ _____ (555554444)

Home Telephone: _____ (2223334444)

Work Telephone: _____ (2223334444) Ext: _____ (12345)

Mobile: _____ (2223334444)

Email: _____

> Enter the Contact Details information for the child – the only required field is the name. Please complete the additional information if available.

Personal Details

Date of Birth: 05012014 📅 (mmddyyyy)

Sex: ○ Male ● Female ○ Not Known

*Role/Responsibility: [▼]

Race:
- ☐ Refusal by Client
- ☐ Unable to Determine
- ☐ American Indian or Alaskan Native
- ☐ White
- ☐ Native Hawaiian or Pacific Islander
- ☐ African American
- ☐ Asian

Hispanic: ○ Yes ○ No ○ Unable to determine ○ Refusal by client

> Enter the Personal Details for the daycare child. Enter the information that is known at the time. If the Race or Hispanic cannot be confirmed, indicate Unable to Determine

Cancel Add

SELECT THE APPROPRIATE ROLE/RESPONSIBILITY – THE DAYCARE CHILDREN WILL HAVE A ROLE OF OTHER

Personal Details

Date of Birth: _____ 📅 (mmddyyyy)

Sex: ○ Male ○ Female ○ Not Known

*Role/Responsibility:

Race:
- State Institution
- Private Institution
- Babysitter
- Teacher
- Neighbor/Friend of Parent
- Non-Related
- Other
- Other School Personnel
- Licensed Child Care Home or Facility
- Certified Child Care
- Unlicensed/Uncertified Child Care

Hispanic: _____ ○ Refusal by client

Cancel Add

*Required

ADDITIONAL EMPLOYEES THAT ARE FOUND TO BE PART OF THE ASSESSMENT WILL BE ADDED INTO THE FAMILY UNIT AND THEN SELECTED TO ADD TO ASSESSMENT

Complete the dropdowns for the subject/victim, employment status, and public assistance. Employment status and public assistance can be completed and updated through the assessment.

COMPLETED PAGE 2 OF THE ADD CPS REPORT

Intake

Add CPS Report: Suspected Child Abuse or Neglect

Suspected Maltreatment

*Suspected Maltreatment	Action
Bruises/Welts/Cuts	Remove
Add Suspected Maltreatment	

*Incident Date: [11302015] (mmddyyyy) ❓

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	*Subject/Victim	Employment Status	Public Assistance ❓	Action
DAYCARE OWNER	Female	03/01/1990	Family Unit Member	Subject (Caregiver) ▾	Employed Full Time ▾	No ▾	
EMPLOYEE TWO	Male	03/01/1991	Family Unit Member	Subject (Caregiver) ▾	Employed Part Time ▾	Unknown ▾	
EMPLOYEE THREE	Female	03/03/1999	Family Unit Member	Subject (Caregiver) ▾	Employed Part Time ▾	Unknown ▾	
VICTIM ONE	Female	05/01/2014	Other	Victim ▾	Unknown ▾	Unknown ▾	View | Remove
VICTIM TWO	Female	05/01/2014	Other	Victim ▾	Unknown ▾	Unknown ▾	View | Remove
Add Nonfamily Individual							

Previous Update

*Required

Click Update
Note: once the report has been added to an assessment, only help desk can make changes to the 1ˢᵗ page of the report only. Changes cannot be made to the suspected maltreatments, or to the Individuals/Caregivers/Victims table as registered in the report.

Completed CPS Report

Intake

View CPS Report: Suspected Child Abuse or Neglect

Report Details

Report

Number:	6018
Assessment Agency:	BURLEIGH COUNTY SOC SERV
Social Worker:	Tst_2 Frame
Date Received:	12/01/2015
Time Received:	08:00 AM
Received By:	Telephone Call
Report Status:	Draft
Report Source:	Custodial Parent
Initial Category:	C
Originating Agency:	
Original Received Date:	
Reason for Report:	Test

Reporter Details

Name:	MOTHER VICTIMS
Address:	123 MILLER AVE BISMARCK, ND 58501
Phone Number	
Relationship:	Other

Suspected Maltreatment

Suspected Maltreatment: Bruises/Welts/Cuts

Incident Date: 11/30/2015

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	Subject/Victim	Employment Status	Public Assistance
DAYCARE OWNER	Female	03/01/1990	Family Unit Member	Subject (Caregiver)	Employed Full Time	No
EMPLOYEE TWO	Male	03/01/1991	Family Unit Member	Subject (Caregiver)	Employed Part Time	Unknown
EMPLOYEE THREE	Female	03/03/1999	Family Unit Member	Subject (Caregiver)	Employed Part Time	Unknown
VICTIM ONE	Female	05/01/2014	Other	Victim	Unknown	Unknown
VICTIM TWO	Female	05/01/2014	Other	Victim	Unknown	Unknown

Return Edit Assessment Administrative Assessment Administrative Referral Transfer

Click Assessment

Complete the CPS Assessment Details

Assessment

Add CPS Assessment

Assessment Details

*Assessment Agency:	BURLEIGH COUNTY SOC SERV
*Social Worker:	Frame Tst_2
Report Date Received:	12/01/2015
Assessment Due:	2/1/2016
*Assessment Location:	
*Reason for Assessment:	

Assessment Location dropdown:
Child Care
Home
School

500 character(s) left

*Emergency Plan for child safety:

500 character(s) left

Online Team Agency Users

Add Online Team Agency User

Face to Face

Category: ○A ○B ○C

Contact Date: ___ (mmddyyyy)

Contact Time: ___ (hh:mm) ○ am ○ pm

Contact Made By: ___

Name: ___

Contact Made By dropdown:
CPS Social Worker
CW Social Worker
Juvenile Court
Law Enforcement
Medical
Military Family Advocacy

Subject Advised

*Advised of concern in the report: ○Yes ○No

Reason not advised of concern in the report:

500 character(s) left

Repeat Maltreatment Review

*Number of prior assessments: ___

Date of Review: ___ (mmddyyyy)

Date of initial report of first assessment: ___ (mmddyyyy)

Children ever placed out of the home: ○Yes ○No

Recommendations made to the County: ○Yes ○No

County recommendations completed: ○Yes ○No

Cancel | Spell Check | Finish Later | Continue

Option to Finish Later or Continue

Continue will display the View CPS Assessment Screen

View CPS Assessment

Details

Assessment Details

Assessment Number:	11793	**Assessment Due:**	02/01/2016 Request Assessment Extension	**Report Date Received:**	12/01/2015
Agency:	BURLEIGH COUNTY SOC SERV	**Social Worker:**	Tst_2 Frame	**Assessment Location:**	Child Care
Reason for Assessment:	test				
Emergency Plan for child safety:	test				

Face to Face

Category: C Contact Date: 12/01/2015 Contact Time: 09:00 AM Contact Made By: CPS Social Worker Name: Frame Test User 2

Subject Advised

Advised of concern in the report: Yes   Reason not advised of concern in the report:

Repeat Maltreatment Review

Number of prior assessments: 0		**Children ever placed out of the home:**	
Date of Review:		**Recommendations made to the County:**	
Date of initial report of first assessment:		**County recommendations completed:**	

Edit Details

Family Assessment Instrument

Add Family Assessment Instrument

Documentation must contain scanned copies of all 960's entered under Intake

Documentation

Add Documentation ←

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	Subject/Victim	Employment Status	Public Assistance	Action
DAYCARE OWNER	Female	03/01/1990	Family Unit Member	Subject (Caregiver)	Employed Full Time	No	View Details
EMPLOYEE TWO	Male	03/01/1991	Family Unit Member	Subject (Caregiver)	Employed Part Time	Unknown	View Details
EMPLOYEE THREE	Female	03/03/1999	Family Unit Member	Subject (Caregiver)	Employed Part Time	Unknown	View Details
VICTIM ONE	Female	05/01/2014	Other	Victim	Unknown	Unknown	View Maltreatment	
VICTIM TWO	Female	05/01/2014	Other	Victim	Unknown	Unknown	View Maltreatment	

Edit Individuals/Caregivers/Victims | Edit Family Unit

Living Arrangement at Time of Incident

Victim Name	Living Arrangement	Action
VICTIM ONE	Non-relative caregiver household (includes non-relative foster care)	Edit
VICTIM TWO	Non-relative caregiver household (includes non-relative foster care)	Edit

Team Staffing/Decision

Add Team Staffing/Decision

[Return] [Create Assessment Report] [Transfer] [Submit for Review] [Submit for Payment]

REMINDER: ADDITIONAL EMPLOYEES MUST BE REGISTERED INTO THE FAMILY UNIT!

Add the new employee through the Edit Individuals/Caregivers/Victims function. The function to add additional family unit members will display.

Assessment

Maintain Individuals/Caregivers/Victims

Individuals/Caregivers/Victims

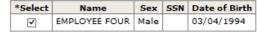| Name	Sex	Date of Birth	Role	*Subject/Victim	Employment Status	Public Assistance	Action
DAYCARE OWNER	Female	03/01/1990	Family Unit Member	Subject (Caregiver)	Employed Full Time	No	
EMPLOYEE TWO	Male	03/01/1991	Family Unit Member	Subject (Caregiver)	Employed Part Time	Unknown	
EMPLOYEE THREE	Female	03/03/1999	Family Unit Member	Subject (Caregiver)	Employed Part Time	Unknown	
VICTIM ONE	Female	05/01/2014	Other	Victim	Unknown	Unknown	View	Remove
VICTIM TWO	Female	05/01/2014	Other	Victim	Unknown	Unknown	View	Remove

Add Nonfamily Individual | Add Family Unit Member

[Cancel] [Update]

Click Add Family Unit Member and select the new member/employee.

Assessment
Add Family Unit Members
Family Unit Members

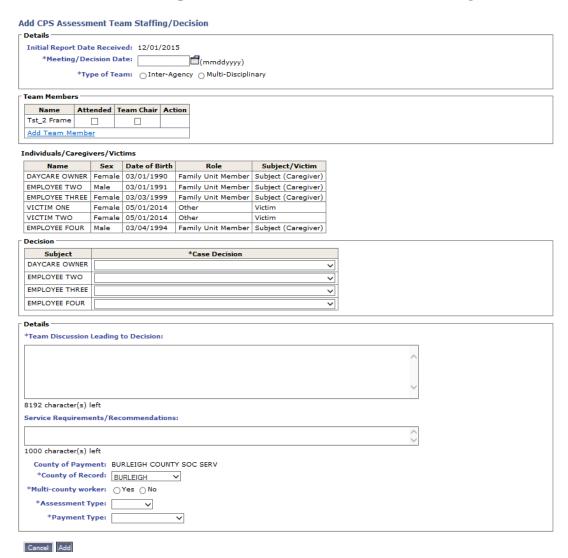| *Select	Name	Sex	SSN	Date of Birth
☑	EMPLOYEE FOUR	Male		03/04/1994

[Cancel] [Add]

Add additional daycare children through the Edit Individuals/Caregivers/Victims function under Add Nonfamily Individuals.

Note: Employees added as Nonfamily Individuals will not have a role of Family Unit Member.

Update the Subject/Victim, Employment Status and Public Assistance for the new employee

Once assessment is completed, Add CPS Assessment Team Staffing/Decision

Add CPS Assessment Team Staffing/Decision

Details

Initial Report Date Received: 12/01/2015

*Meeting/Decision Date: ☐ (mmddyyyy)

*Type of Team: ○ Inter-Agency ○ Multi-Disciplinary

Team Members

Name	Attended	Team Chair	Action
Tst_2 Frame	☐	☐	

Add Team Member

Individuals/Caregivers/Victims

Name	Sex	Date of Birth	Role	Subject/Victim
DAYCARE OWNER	Female	03/01/1990	Family Unit Member	Subject (Caregiver)
EMPLOYEE TWO	Male	03/01/1991	Family Unit Member	Subject (Caregiver)
EMPLOYEE THREE	Female	03/03/1999	Family Unit Member	Subject (Caregiver)
VICTIM ONE	Female	05/01/2014	Other	Victim
VICTIM TWO	Female	05/01/2014	Other	Victim
EMPLOYEE FOUR	Male	03/04/1994	Family Unit Member	Subject (Caregiver)

Decision

Subject	*Case Decision
DAYCARE OWNER	⌄
EMPLOYEE TWO	⌄
EMPLOYEE THREE	⌄
EMPLOYEE FOUR	⌄

Details

*Team Discussion Leading to Decision:

8192 character(s) left

Service Requirements/Recommendations:

1000 character(s) left

County of Payment: BURLEIGH COUNTY SOC SERV

*County of Record: BURLEIGH ⌄

*Multi-county worker: ○ Yes ○ No

*Assessment Type: ⌄

*Payment Type: ⌄

[Cancel] [Add]

COMPLETE THE FOLLOWING PRIOR TO SUBMITTING TO THE REGIONAL OFFICE:

- Edit Maltreatments for each child equal to the team staffing decision
- Enter at least one Risk Factor for each employee
- Enter at least one Service Outcome for each employee
- Enter at least one Risk Factor and Services Outcome for the Assessment
- Add an Assessment Initiated Log of Contact for the assessment

A Date of Death must be entered for any child that is a victim of a Fatal Maltreatment and the maltreatment decision must be Yes-Services Required.

Additional children listed in the assessment in which there is a Fatal Maltreatment that pulls forward from the CPS Report, must have a decision of No Service Required for the Fatal Maltreatment and no date of death is entered.