



December 13, 2024

## Intake: Screening Questions

**This Field Guide offers a foundational set of questions to assist an Intake Specialist when screening concerns about a child. It is not exhaustive, nor is it a substitute for critical thinking. Some situations will require deeper exploration than what is outlined here. In those instances, it is the responsibility of the Intake Specialist to continue asking questions beyond those included in this guide.**

### Neglect

#### Abandonment

1. Do you know where the child's parent is now?
2. Do you know when the parent last had contact with the child?
3. Do you have any information about when the child's parent is coming back?
4. Do you know what arrangements the parent has made for care of this child?
5. How long are you able or willing to care for the child? Are relatives or friends of the family available? If yes, what are their names and how can we contact them?
  - a. If the parent is the source and wants the child removed from the home, ask them:
    - i. What assistance have you sought or received in order to be able to care for your child, such as counseling, medical or psychiatric assessment, or assistance from the school or law enforcement?
    - ii. Is there anyone with whom your child could live, such as relatives or family friends, while you obtain assistance?
    - iii. Have you considered professional placement, such as a teen shelter?
    - iv. Are you willing to work with DCS to make arrangements other than DCS placement for the care of your child?

#### Abduction

1. Where was the child taken from?
2. Who took the child?
3. How long ago was the child taken?
4. Can you provide a physical description of the child and/or what they were last seen wearing?
5. Is the child in the custody of DCS?
6. Has contact been attempted/made with the person who took the child?
7. Do you have a description and/or plate # of the vehicle?

#### Clothing

1. Do the child's clothes match the weather conditions? If no, describe.
2. Are the clothes that the child wears clean and do they fit the child?
3. What effect is the lack of clothing having on the child?

## Intake: Screening Questions

**Drug Labs**

1. How was the child exposed to the dangerous drug lab (e.g. meth lab)? Is the drug lab located in the child's living environment or is it another environment (structure or vehicle) where the child was present?
2. If the drug lab was in another environment, did the caregiver know or have reason to know that a lab would be present?
3. Does the child exhibit symptoms of drug exposure such as a skin rash, agitated or lethargic behavior or other symptoms? Did the child sustain an injury from being exposed to the drug lab? If yes, can you describe the injury?
4. Where was the caregiver cooking/processing the drug? If not in the living environment, where were they cooking/processing and what is the proximity to the living environment?
5. Is drug or chemical residue present? If yes, where?

**Food**

1. What makes you believe the child is not getting enough food?
2. Do you know if the child is getting food from another source (i.e. school or relative)? If yes, where?
3. If source has been in the home, describe the food you saw in the home?
4. What is the child's overall appearance? Do you know the child's height and weight? Has the child lost weight?

**Home Environment**

1. Describe the physical condition of the home. If you are standing in a room, describe what you see.
2. Has anything happened to the child as a result of being in that home environment?
3. How long has the family lived this way?

**Supervision**

1. Is the child alone now?
  - a. How long has the child been alone?
  - b. Does the child know how to contact emergency personnel?
  - c. Does the child have any special needs or behavioral issues that would make it unsafe for them to be left alone?
  - d. Where is the person who should be watching them and when will they return?
  - e. Have you called the police?
2. If the child is not alone now:
  - a. Who is taking care of the child?
  - b. Can the child remain with this adult or is intervention needed now?
  - c. How often is the child left alone and when does this usually happen?
  - d. Does someone check on the child when alone?
  - e. Who and how can we contact them?
  - f. Does the child know how to contact parent or emergency personnel?

**Sexual Exposure**

1. Describe the sexual activity or the explicit sexual material to which the child was exposed.
2. Describe how, when and where the caregiver exposed the child.
3. Describe how the caregiver failed to take actions to prevent the child from observing the sexual activity or explicit sexual materials.

## Intake: Screening Questions

**Substance Exposed Newborn**

1. Has the mother been tested and what are the results?
2. If the substance is a prescription medication, when was it prescribed? Prior to or during the pregnancy?
3. What is the reported history of substance abuse, including any admission of use by the mother and/or the extent of use during pregnancy?
4. What type of substance was used and when was the last use?
5. Has mother ever received substance abuse treatment?
6. Did the mother receive prenatal care? Where did the mother receive prenatal care? Was the mother tested for substances during her prenatal visits? If yes, what were the results?
7. What room number is the mother in?
8. Do others in the home abuse substances? Is the father aware of the mother's substance abuse?
9. If mother discloses that she receives medication assisted treatment (i.e. Methadone, Suboxone, Subutex, etc.), ask the following questions:
  - a. Has mother's treatment provider or addiction specialist been contacted?
  - b. When did mother begin treatment?
  - c. If mother started while pregnant, please note the month of pregnancy in which she began treatment.
  - d. While in treatment, did mother test positive for anything other than prescribed MAT medication?
  - e. Did mother use MAT medication as prescribed?
10. If mother disclosed that she has a medical marijuana card, ask the following questions:
  - a. Does mother have a valid medical marijuana registry identification card?
    - i. If yes, did the source observe a copy (physical or digital) of mother's card?
  - b. Did mother's use of medical marijuana during pregnancy cause harm to the newborn (i.e. premature, low birth weight, etc.) which was verified by a medical provide?
11. Has the baby been tested and what are the results? What is the condition of the baby? Is the baby experiencing any withdrawal symptoms?
12. When is the baby's discharge date? Where is the baby currently? (Mother's room or nursery)
13. Does the mother show signs of attachment and bonding? Does she want to hold the child; talk to the child; want the child in her room?
14. Is a support system available to the mother?
15. Are you aware if the mother has made preparations for the child in the home? Is there a crib or someplace safe for the child to sleep?

## Intake: Screening Questions

## Physical Abuse

**Confinement**

1. Why was the child confined?
2. How was the child confined and for how long?
  - a. If using an enclosure (cage top) is it medically prescribed?
3. Was the child denied access to food, water, and a bathroom?
4. Did the child have a means to exit the area of confinement in the event of an emergency? Was a person present during the entire length of confinement?

**Hitting a Child**

1. How did the caregiver hit the child (i.e. open hand, closed fist, with an instrument)?
2. How many times did the caregiver hit the child?
3. Where on the child's body were they hit?
4. Does the child currently have an injury?
  - a. If yes, please describe the injury (size, shape, color).
5. Did the caregiver use excessive force?
6. Did the child fall down or fall into something after they were hit?

**Injury Due to Physical Restraint**

1. Why was the child restrained?
2. What type of restraint was used on the child?
3. Did the child resist the restraint?
4. What is the size of the child?
5. Did the caregiver use excessive force?

**No Physical Injury but Other Symptoms**

1. Is the child experiencing any pain? If yes, where? How long?
2. Is the child exhibiting any other symptoms (i.e. vomiting, blacked out)?
3. Is the child experiencing any impairment (i.e. limping, difficulty sitting, lack of range of motion of limbs)?

## Emotional Abuse

**Emotional**

1. What is the caregiver doing or saying to the child?
2. Have you noticed a change in the child's behavior? If yes, describe:
  - a. What behaviors is the child exhibiting?
  - b. Has the child disclosed their behavior is related to how the caregiver acts towards them?
  - a. Do you know if the child has seen a medical doctor, psychologist, or mental health professional? Do you know the diagnosis?

## Fatalities and Near Fatalities

### Fatalities

The reporting source must be asked the following questions:

1. What is the cause of death for the child?
2. Is the cause of death for the child due to non-accidental injury or caregiver neglect?
  - a. Will an autopsy be performed? If not, will the physician be signing the child's death certificate?

### Near Fatalities

The reporting source must be asked the following questions:

1. What is the injury and/or current condition of the child?
2. Is the injury and/or current condition of the child due to non-accidental injury or caregiver neglect?

## Means to Locate

### Means to Locate

1. What is the name of the school/daycare the children attend?
2. What after school programs do the children attend (i.e. Boys and Girls Club, Salvation Army, Kroc Center, etc.)?
3. Are the parents employed? If so, do you know the name of the company?
4. Do the children/family go to church or place of worship?
5. Do you have the name of a relative they may stay with or who may know where they are staying?
6. Do you know the major cross streets or how to get to the home as to where the family is staying?
7. Can you describe the home (color, things in the yard, etc.)?
8. What is the name of the apartment complex/trailer park, etc.?

## Prison Rape Elimination Act (PREA)

### PREA

1. Is the source a child currently incarcerated at Adobe Mountain?
2. Is the child alleging sexual abuse by a fellow inmate or employee/volunteer of the prison?
3. Does the child know the name of the fellow inmate/employee/volunteer?
4. What is a description of the perpetrator if the name is unknown?
5. What is the date and time of the incident?
6. Where did the incident occur?
  - a. If the incident was at Adobe Mountain, what is the location within the facility where the incident occurred?
7. Has the information been reported to the Arizona Department of Juvenile Corrections (ADJC)?

## Intake: Screening Questions

## Court Orders

**PDPs**

1. Is the child already involved in the Juvenile Justice System?
  - a. If yes, to what extent?
2. Is your intent to file a PDP?

**Court ordered Pick up**

1. Are they involved in the juvenile justice system?
  - a. If yes, to what extent?
  - b. Do you know the terms of release?
    - i. Are they able to have contact with the victim?
    - ii. Does the victim live in the home?
2. Have you attempted to contact the parent?
  - a. Are they willing and able to make alternative arrangements to care for the child?

## Safe Haven Newborn

**Safe Haven Newborn**

1. Is the parent or agent who delivered the newborn still present?
2. Did the parent express intent to return for the newborn infant?
3. Does the child appear to be a newborn infant (under 30 days old)?
4. What is the newborn's condition?
5. Does the infant need immediate medical attention? If so, have you called 9-1-1?
6. Did the parent or agent offer any information about themselves or the newborn?
7. Did the parent or agent say why they brought the newborn to a Safe Haven?

**All newborn infants must be examined at a hospital.**

1. If the source is a hospital, confirm that the infant has received a physical examination. If not, advise the source to arrange for a physical examination of the infant.
2. If the source is not a hospital, advise the source to immediately transport or arrange for the infant to be transported to a hospital for a physical examination.
3. Obtain the name, address, and phone number for the hospital. If the source does not know the name, address, and phone number for the hospital, advise the source to call the Hotline as soon as possible when this information is known.

If the Safe Haven provider is a licensed private adoption agency, ask the following:

Does the agency have the ability and the desire to take legal custody and place the infant for adoption?

If yes, advise the source that the agency has 24 hours from the time of the completion of the physical examination to take custody of the infant.

1. Obtain the agency name, a contact name, and the address and phone number for the agency.

If the Safe Haven provider is a church, ask the following:

1. Is the church affiliated with a licensed private adoption agency? If yes, obtain the licensed private adoption agency name, a contact name, and the address and phone number for the agency. Advise the source that the Hotline will contact that agency.

## Intake: Screening Questions

## Status Communications

**AWOL/Runaway Child(ren)**

1. Where did the child leave from?
2. What time did the child leave?
3. Does the child have any known special needs or require medication?
4. Can you provide a description of the child and what they were wearing?
5. Did the child say where they were going?
6. Does the child have a history of running away?
7. Is the child welcome back at the placement?
8. Has law enforcement been notified? What is the report number?
9. Do you have a description of the vehicle and/or plate number?

**Medical Consents**

1. What type of consent is being requested? (Hospital admission, behavioral health treatment, medication)
2. Is this something that can wait until the next business day?