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| 10. Child ID | 11. Child Name, Last | Child Name, First | MI | 12. Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. Date of Birth | 14. Sex | 15. Race | 16. Sch | 17. Gr | 18. Lv Ar | 19. Special Areas | 20. Source of Referral(s) | 20a. NF | 21. Juv | 22. Cri | 23. Perp Rel | 24. Post Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Contributory Factors-Order By Priority (number all that apply for caretaker, child and household separately) <table style="width:100%; border:none;"> <tr> <td style="width:33%; text-align:center;">CARETAKER</td> <td style="width:33%; text-align:center;">CHILD</td> <td style="width:33%; text-align:center;">HOUSEHOLD</td> </tr> <tr> <td><input type="checkbox"/> Alcohol Abuse</td> <td><input type="checkbox"/> Alcohol Problem</td> <td><input type="checkbox"/> Domestic Violence</td> </tr> <tr> <td><input type="checkbox"/> Drug Abuse</td> <td><input type="checkbox"/> Drug Problem</td> <td><input type="checkbox"/> Inadequate Housing</td> </tr> <tr> <td><input type="checkbox"/> SAI <input type="checkbox"/> DOU</td> <td><input type="checkbox"/> SAI <input type="checkbox"/> DOU</td> <td><input type="checkbox"/> Financial Problem</td> </tr> <tr> <td><input type="checkbox"/> Mental Retardation</td> <td><input type="checkbox"/> Mental Retardation</td> <td><input type="checkbox"/> Public Assistance</td> </tr> <tr> <td><input type="checkbox"/> Emotionally Disturbed</td> <td><input type="checkbox"/> Emotionally Disturbed</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Vis/Hearing Impaired</td> <td><input type="checkbox"/> Vis/Hearing Impaired</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Learning Disability</td> <td><input type="checkbox"/> Learning Disability</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Physically Disabled</td> <td><input type="checkbox"/> Physically Disabled</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Other Med Condition</td> <td><input type="checkbox"/> Other Med Condition</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Lack Child Dev Knwl</td> <td><input type="checkbox"/> Behavior Problem</td> <td> </td> </tr> <tr> <td colspan="3" style="text-align:center;"><input type="checkbox"/> None of These Apply For This Child</td> </tr> </table> | | | | | | | CARETAKER | CHILD | HOUSEHOLD | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Alcohol Problem | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Drug Problem | <input type="checkbox"/> Inadequate Housing | <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> Financial Problem | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Emotionally Disturbed | | <input type="checkbox"/> Vis/Hearing Impaired | <input type="checkbox"/> Vis/Hearing Impaired | | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Learning Disability | | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Physically Disabled | | <input type="checkbox"/> Other Med Condition | <input type="checkbox"/> Other Med Condition | | <input type="checkbox"/> Lack Child Dev Knwl | <input type="checkbox"/> Behavior Problem | | <input type="checkbox"/> None of These Apply For This Child | | | 28. Type Reported <input type="checkbox"/> 29. Maltreatment Type Reported (number all that apply based on priority of maltreatment type reported) <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">ABUSE</td> <td style="width:50%; text-align:center;">NEGLECT</td> </tr> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Improper Supervision</td> </tr> <tr> <td><input type="checkbox"/> Emotional</td> <td><input type="checkbox"/> Improper Care</td> </tr> <tr> <td><input type="checkbox"/> Sexual</td> <td><input type="checkbox"/> Improper Disc (No Injuries)</td> </tr> <tr> <td><input type="checkbox"/> Delinquent Acts Involving Moral Turpitude</td> <td><input type="checkbox"/> Improper Disc (Injuries)</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Sexual)</td> <td><input type="checkbox"/> Injurious Environment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Injurious Environment (DV)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Injurious Environment (SA)</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Labor)</td> <td><input type="checkbox"/> Abandonment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Safe Surrender</td> </tr> <tr> <td><input type="checkbox"/> No Alleged Maltreatment For This Child</td> <td><input type="checkbox"/> Improper Med/Rem Care</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Adoption Law Violation</td> </tr> </table> | | ABUSE | NEGLECT | <input type="checkbox"/> Physical | <input type="checkbox"/> Improper Supervision | <input type="checkbox"/> Emotional | <input type="checkbox"/> Improper Care | <input type="checkbox"/> Sexual | <input type="checkbox"/> Improper Disc (No Injuries) | <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Improper Disc (Injuries) | <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Injurious Environment | | <input type="checkbox"/> Injurious Environment (DV) | | <input type="checkbox"/> Injurious Environment (SA) | <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Abandonment | | <input type="checkbox"/> Safe Surrender | <input type="checkbox"/> No Alleged Maltreatment For This Child | <input type="checkbox"/> Improper Med/Rem Care | | <input type="checkbox"/> Adoption Law Violation | 30. Type Found <input type="checkbox"/> 31. Findings Reason <input type="checkbox"/> 32. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.) <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">ABUSE</td> <td style="width:50%; text-align:center;">NEGLECT</td> </tr> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Imp. Supervision</td> </tr> <tr> <td><input type="checkbox"/> Emotional</td> <td><input type="checkbox"/> Imp. Care</td> </tr> <tr> <td><input type="checkbox"/> Sexual</td> <td><input type="checkbox"/> Imp. Disc (No Injuries)</td> </tr> <tr> <td><input type="checkbox"/> Delinquent Acts Involving Moral Turpitude</td> <td><input type="checkbox"/> Imp. Disc (Injuries)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Inj. Environment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Inj. Environment (DV)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Inj. Environment (SA)</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Sexual)</td> <td><input type="checkbox"/> Abandonment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Safe Surrender</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Labor)</td> <td><input type="checkbox"/> Imp. Med/Rem Care</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Adopt. Law Violation</td> </tr> </table> | | ABUSE | NEGLECT | <input type="checkbox"/> Physical | <input type="checkbox"/> Imp. Supervision | <input type="checkbox"/> Emotional | <input type="checkbox"/> Imp. Care | <input type="checkbox"/> Sexual | <input type="checkbox"/> Imp. Disc (No Injuries) | <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Imp. Disc (Injuries) | | <input type="checkbox"/> Inj. Environment | | <input type="checkbox"/> Inj. Environment (DV) | | <input type="checkbox"/> Inj. Environment (SA) | <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Abandonment | | <input type="checkbox"/> Safe Surrender | <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Imp. Med/Rem Care | | <input type="checkbox"/> Adopt. Law Violation |
| CARETAKER | CHILD | HOUSEHOLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Alcohol Problem | <input type="checkbox"/> Domestic Violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Drug Problem | <input type="checkbox"/> Inadequate Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> Financial Problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Public Assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Emotionally Disturbed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Vis/Hearing Impaired | <input type="checkbox"/> Vis/Hearing Impaired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Learning Disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Physically Disabled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Med Condition | <input type="checkbox"/> Other Med Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lack Child Dev Knwl | <input type="checkbox"/> Behavior Problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> None of These Apply For This Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABUSE | NEGLECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Improper Supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Improper Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Improper Disc (No Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Improper Disc (Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Injurious Environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Injurious Environment (DV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Injurious Environment (SA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Abandonment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Safe Surrender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> No Alleged Maltreatment For This Child | <input type="checkbox"/> Improper Med/Rem Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Adoption Law Violation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABUSE | NEGLECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Imp. Supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Imp. Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Imp. Disc (No Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Imp. Disc (Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Inj. Environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Inj. Environment (DV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Inj. Environment (SA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Abandonment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Safe Surrender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Imp. Med/Rem Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Adopt. Law Violation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 10. Child ID | 11. Child Name, Last | Child Name, First | MI | 12. Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. Date of Birth | 14. Sex | 15. Race | 16. Sch | 17. Gr | 18. Lv Ar | 19. Special Areas | 20. Source of Referral(s) | 20a. NF | 21. Juv | 22. Cri | 23. Perp Rel | 24. Post Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Contributory Factors-Order By Priority (number all that apply for caretaker, child and household separately) <table style="width:100%; border:none;"> <tr> <td style="width:33%; text-align:center;">CARETAKER</td> <td style="width:33%; text-align:center;">CHILD</td> <td style="width:33%; text-align:center;">HOUSEHOLD</td> </tr> <tr> <td><input type="checkbox"/> Alcohol Abuse</td> <td><input type="checkbox"/> Alcohol Problem</td> <td><input type="checkbox"/> Domestic Violence</td> </tr> <tr> <td><input type="checkbox"/> Drug Abuse</td> <td><input type="checkbox"/> Drug Problem</td> <td><input type="checkbox"/> Inadequate Housing</td> </tr> <tr> <td><input type="checkbox"/> SAI <input type="checkbox"/> DOU</td> <td><input type="checkbox"/> SAI <input type="checkbox"/> DOU</td> <td><input type="checkbox"/> Financial Problem</td> </tr> <tr> <td><input type="checkbox"/> Mental Retardation</td> <td><input type="checkbox"/> Mental Retardation</td> <td><input type="checkbox"/> Public Assistance</td> </tr> <tr> <td><input type="checkbox"/> Emotionally Disturbed</td> <td><input type="checkbox"/> Emotionally Disturbed</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Vis/Hearing Impaired</td> <td><input type="checkbox"/> Vis/Hearing Impaired</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Learning Disability</td> <td><input type="checkbox"/> Learning Disability</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Physically Disabled</td> <td><input type="checkbox"/> Physically Disabled</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Other Med Condition</td> <td><input type="checkbox"/> Other Med Condition</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Lack Child Dev Knwl</td> <td><input type="checkbox"/> Behavior Problem</td> <td> </td> </tr> <tr> <td colspan="3" style="text-align:center;"><input type="checkbox"/> None of These Apply For This Child</td> </tr> </table> | | | | | | | CARETAKER | CHILD | HOUSEHOLD | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Alcohol Problem | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Drug Problem | <input type="checkbox"/> Inadequate Housing | <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> Financial Problem | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Emotionally Disturbed | | <input type="checkbox"/> Vis/Hearing Impaired | <input type="checkbox"/> Vis/Hearing Impaired | | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Learning Disability | | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Physically Disabled | | <input type="checkbox"/> Other Med Condition | <input type="checkbox"/> Other Med Condition | | <input type="checkbox"/> Lack Child Dev Knwl | <input type="checkbox"/> Behavior Problem | | <input type="checkbox"/> None of These Apply For This Child | | | 28. Type Reported <input type="checkbox"/> 29. Maltreatment Type Reported (number all that apply based on priority of maltreatment type reported) <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">ABUSE</td> <td style="width:50%; text-align:center;">NEGLECT</td> </tr> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Improper Supervision</td> </tr> <tr> <td><input type="checkbox"/> Emotional</td> <td><input type="checkbox"/> Improper Care</td> </tr> <tr> <td><input type="checkbox"/> Sexual</td> <td><input type="checkbox"/> Improper Disc (No Injuries)</td> </tr> <tr> <td><input type="checkbox"/> Delinquent Acts Involving Moral Turpitude</td> <td><input type="checkbox"/> Improper Disc (Injuries)</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Sexual)</td> <td><input type="checkbox"/> Injurious Environment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Injurious Environment (DV)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Injurious Environment (SA)</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Labor)</td> <td><input type="checkbox"/> Abandonment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Safe Surrender</td> </tr> <tr> <td><input type="checkbox"/> No Alleged Maltreatment For This Child</td> <td><input type="checkbox"/> Improper Med/Rem Care</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Adoption Law Violation</td> </tr> </table> | | ABUSE | NEGLECT | <input type="checkbox"/> Physical | <input type="checkbox"/> Improper Supervision | <input type="checkbox"/> Emotional | <input type="checkbox"/> Improper Care | <input type="checkbox"/> Sexual | <input type="checkbox"/> Improper Disc (No Injuries) | <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Improper Disc (Injuries) | <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Injurious Environment | | <input type="checkbox"/> Injurious Environment (DV) | | <input type="checkbox"/> Injurious Environment (SA) | <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Abandonment | | <input type="checkbox"/> Safe Surrender | <input type="checkbox"/> No Alleged Maltreatment For This Child | <input type="checkbox"/> Improper Med/Rem Care | | <input type="checkbox"/> Adoption Law Violation | 30. Type Found <input type="checkbox"/> 31. Findings Reason <input type="checkbox"/> 32. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.) <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">ABUSE</td> <td style="width:50%; text-align:center;">NEGLECT</td> </tr> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Imp. Supervision</td> </tr> <tr> <td><input type="checkbox"/> Emotional</td> <td><input type="checkbox"/> Imp. Care</td> </tr> <tr> <td><input type="checkbox"/> Sexual</td> <td><input type="checkbox"/> Imp. Disc (No Injuries)</td> </tr> <tr> <td><input type="checkbox"/> Delinquent Acts Involving Moral Turpitude</td> <td><input type="checkbox"/> Imp. Disc (Injuries)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Inj. Environment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Inj. Environment (DV)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Inj. Environment (SA)</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Sexual)</td> <td><input type="checkbox"/> Abandonment</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Safe Surrender</td> </tr> <tr> <td><input type="checkbox"/> Human Trafficking (Labor)</td> <td><input type="checkbox"/> Imp. Med/Rem Care</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Adopt. Law Violation</td> </tr> </table> | | ABUSE | NEGLECT | <input type="checkbox"/> Physical | <input type="checkbox"/> Imp. Supervision | <input type="checkbox"/> Emotional | <input type="checkbox"/> Imp. Care | <input type="checkbox"/> Sexual | <input type="checkbox"/> Imp. Disc (No Injuries) | <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Imp. Disc (Injuries) | | <input type="checkbox"/> Inj. Environment | | <input type="checkbox"/> Inj. Environment (DV) | | <input type="checkbox"/> Inj. Environment (SA) | <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Abandonment | | <input type="checkbox"/> Safe Surrender | <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Imp. Med/Rem Care | | <input type="checkbox"/> Adopt. Law Violation |
| CARETAKER | CHILD | HOUSEHOLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Alcohol Problem | <input type="checkbox"/> Domestic Violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Drug Problem | <input type="checkbox"/> Inadequate Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> SAI <input type="checkbox"/> DOU | <input type="checkbox"/> Financial Problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Public Assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Emotionally Disturbed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Vis/Hearing Impaired | <input type="checkbox"/> Vis/Hearing Impaired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Learning Disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Physically Disabled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Med Condition | <input type="checkbox"/> Other Med Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lack Child Dev Knwl | <input type="checkbox"/> Behavior Problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> None of These Apply For This Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABUSE | NEGLECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Improper Supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Improper Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Improper Disc (No Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Improper Disc (Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Injurious Environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Injurious Environment (DV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Injurious Environment (SA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Abandonment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Safe Surrender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> No Alleged Maltreatment For This Child | <input type="checkbox"/> Improper Med/Rem Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Adoption Law Violation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABUSE | NEGLECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Imp. Supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Imp. Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Imp. Disc (No Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude | <input type="checkbox"/> Imp. Disc (Injuries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Inj. Environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Inj. Environment (DV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Inj. Environment (SA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Sexual) | <input type="checkbox"/> Abandonment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Safe Surrender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> Imp. Med/Rem Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Adopt. Law Violation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |