



C-FIRST! Training

Hotline Learner Guide

Tennessee Department of Children's Services



Hotline Course Learner Agenda

Course Introduction

Lesson	Task
Let's Dive In	Introduction to the Course
Case Scenario: The Penn Family	What to Expect
Case Scenario: The Penn Family	Your Role
Case Scenario: The Penn Family	Course Objective
Case Scenario: The Penn Family	Icons Used Throughout the Course

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Lesson 1: System Navigation and Overview	Task 2: Today's Task Section
Lesson 1: System Navigation and Overview	Task 3: Pending Intakes Section
Lesson 1: System Navigation and Overview	Task 4: My P1 and P2 Intake Records Section
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Lesson 1: System Navigation and Overview	Task 9: Recently Viewed Intakes and All Intakes Lists View

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Lesson 2: Linking Intakes	Task 1: Associate Multiple Intakes Together

Lesson	Task
Lesson 2: Linking Intakes	Task 2: Link Intakes to Existing Cases/Investigations

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Lesson	Task
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Lesson 1: Person Search and Establishment	Task 3: Create New Person Records When No Match is Found in the System
Lesson 1: Person Search and Establishment	Task 4: Search for an Existing Person Using Name and Date of Birth
Lesson 1: Person Search and Establishment	Task 5: Search for a Child Using Limited Information
Lesson 1: Person Search and Establishment	Task 6: Person Record Approvals
Lesson 2: Adding and Managing Persons	Task 1: Add Multiple Persons to an Intake (Victims, Perpetrators, Referents, Witnesses)
Lesson 2: Adding and Managing Persons	Task 2: Enter Person Information
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Lesson	Task
Lesson 1: Documenting Allegations	Task 3: Create Allegations with Appropriate Abuse/Neglect Categories and Sub-Categories
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Lesson	Task
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Lesson	Task
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Lesson 1: Using the Intake Assistant	Task 4: Refresh Insights After Narrative Updates
Lesson 1: Using the Intake Assistant	Task 5: Populate the Intake with Validated Information
Lesson 1: Using the Intake Assistant	Task 6: Complete the Intake Using Standard Process

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Module 8: Finalizing an Intake and Supervisor/Admin Functions

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Lesson 1: Intake Supervisor/Analyst Dashboard and Management	Task 2: Access Reports Outside of the Dashboard
Lesson 1: Intake Supervisor/Analyst Dashboard and Management	Task 3: Track P1 and P2 Priority Intakes
Lesson 1: Intake Supervisor/Analyst Dashboard and Management	Task 4: Review Intake Completion Rates and Pending Assignments
Lesson 1: Intake Supervisor/Analyst Dashboard and Management	Task 5: Assign or Reassign Intakes to Workers
Lesson 2: Complete the Persons and Review Procedures	Task 1: Identify Situations Requiring Screening Decision Overrides
Lesson 2: Complete the Persons and Review Procedures	Task 2: Document Screening, Priority, and Track Assignment Override Reasons

Lesson	Task
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Lesson 2: Complete the Persons and Review Procedures	Task 7: Create Investigation Records from Screened-In Intakes
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Let's Dive In

Welcome to the C-FIRST! Hotline Training Course. In this course, you'll learn how to create and manage Intakes in C-FIRST! including capturing caller information, documenting allegations, completing screening assessments, and routing reports for investigation. You'll practice navigating the **Intake** module, building complete and accurate records, and processing reports from first call to supervisor submission.

Let's begin with answers to questions that may be top of mind for you:

Where do I see my workload?

Your **dashboard** shows your active work organized by urgency. It highlights items like Intakes pending completion, submitted Intakes awaiting supervisor review, returned Intakes requiring corrections, and Services Requests needing follow-up. C-FIRST! tracks your Intake progress through the **Stepper** so you can see exactly where you are in each report and what requires attention next.

How is Intake information organized?

Each report is managed as an Intake. The **Stepper** guides you through required sections: **Basic Information, Persons, Addresses, Allegations, Questionnaire (ISAQ), Disposition, and Complete.** Related lists and tabs organize supporting information like attachments, Intake history, and linked records. You'll move between these sections within the Intake to complete your documentation.

How do I get a quick overview of an Intake?

The Intake brings together key information so you can orient quickly. It shows the incident narrative, persons involved (alleged victims and perpetrators), reporter details, allegation types, ISAQ screening results, and the recommended screening decision, priority, and track assignment.

How are steps tracked?

The **Stepper** tracks your progress through each Intake section. Completed steps are marked with a green check, and the overall progress percentage increases until all steps are finished. You can complete most Intake steps in any order, except for **Complete** and **Finalized Notes**, which must be finished at the end.

What is a cloned Intake?

A cloned Intake in C-FIRST! is a new Intake that is created by duplicating information from an existing Intake. You can clone Intakes regardless of status, except inactive Intakes. When an Intake is cloned, data is duplicated from the original to the clone and can be edited.

What is a Services Request?

A Services Request is used to record information received via phone calls and/or email. Services Requests are used for documentation purposes only. A Services Request will not send notifications or Intakes to the region. They can be used to document information requests or other calls that do not result in any Intake.

A Services Request is a new concept, and they are different from resource linkage because they are not assigned to a region. A Services Request cannot be cloned.

Case Scenario: The Penn Family

The Penn household has come to the attention of the Tennessee Department of Children's Services (DCS) due to serious concerns about the living conditions and treatment of a 10-year-old child named Harry Penn.

A neighbor, Mrs. Arabelle Pike, calls the Child Abuse Hotline to report that the child, Harry, is being forced to live in a cupboard under the stairs, appears malnourished, wears oversized and ill-fitting clothes, and has been physically struck by his uncle on multiple occasions. She also observes that Harry is required to perform excessive household chores inappropriate for his age while the family's biological son receives preferential treatment.

What to Expect

Throughout the course, you will be guided through the Intake process as it unfolds in real time. You will be tasked with:

1. Creating a new Intake and capturing basic information from the caller.
2. Adding person records for the alleged victim and alleged perpetrators.
3. Validating and associating addresses with Intake persons.
4. Documenting specific allegations of physical abuse and neglect.
5. Completing the ISAQ screening questionnaire to determine priority and track.
6. Reviewing disposition recommendations and applying your professional judgment.
7. Submitting the Intake for supervisor review.

Your Role

You are responsible for accurately documenting everything the caller reports. You will capture details about the child, the alleged perpetrators, the living situation, and the specific concerns. Your documentation must be thorough enough for investigators to understand the situation and locate the family quickly.

Course Objective

By the end of this training, you will have hands-on experience navigating the C-FIRST! **Intake** module, applying screening criteria, and managing an Intake from initial call to supervisor submission. You will gain practical skills in documentation, person management, address validation, allegation categorization, and ISAQ completion preparing you for real-world Hotline work.

Icons Used Throughout the Course

The following icons are used throughout this guide. Refer to the table below to understand what they mean.

Icon	Description
	System Tip! This icon highlights technical guidance for navigating and using specific features within C-FIRST!.
	Process Tip! This icon provides workflow guidance and important operational notes that help users apply DCS policies and procedures to C-FIRST!.
	Win! This icon identifies new system capabilities that automate manual tasks or reduce the number of steps required to complete your work.

Module 1: General Navigation

The **Dashboard** organizes information into widgets tailored to your role, so you will see what is most relevant to your immediate role and responsibilities.

Module Objectives

After completing this module, you will be able to:

- Describe the main components of the C-FIRST! dashboard
- Navigate the different sections of the C-FIRST! Homepage
- Describe the Intake creation and completion process in C-FIRST!

Lesson 1: System Navigation and Overview

This lesson introduces the **Homepage** layout, dashboard widgets, navigation menus, and list views you will use daily as an Intake Specialist. You will explore each section of the interface so you can quickly locate the tools and information you need when a call comes in.

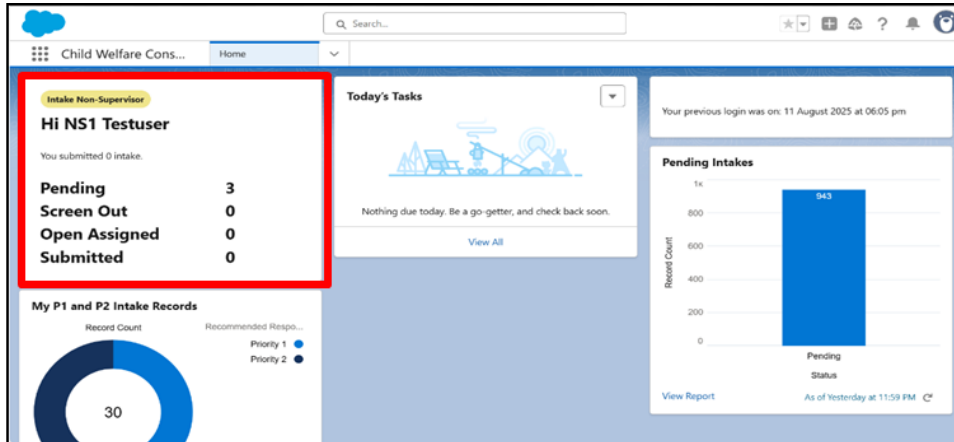
Scenario Background

You start your day by logging into C-FIRST! to manage a new set of Intakes and Services Requests. With your computer powered on and ready, you will use C-FIRST! to document and track each step of the Intake process from beginning to end. After you login to the system, you will review your dashboard, check for new Intakes and Services Requests, and get ready to process each case efficiently and thoroughly.

Task 1: Greetings Section

The **Greetings** section displays your username, current role, and a quick count of your Intakes by status (*Pending*, *Submitted*, *Open Assigned*, and *Screen Out*). It includes:

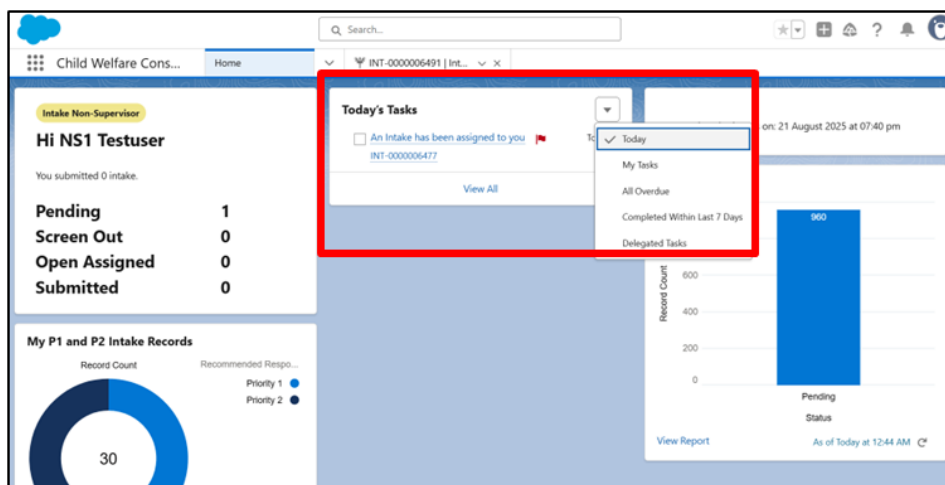
- **Username:** This displays the user's name.
- **Role:** This indicates the user's role.
- **Pending:** This displays the number of pending Intakes.
- **Open Assigned:** This displays the number of open assigned Intakes.
- **Submitted:** This displays the number of submitted Intakes.



Task 2: Today's Task Section

The **Today's Task** section displays the tasks that are scheduled for the current day. You may have a task, such as assigned Intakes from online reports that need to be completed or Intakes that have been returned to you from a supervisor, assigned to you before logging in or taking a call. It includes:

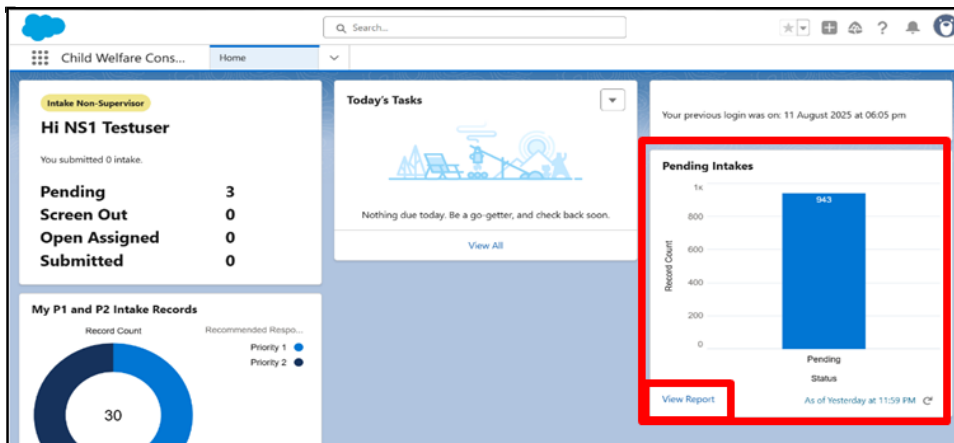
- **View All Link:** This link allows users to view all the tasks.
- **Today:** This view displays tasks that are due today.
- **My Tasks:** This list view displays tasks that are assigned to the user.
- **All Overdue:** This list view displays tasks that have not been completed by their due date.
- **Completed Within Last 7 Days:** This list view displays recently completed tasks, those that were completed in the past seven days.



Task 3: Pending Intakes Section

The **Pending Intakes** section provides users with a graphical representation of pending Intakes. It includes:

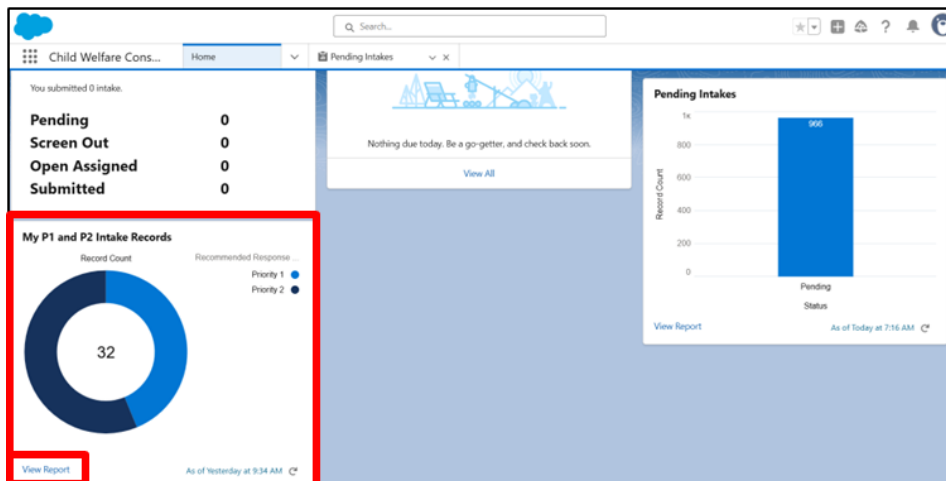
- **View Report Link:** This link provides a detailed report with a graph on pending Intakes, provides the Intake IDs, and the Intake name.



Task 4: My P1 and P2 Intake Records Section

The **My P1 and P2 Intake Records** section displays the count of Intakes grouped by their priority, submitted to the logged-in disposition approver. It includes:

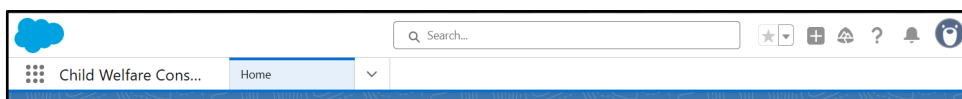
- **View Report Link:** This link provides a detailed report on P1 and P2 Intakes with a pie chart.



Task 5: Top Navigation Bar

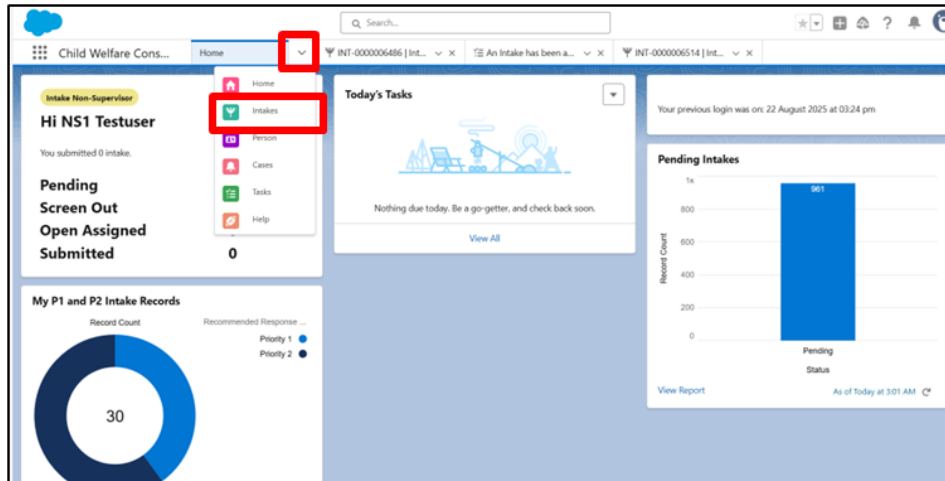
The **Top Navigation Bar** contains elements to help navigate through C-FIRST!. It includes:

- **App Launcher Icon:** This icon allows users to switch between different consoles and applications like Child Welfare
- **Global Search Bar:** This search bar is located at the top of the screen that enables users to search for records across multiple objects, including Intakes, cases, and persons, across C-FIRST!. In C-FIRST!, an object is like a folder that holds a certain type of information such as Person, Cases, or Providers. Each object contains records, which are the individual entries like on specific child's profile or one case.
- **Add Favorite Icon:** This icon is used to bookmark or add favorite screens, for users to quickly jump to or view the screens easily.
- **Global Actions Icon:** This icon is used to create new tasks, events, notes, persons, or to log a call and email.
- **Guidance Center:** This is a go-to resource for any help and provides relevant articles for built-in support.
- **Salesforce Help:** This provides access to help and training with resources or support.
- **Notifications/Bell Icon:** This alerts the users to new notifications or updates related to the Intakes, cases, persons, etc.
- **View Profile Icon:** This icon displays the user's profile details, settings, username, display density, and logout.



Task 6: Home Drop-Down

The **Home** drop-down navigates users to different record types.



Task 7: Intakes Screen Action Buttons

The **Intakes** screen action buttons allows users to take action on the Intakes. It includes:

- **New:** This button allows users to create a new Intake or Services Report.
- **Update Worker(s):** This button allows supervisors, directors, and other higher officials to update the information of the users assigned to specific Intakes.

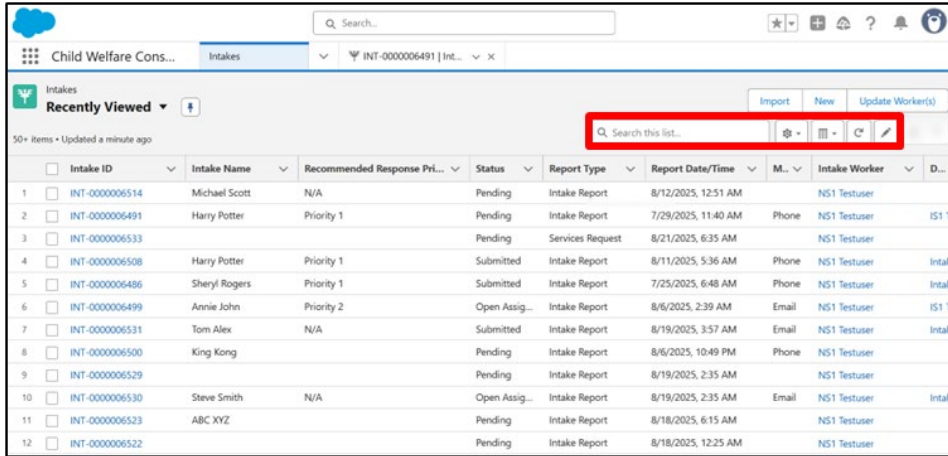
	Intake ID	Intake Name	Recommended Response Pri...	Status	Report Type	Report Date/Time	M...	Intake Worker	D...
1	INT-0000006514	Michael Scott	N/A	Pending	Intake Report	8/12/2025, 12:51 AM		NS1 Testuser	
2	INT-0000006491	Harry Potter	Priority 1	Pending	Intake Report	7/29/2025, 11:40 AM	Phone	NS1 Testuser	IS1 T
3	INT-0000006533			Pending	Services Request	8/21/2025, 6:35 AM		NS1 Testuser	
4	INT-0000006508	Harry Potter	Priority 1	Submitted	Intake Report	8/11/2025, 5:36 AM	Phone	NS1 Testuser	Intak
5	INT-0000006486	Sheryl Rogers	Priority 1	Submitted	Intake Report	7/25/2025, 6:48 AM	Phone	NS1 Testuser	Intak
6	INT-0000006499	Annie John	Priority 2	Open Assig...	Intake Report	8/6/2025, 2:39 AM	Email	NS1 Testuser	IS1 T
7	INT-0000006531	Tom Alex	N/A	Submitted	Intake Report	8/19/2025, 3:57 AM	Email	NS1 Testuser	Intak
8	INT-0000006500	King Kong		Pending	Intake Report	8/6/2025, 10:49 PM	Phone	NS1 Testuser	
9	INT-0000006529			Pending	Intake Report	8/19/2025, 2:35 AM		NS1 Testuser	
10	INT-0000006530	Steve Smith	N/A	Open Assig...	Intake Report	8/19/2025, 2:35 AM	Email	NS1 Testuser	Intak
11	INT-0000006523	ABC XYZ		Pending	Intake Report	8/18/2025, 6:15 AM		NS1 Testuser	
12	INT-0000006522			Pending	Intake Report	8/18/2025, 12:25 AM		NS1 Testuser	

Task 8: Intakes List Controls

The **Intakes List Controls** displays elements to access search, different views, and refresh the screen. It includes:

- **Search Bar:** The search bar enables users to search for Intakes, cases, and persons within the displayed list.

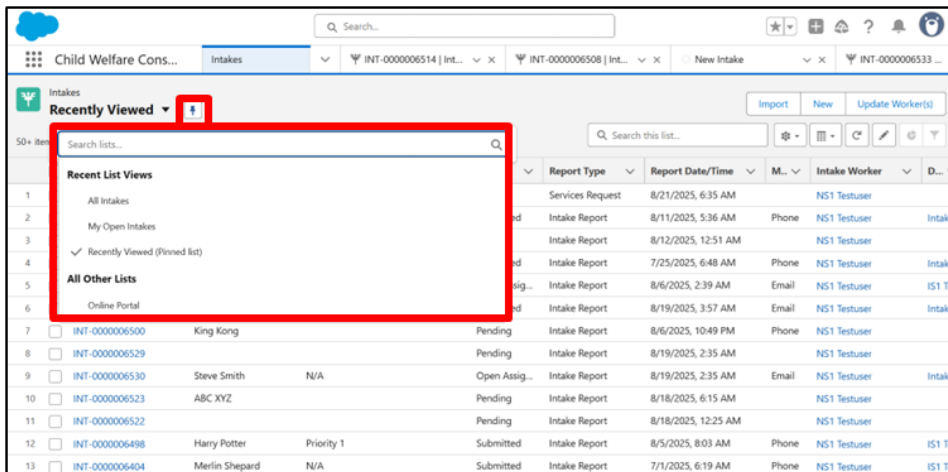
- **List View Controls:** This icon allows users to create a new record, and to reset the column width.
- **Select List Display:** There are three list displays: Table, Kanban, and Split View. This allows users to choose which custom list view to display.
- **Refresh:** This allows the users to refresh the Intakes on the page.



	Intake ID	Intake Name	Recommended Response Pri...	Status	Report Type	Report Date/Time	M...	Intake Worker	D...
1	INT-0000006514	Michael Scott	N/A	Pending	Intake Report	8/12/2025, 12:51 AM		NS1 Testuser	
2	INT-0000006491	Harry Potter	Priority 1	Pending	Intake Report	7/29/2025, 11:40 AM	Phone	NS1 Testuser	IS1 T
3	INT-0000006533			Pending	Services Request	8/21/2025, 6:35 AM		NS1 Testuser	
4	INT-0000006508	Harry Potter	Priority 1	Submitted	Intake Report	8/11/2025, 5:36 AM	Phone	NS1 Testuser	Intak
5	INT-0000006486	Sheryl Rogers	Priority 1	Submitted	Intake Report	7/25/2025, 6:48 AM	Phone	NS1 Testuser	Intak
6	INT-0000006499	Annie John	Priority 2	Open Assig...	Intake Report	8/6/2025, 2:39 AM	Email	NS1 Testuser	IS1 T
7	INT-0000006531	Tom Alex	N/A	Submitted	Intake Report	8/19/2025, 3:57 AM	Email	NS1 Testuser	Intak
8	INT-0000006500	King Kong		Pending	Intake Report	8/6/2025, 10:49 PM	Phone	NS1 Testuser	
9	INT-0000006529			Pending	Intake Report	8/19/2025, 2:35 AM		NS1 Testuser	
10	INT-0000006530	Steve Smith	N/A	Open Assig...	Intake Report	8/19/2025, 2:35 AM	Email	NS1 Testuser	Intak
11	INT-0000006523	ABC XYZ		Pending	Intake Report	8/18/2025, 6:15 AM		NS1 Testuser	
12	INT-0000006522			Pending	Intake Report	8/18/2025, 12:25 AM		NS1 Testuser	

Task 9: Recently Viewed Intakes and All Intakes Lists View

Recently Viewed Intakes and **All Intakes** list views display Intakes users recently accessed or viewed. These list views also display all Intakes in C-FIRST! with their status (Pending, Submitted, and Open Assigned) and type (abuse, neglect, information-only, and service request).



	Report Type	Report Date/Time	M...	Intake Worker	D...
1	Services Request	8/21/2025, 6:35 AM		NS1 Testuser	
2	Intake Report	8/11/2025, 5:36 AM	Phone	NS1 Testuser	Intak...
3	Intake Report	8/12/2025, 12:51 AM		NS1 Testuser	
4	Intake Report	7/25/2025, 6:48 AM	Phone	NS1 Testuser	Intak...
5	Intake Report	8/6/2025, 2:39 AM	Email	NS1 Testuser	IS1 Te...
6	Intake Report	8/19/2025, 3:57 AM	Email	NS1 Testuser	Intak...
7	Intake Report	8/6/2025, 10:49 PM	Phone	NS1 Testuser	
8	Intake Report	8/19/2025, 2:35 AM		NS1 Testuser	
9	Open Assig...	8/19/2025, 2:35 AM	Email	NS1 Testuser	Intak...
10	Intake Report	8/18/2025, 6:15 AM		NS1 Testuser	
11	Intake Report	8/18/2025, 12:25 AM		NS1 Testuser	
12	Submitted	8/5/2025, 8:03 AM	Phone	NS1 Testuser	IS1 Te...
13	Submitted	7/1/2025, 6:19 AM	Phone	NS1 Testuser	IS1 Te...

Module 2: Start an Intake and Add Basic Information

This module teaches you how to start an Intake and complete the **Basic Information** screen. An Intake is the official record created when a report of suspected child abuse or neglect is received, historically referred to as referrals. In the C-FIRST! system, Intakes will also cover resource linkage, border agreements, and courtesy requests. The **Basic Information** screen allows you to capture the core details of every report including whether it was a phone call, walk-in, email, online portal submission, or other channel.

When you create or edit an Intake, you will see a **Stepper** on the right side of the screen that helps anchor where you are in the Intake process. This **Stepper** feature displays the following sections:

- **Basic Information** (document the report)
- **Add Persons** (identify individuals involved)
- **Allegations** (specify abuse/neglect types)
- **Questionnaire** (answer screening questions)
- **Disposition** (finalize decision completed by the user completing the Intake)
- **Complete** (the final decision and assignment is completed by the supervisor and Intake analyst)

The screenshot displays the 'Basic Information' screen for an Intake in the C-FIRST! system. The interface includes a search bar at the top, a navigation menu on the left, and a main content area with a form and a 'Stepper' on the right.

Form Fields:

- Intake ID:** INT-0000006531
- Status:** Submitted
- Intake Last Name:** Alex
- Intake First Name:** Tom
- ISAQ Decision:** (Empty)
- ISAQ Required:** (Empty)
- Screen Out Reason:** (Empty)
- Final ISAQ Decision:** (Empty)
- Screen In:** (Empty)
- Final Response Priority:** N/A

Stepper Progress:

- Basic Information** (Completed)
- Add Persons** (Completed)
- Allegations** (Completed)
- Questionnaire** (Completed)
- Disposition** (Completed)

Overall Progress: 100%

Module Objectives

After completing this module, you will be able to:

- Navigate the **Basic Information** screen and complete all required fields
- Distinguish between an Intake and a Services Request
- Complete an incident narrative

Lesson 1: Complete Basic Information

The most important field on the **Basic Information** screen is the **Incident Narrative**, which allows up to 32,000 characters and can expand as workers type longer descriptions of what occurred. The **Basic Information** screen is organized into eight sections that capture additional context related to the Intake.

Scenario Background

You receive a call from Mrs. Arabelle Pike, a neighbor reporting serious concerns about 10-year-old Harry Penn. Mrs. Pike states that Harry is being forced to live in a cupboard under the stairs, appears malnourished, and has been physically struck by his uncle Vernon Penn on multiple occasions.

She describes seeing bruises on Harry's arms and notes that he performs excessive household chores while the family's biological son Dudley receives preferential treatment. Mrs. Pike provides the family's address at 4 Privet Drive in Nashville.

You need to create a new Intake in C-FIRST! and document the incident narrative while Mrs. Pike is still on the line. The **Basic Information** screen captures the core details of every report including the caller's statements, how the report was received, and identifying information for the family.

Task 1: Create a New Intake and Add Incident Narrative

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*.
2. Click **New** to initiate a new Intake and click the **Intake Report** radio button.
3. Click **Next**.

4. Click the **Incident Narrative** field, enter the incident narrative. This is a text box where users can document any special circumstances, or any relevant content related to the Intake. If the **Incident Narrative Summary** field is left blank, C-FIRST! will display a validation error stating, "Complete this field".

Note: Consider the following when entering the incident narrative:

- The **Incident Narrative** field allows up to 32,000 characters and expands as you type. Write in complete sentences. Avoid abbreviations except standard ones (DCS, CPS). Use objective language and distinguish between facts, observations, and allegations.
- Document who, what, when, where, why, and how. Use the reporter's exact words, when possible. Include the child's statements, observed injuries or conditions, dates/times of alleged incidents, any immediate safety concerns, and reporter's relationship to child.



System Tip!

You can use the Intake Assistant button to help create the **Incident Narrative** field. Review Module 7: Intake Assistant for more information.

Task 2: Complete the Information Section

After completing the incident narrative, you'll enter the required information that identifies this Intake and documents how the report was received. Most fields in this section are either auto-populated by the system or only become active under specific conditions. Your primary task is to enter the Intake name and report method. While it is understood that not all details may be known at the time, it is essential to ask for and document as much of this information as possible. Collecting this data is critical because the Alleged Perpetrator and Alleged Child Victim must be established in the system before the report is forwarded to the region.

1. Click the **Intake Last Name** field, enter the last name of the child or family being reported. For this scenario, enter *Penn####*.

2. Click the **Intake First Name** field, enter the first name of the child being reported. For this scenario, enter *Harry*.
3. Click the **Method of the Report** drop-down, select how the caller contacted the user. For this scenario, select *Phone*. The options include:
 - *Email*
 - *Fax*
 - *Investigative Order*
 - *Online*
 - *Phone*
 - *US Mail*
 - *Walk In*
4. Verify the **Report Date/Time** field displays the correct date and time. This auto-populates when you create the Intake, but you can manually correct it if needed.
5. In the **Report Type** section, click the **Report Type** drop-down and select the appropriate report type. The options include:
 - *Intake Report*
 - *Services Request*
6. Click the **Directions to Locate Child** field, enter any information that will help investigators find the family.

Note: In **Directions to Locate Child**, include complete street address, apartment/unit number, cross streets or landmarks, gate codes or access instructions, best time to find family at home, and any location-specific safety concerns.

7. Click the **Danger to Worker** field, if the reporter mentions any potential danger to workers, and select the appropriate option. The options include:
 - *None*
 - *Weapons in Home*
 - *Aggressive Behavior*
 - *Dangerous Animals*
 - *Other*
8. Leave the remaining fields as their default values. The system will populate them as you progress through the Intake.

Field	Description
ISAQ Decision	These fields are automatically populated after supervisor review and approval. Non-supervisors cannot edit these fields. They display the final disposition after screening is complete.
Screen Out Reason	This field captures the screen out reason. The options include: • <i>Concerns previously investigated by DCS</i> • <i>DCS does not have jurisdiction, referred to another investigative agency</i> • <i>Does not meet the definition of abuse or neglect per Tennessee Law and Rules</i> • <i>Insufficient information provided to locate the child and/or family</i> • <i>Referred for follow up to local DCS office currently involved with the child</i> • <i>Referred to Law Enforcement due to child's age and alleged perpetrator relationship</i> • <i>Related to Prenatal Abuse/Neglect</i>
Final ISAQ Decision	The fields Final ISAQ Decision , Final Response Priority , and Final Track Assignment on the Complete screen are auto populated after the supervisor completes their review. These fields display the ultimate disposition decision for quick reference without navigating through multiple screens.
Response Priority	This drop-down lists the urgency of the report that it needs to be addressed at. The options include: • <i>Priority 1</i> • <i>Priority 2</i>
Final Track Assignment	This drop-down indicates the path a case will follow after the initial Intake. The options include: • <i>Assessment</i> • <i>Border Agreement</i> • <i>Investigation</i> • <i>Out of State Courtesy</i> • <i>Resource Linkage</i>

Field	Description
Status	This drop-down indicates the current stage or status of the Intake. The default status while creating an Intake is <i>Pending</i>. The options include: • <i>Pending</i> • <i>Submitted</i> • <i>Screen Out</i> • <i>Open Assigned</i> • <i>Inactive</i>
Inactive Confirmation	This field confirms whether the Intake or person is inactive. Click to check this field to indicate the inactive status has been reviewed and confirmed. This field is grayed out otherwise. The options include: • <i>Yes</i> • <i>No</i>

Knowledge Check!

Which option is NOT a valid method of report in the Method of the Report field in C-FIRST!?

- A. Walk In
- B. Online
- C. Text Message
- D. US Mail

Task 3: Enter Provider Information

The **Provider Information** section is only required if it pertains to an allegation involving a provider. Users only enter information in the **Provider Information** section if applicable.

1. Scroll down to the **Provider Information** section.
2. Click the **Alleged Perpetrator** drop-down and select if the provider is the Alleged Perpetrator.
3. Click the **Incident occurred in Congregate Care?** drop-down and select if the incident occurred in congregate care.
4. Click **Save and Proceed** to complete the **Provider Information** section. The **Add Persons** screen displays.

The **Provider Information** section includes:

- **Provider is Alleged Perpetrator?:** This drop-down lists whether the provider (such as a foster parent, group home, or service agency) is alleged to have committed the incident or violation being reported.
- **Incident Occurred in Congregate Care?:** This drop-down lists if the incident took place in a congregate care setting (e.g., group home, residential facility) as opposed to a family-based or individual care setting.
- **Last Name/Organization Name:** This field captures the last name of an individual provider, or the name of the organization involved in the case or incident.
- **Provider Person:** This field identifies the specific individual provider involved in the case or incident (e.g., a foster parent, staff member).
- **Other Provider:** This field allows entry of additional provider(s) associated with the incident who may not be the primary provider but are still relevant to the case.
- **Provider Type:** This drop-down lists the category or classification of the provider (e.g., foster home, group home, residential treatment center, agency).
- **Provider Has Foster Children in Care:** This drop-down lists whether the provider currently has foster children placed in their care.
- **Provider Has Non-Foster Children in Care:** This drop-down lists if the provider also cares for children who are not in the foster care system (e.g., biological or adopted children, or others).

Lesson 2: Linking Intakes

Scenario Background:

In this lesson we will look at the capability of C-FIRST! to associate related Intake Reports/cases/submissions for cross reference purposes (such additional Intakes may or may not be counted in the total number of reports based on policy and business needs).

Associating multiple Intakes together is beneficial when there are multiple calls from different people regarding the same incident. Instead of screening out the subsequent calls, workers can document

each call and link the Intakes together to show the relationship between the Intakes.

Now that you are comfortable navigating C-FIRST!, it's time to work with linking Intakes. Today, you receive several calls from different people about the same incident involving a child, a situation for which you entered an Intake yesterday. As you document each new call, use the C-FIRST! Related Lists to link these new Intakes together as companion Intakes since they all refer to the same incident and incident date.

Be sure to connect each companion Intake to any open case for the child, so that all information is organized and easily accessible for the team. As you link records, clearly document the relationship indicating that these are companion Intakes reporting the same concern from multiple sources.

In this exercise you will perform the following tasks:

- Associate multiple Intakes together
- Link Intakes to existing cases and Investigations

Task 1: Associate Multiple Intakes Together

Related Lists in C-FIRST! show links to information connected to an Intake Record, like Intake Persons, Associated Intakes, Cases, Addresses, and Allegations, it also allows the users to link the Intakes that might be assigned to the same user. These links allow the users to view and work with related data directly from the **Intake** screen.

1. From the **Homepage**, click the **Home** drop-down, then select **Intakes**. The **Recently Viewed Intakes** screen displays.
2. Search for an **Intake Name** or click the **Intake Report** from the list. The **Intake Report** displays.

Note: The **Related List Quick Links** section, includes the following hyperlinks:

- **Intake Persons:** This provides details about the individuals involved in the Intake, such as family members or witnesses.
- **Allegations:** This displays all the unproven claims of wrongdoing that need Investigation and specific concerns reported in the Intake for follow-up.

- **Intake History:** This captures changes made to the **Assigned Supervisor, Inactivate Reason, Intake First Name, Intake Last Name, Assigned Intake Hotline Worker, Priority Decision Override, Screening Decision Override,** and **Status** fields on an Intake.
 - **Associated Intakes:** This connects related Intake Records by creating an association between several Intakes.
 - **Intake Addresses:** This links addresses by type for the Intake Record and Intake Persons.
 - **Associated Cases:** This associates Cases by connecting related Cases by linking them.
 - **Attachments:** This allows the user to add files to the **Attachments** hyperlink or to upload a new document.
3. Click the **Associated Intakes** hyperlink. The **Associated Intakes** screen displays.
Note: Currently, there are no Intakes connected to this Intake.
 4. Click **New** at the top right corner of the screen to associate an Intake to another Intake and add the Associated Intake ID. The **New Association** pop-up displays.

**Process Tip!**

To find the Intake ID for the association, refer to the **Intakes** screen and note the Intake ID. Users can also create a new Intake on the next screen.

5. Enter an **Associated Intake ID** and select from the drop-down to create a new Intake Record association.
6. Click **Save** to link the two Intakes together. The association is created successfully.

**Process Tip!**

Users can associate the Intakes only when both Intakes have the same Incident Dates. If the dates don't match, the system will display an error.

Knowledge Check!

When can you associate two Intakes together?

- A. When they have the same assigned user
- B. Only if Allegations match
- C. Only if both Intakes have the same Incident Dates
- D. Any time, regardless of details

Task 2: Link Intakes to Existing Cases/Investigations

Sometimes, there are subsequent calls about the same incident, the family has open Cases, or multiple reports concern related situations. Linking related Intakes and Cases provides investigators with a complete context, allowing them to identify patterns, avoid duplicate efforts, and make informed decisions more quickly. Associate Cases to Intakes when a new Intake involves a family with an existing open Case.

1. In the **Related List Quick Links** section, click the **Associated Cases** hyperlink. The **Associated Cases** screen displays.
2. Click **New** at the top right corner of the screen to associate a Case to an Intake and add the Associated Case. The **New Association: Intake Association** screen displays.
3. Enter an **Associated Case Name** or **Case ID** (if known) in the field to create a new Case association.
4. Click **Save** to link the Case to the Intake. The association is created successfully.

Module 3: Add Persons to an Intake

After documenting the incident narrative, you must identify and document everyone involved in the report. You will utilize the **Add Person** screen to build a complete profile of everyone involved in the case.

Beyond entering demographics and contact information, the system allows you to search for matches against existing records, encouraging you connect people to their historical data. Before leaving this screen, you must document relationships to the primary child victim and, for identified victims, specify their current living arrangement.

Module Objectives

After completing this module, you will be able to:

- Add and associate multiple persons with an Intake
- Manage and update person records within an Intake
- Describe how to add addresses in C-FIRST!
- Explain how to associate an address to an Intake person

Lesson 1: Person Search and Establishment

Person Management in C-FIRST! enables users to search for people already in C-FIRST!, create new person records when needed, and maintain profiles for everyone connected to DCS.

Finding People in the System

Before creating a new person record, users must first search to see if that individual already exists in C-FIRST!. C-FIRST! assigns every person a **unique person identifier** that stays with them across all cases and interactions with DCS. Users can search using three methods: **Person Detail** (searching by name and demographics), **Address Detail** (searching by location information), and **Case Detail** (finding people through their case history).

When search results appear, workers carefully review potential matches to determine if they've found the right person or if they need to create a new record. This prevents duplicate entries and makes sure that a person's complete history with DCS remains connected.

Note: C-FIRST! allows users to create an Intake with an unknown Intake person without generating a PID. If the Intake persons do not

have a PID, their information is not transferred as case persons. This enables users to avoid entering duplicate persons and continue collecting information in cases where the person's identity is not yet known or cannot be ascertained. The Alleged Perpetrator (AP) and the Alleged Child Victim (ACV) must be established by the supervisor prior to the Intake going to the region. Please collect as much information as possible on these people to reduce duplication.

Why should new Intake Persons be linked to existing records (if any)?

Linking new Intake persons to existing records makes sure that information remains connected across cases. For example, linking a new perpetrator to an existing record allows caseworkers to view all past allegations they were involved in. This process prevents duplicate records, provides a full history of reports and cases, improves decision-making, and saves time by reducing repetitive data entry.

Upon completion of this lesson, you will be able to:

1. Create and link Intake persons to existing person records
2. Identify when an Intake person meets the minimum requirements for PID generation
3. Create new person records when no match is found in C-FIRST!

In this exercise you will perform the following tasks:

- Establish Intake persons and link them to existing records
- Identify when an Intake person meets minimum requirements for PID
- Create new person records when no match is found in the system

Scenario Background

You have verified person establishment for the Penn family Intake and are ready to complete your supervisory review. The user documented physical abuse allegations against Peter Hensley and neglect allegations against both Peter and Sharon Hensley. The ISAQ generated a recommendation of Screen In, Priority 2, Investigation track based on the documented allegations.

As Intake Supervisor/Analyst, you must evaluate whether these recommendations align with your professional judgment given the case circumstances—a 10-year-old child forced to sleep in a cupboard,

appearing malnourished, and struck multiple times by his uncle. You have authority to override screening decisions, priority levels, and track assignments with documented justification. If the Intake contains errors or missing information, you will return it to the user for corrections. Once satisfied with completeness and accuracy, you will approve the Intake and create the investigation record for assignment to a user.

Task 1: Establish Intake Persons and Link Them to Existing Person Records

1. From the **Homepage** dashboard, click the **Home** drop-down and select *Intakes*. The **Intakes** screen displays.
2. Click the relevant Intake from the **Intake ID** column. The **Basic Information** screen displays. From the **Stepper**, click the **Add Persons** section. The **Add Persons** screen displays. On this screen, users may click the following tabs to perform a wide range of functions:
 - **Basic Information:** This tab allows the users to add and view Intake persons related to the Intake.
 - **Attachments:** This tab allows the users to attach and download files, documents, or photos related to the Intake. These might include evidence, forms, letters, or any other supporting materials.
3. From the **Related List Quick Links** section, click the **Intake Persons** hyperlink. The **Intake Persons** screen displays. Users can access the buttons and icons on the top-right side of the screen to perform the following functions:
 - **Add Intake Person:** This button allows the users to add Intake persons related to the Intake.
 - **Utility icons:** These icons allow the users to perform the following tasks:
 - **List View Controls:** This enables the users to reset column width and sorting to the original view; in case they apply filters or change the column widths.
 - **Refresh:** This enables the users to refresh the list of **Intake Persons**. This helps reflect any changes made to the **Intake Persons**.
 - **Column sort:** This enables users to sort the list of **Intake Persons** in ascending or descending order

based on the First Name, Last Name, Relationship to Victim, Date of Birth, etc.

- **Show quick filters:** This enables the users to access a filtered view of **Intake Persons** based on Role, Relationship to Victim, Date of Birth, etc.
 - **Intake Person List:** This enables users to view the list of **Intake Persons** along with their Role, Relationship to Victim, Last Name, First Name, Gender at Birth, Date of Birth, Estimated Age, and Established Person PID.
4. Click the relevant **Intake ID** from the **Intake Person** column to access the **Intake Person Record** screen. The **Intake Person** screen displays.



Win!

C-FIRST! auto-populates the information on this screen with the information that the users have entered while adding an Intake person on the **Add Persons** screen.

5. Click **Establish Person** to either associate the Intake person with an existing person or create a new person and then associate it with the Intake. The **Search for a Person** screen displays.



Process Tip!

Established persons are carried forward to the Investigation Record if the Intake is screened in. Non-established persons are not carried forward to the Investigation Record if the Intake is screened in.

6. The **Search for a Person** screen displays. Users access this screen to search for an existing person and link them to the relevant Intake person. Here are the different ways in which they may search for a person:
- **Last Name:** Users may use this field to search by the last name of a person.
 - **First Name:** Users may use this field to search by the first name of a person.

Note: If the person is unknown click the **unknown** check box.

- **Date of Birth:** Users may use this field to search by the date of birth a person.
- **Search Type:** Users may use this drop-down to search by the following:
 - **PID:** Select this to search by Person identifier information.
 - **SSN:** Select this to search by full 9 digits or last four digits of Social Security Number.
 - **License:** Select this to search by Driver's License number.
- **Search Type Number:** Users may use this field to search by the option selected in the **Search Type** drop-down.
- **Work Phone Number:** Users may use this field to search by the work phone number.

7. Next search a person by address using address details. Users can search for a person by address using the following information:

- **PO Box Number:** Users may use this field to search by the Post Box Office number of the relevant person's residence.
- **Address Line 1:** Users may use this field to search by the address of the relevant person's residence.
- **Address Line 2:** Users may use this field to search by the address of the relevant person's residence.
- **City:** Users may use this field to search by the city of the relevant person's residence.
- **County:** Users may use this field to search by the county of the relevant person's residence.
- **State:** Users may use this field to search by the state of the relevant person's residence.
- **Country:** Users may use this field to search by the country of the relevant person's residence.

8. Next search a person by address using case details. Users can use the following case details to search a person by address:

- **Case ID:** Users may use this field to search for a person by the ID of the case in which the person was previously involved. **Note:** This is the identification number assigned to the case.
 - **Case Name:** Users may use this field to search for a person by the name of the person in which the person was previously involved.
9. Scroll down and click **Search**. The search result displays.

**System Tip!**

The users may click **Clear** to clear all the fields. Clicking **Back to Intake** takes them back to the previous screen.

10. A list of names along with the following information, based on their search criteria is displayed:
- **PID:** This contains the personal identifier information of the concerned person.
 - **Last Name:** This contains the last name of a person.
 - **First Name:** This contains the first name of a person.
 - **Middle Name:** This contains the middle name (if any) of the concerned person.
 - **Date of Birth:** This contains the date of birth of the concerned person.
 - **Gender Identity/Expression:** This contains the gender identity information of the concerned person.
 - **Gender at Birth:** This contains the gender of a concerned person at birth.
 - **Race:** This contains information about the race of the concerned person.
 - **Staff:** This indicates if the person is an active staff (DCS Employee) or service provider.
 - **Provider Person:** This indicates if the concerned person is a provider.
 - **Match Score:** This shows how close a potential duplicate is in C-FIRST! based on search parameters.
 - **Prior Victim:** This indicates if the concerned person has a history of cases as an alleged child victim.

**System Tip!**

The **Staff** and **Provider Person** fields determines if a person is an active staff (DCS Employee) or service provider on their person record. This makes sure that the users are aware of their affiliation and handle the case appropriately.

If both the **Staff** and **Provider Person** columns are empty, the **Person Type** is set to *Client* by default. In case no persons are found based on the criteria provided, C-FIRST! displays, "Exhaustive search has found no evidence of any matches in the database."

11. Click the **Search Results** drop-down.
12. Click **View** to display details about the relevant person from the search results. The **Person** screen displays. **Note:** On this screen, the users will view the following screen elements:
 - **Personal Information:** This section contains the personal information of the person concerned. The information includes:
 - Name
 - Profile Picture as of
 - Date of Birth
 - Age
 - Race
 - Address
 - Phone
 - Custody Status
 - Dual Adjudication Status?
 - Days in Custody
 - Severe Allergic Reaction
 - Severe Allergen



System Tip!

The **Date of Death** will conditionally display if the person is deceased.

- **About (Person Name):** This field contains details about the person's general information, referral and relationship.
- **Individual Characteristics:** This field contains details about medical, finance, education and absent parents.

- **(Person)'s Needs:** This field contains details about the Family Advocacy and Support Tool (FAST) Assessment including the Safety Assessment portion of the FAST.
 - **Case Status:** This field contains details about custody status, case information, and current information.
 - **Related Files:** This contains case files related to the concerned person.
 - **Details:** This hyperlink enables the user to update any information related to the concerned person.
13. Navigate back to the previous screen. The **Search for a Person** screen displays. Repeat steps 9-12 and then select **Associate** from the **Search Results** drop-down to associate the existing person with the relevant Intake person.



System Tip!

The users must select **Associate** only once they have confirmed that the existing person is the same as the Intake person. Once associated, the existing person record is linked to the Intake.

Task 2: Identify When an Intake Person Meets Minimum Requirements for PID Generation

1. On the **Add Persons** screen, click the **Intake Persons** hyperlink from the **Related List Quick Links** section. The **Intake Persons** screen displays.
2. Click the relevant **Intake ID** from the **Intake Person** column to access the **Intake Person** screen. The **Intake Person** screen displays.
3. Click **Establish Person** to either associate the Intake person with an existing person or create a new person and then associate it with the Intake. The **Search for a Person** screen displays.
4. Enter the required search criteria. The search result displays.
5. Click the **Search Results** drop-down. The **Search Results** drop-down displays.
6. Click **View** to view further details about the relevant person from the search results. The **Person** screen displays.
7. Select **Generate PID** to generate a unique *Person Identifier* for the concerned person. The **Generate PID** pop-up displays.

**Process Tip!**

Intake persons that do not meet the minimum requirement to be considered an established person are not assigned a PID.

The minimum requirements for generating a PID are:

- First Name
- Last Name
- Date of Birth or Estimated Age
- Gender

Note: To establish an unknown person, enter *Unknown* in the **First Name** and **Last Name** field.

**System Tip!**

A user may create an Intake without assigning an Intake person or generating a PID until the individual's identity is established. This may avoid duplicate entries.

A user may also create a person record and person ID for an Intake person with an *Unknown* status, where the first name, last name, or both are listed as *Unknown*. This makes sure that all relevant Intake persons are included and carried forward to the investigation case.

8. Review the **Generate PID** pop-up. Here the users will view the following messages:
 - **PID Generated Successfully:** Displays when the Intake person meets minimum requirement for PID generation.
 - **PID Cannot be Generated:** Displays when Intake person does not meet minimum requirement for PID generation.
 - **PID is Already Generated:** Displays when the Intake person already has a PID generated.

Task 3: Create New Person Records When No Match is Found in the System

1. On the **Add Persons** screen, click the **Intake Persons** hyperlink from the **Related List Quick Links** section. The **Intake Persons** screen displays.
2. Click the relevant **Intake ID** from the **Intake Person** column to access the **Intake Person** screen. The **Intake Person** screen displays.
3. Click **Establish Person** to create a new person record and associate it with the Intake. The **Search for a Person** screen displays.
4. Enter the required search criteria.
5. Click **New Person** in case no evidence of any matches is found on the database, or a match is not established between the Intake Person and existing records. The **New Person** pop-up displays.
6. Enter the **First Name**.
7. Enter the **Last Name**. **Note:** Other fields include:
 - PID
 - Name Salutation
 - First Name
 - Middle Name
 - Last Name
 - Suffix
 - Gender Identity/Expression
 - Gender at Birth
 - Affirming Pronouns
 - Prior Victim
 - Account Name
 - Ethnicity
 - ICWA Eligible?
 - Special Education Requirements?
 - Person Validated
 - Profile Photo as of (if available)
 - Date of Birth Unknown?
 - Date of Birth
 - Date of Birth Verified?
 - Source of Birth Verification

- Age
- Primary Language
- Languages Spoken at Home
- Other Languages Spoken at Home
- Interpreter Required
- Race
- Immigration Status
- Citizenship
- Citizenship Verified
- Proof of Citizenship
- Proof of Immigration Status
- Home Phone Number
- Mobile Phone Number
- Work Phone Number
- Email (for Notifications)
- Social Media Information
- Additional Parent Guardian Info
- Additional Sibling Info
- Date of Death
- Death Verified?
- Source of Death Verification
- SSN
- SSN Verified by User?
- Source of SSN Verification
- SSA Validation Required?
- SSA Verified?
- Driver's License Number
- Driver's License Issuing Status
- Driver's License State Transfer
- Driver's License Issuing State
- Driver's License Validity/Expiry
- Driver's License Date of Transfer
- Custody Status
- Dual Adjudication Status
- Days in Custody
- Custody End Date
- Custody Start Date



System Tip!

The minimum requirements to create a new person are:

- First Name
- Last Name
- Gender at Birth
- Date of Birth or Estimated Age (if Date of Birth is provided Estimated Age is not required; if Date of Birth is unknown, Estimated Age must be provided)
- Race
- Ethnicity

The information that the users enter in the federal fields may be used for federal reporting purposes. The date entered in the **Date of Birth** field must not be in the future. In this case, C-FIRST! displays an error message and prevents the users from proceeding. The users do not need to enter any information in the **Estimated Age** field if they enter the date of birth. The user must enter the required information in the **Date of Birth** and **Estimated Age** if the selected **Role** is *Alleged Child Victim* or *Alleged Perpetrator*. If the information entered in the **First Name**, **Last Name**, **Gender at Birth**, **Date of Birth**, and **Estimated Age** fields match that of any existing Intake person's information, C-FIRST! displays an error message and prevents the users from proceeding.

8. Click **Save** to create a new person.



System Tip!

Once the users save the information, C-FIRST! displays the "Success! The record has been successfully saved" message. The users may establish the Intake person with the newly created person record.

Task 4: Search for an Existing Person Using Name and Date of Birth

You need to search for Arabelle Pike (DOB: 5/7/1989). You will use multiple search criteria to verify accurate search.

1. Click the **Last Name** field and enter *last name####*.
2. Click the **First Name** field and enter *first name*.
3. Click the **Date of Birth** field and enter *date of birth*.

4. Click the **Search** button. C-FIRST! executes the search and displays results in the **Search Results** list.
5. Review the search results to identify any potential matches. Note the **Person ID**, **Name**, **Date of Birth**, and **SSN** columns for each result.
6. If a matching record displays, click the **Person Name** hyperlink to open the Person Record and verify the identity. If the person already exists in C-FIRST!, follow the steps in Module 2, Lesson 2: Associate Multiple Intakes Together to associate the individual.

Note: The **Match Score** is a percentage displayed on Person Search results indicating closeness of match to existing records; determines whether leadership approval is needed to create a new Person Record. If the match score of a Person Search result is above 85%, the user must seek leadership approval before creating a new Person.

Staff may need to contact the Max Specialist staff for any updates or changes that are needed to person records once the SSN verification is locked. These are instances where workers select that the SSN needs to be verified by the Social Security Administration (SSA). Once SSA verifies the SSN record and this record is locked, all future changes must be sent to the Max Specialist for updates.



Process Tip!

When searching for a person, start with the most unique identifiers such as SSN or exact date of birth. If no results are found, try variations of the name spelling or partial SSN searches.

If your search returns potential matches, C-FIRST! displays a Duplicate Person Warning. This warning alerts you that a person with similar information already exists in the system. Before creating a new Person Record, you must review each potential match carefully:

- Compare the name, date of birth, and other identifying information with what you know about the individual.
- If you confirm a match, click **Select** next to the matching record to associate the existing person with your case.
- If no results match, you may proceed with creating a new record.

Creating duplicate person records causes data integrity issues and may result in incomplete case histories. Always exhaust your search before creating a new record.

Task 5: Search for a Child Using Limited Information

You need to verify whether Harry Penn (DOB: 2/7/2016) has an existing record in C-FIRST!.

1. Click the **Clear** button to reset all search fields.
2. Click the **First Name** field and enter *first name*.
3. Click the **Last Name** field and enter *last name####*.
4. Click the **Date of Birth** field and enter *date of birth*.
5. Click the **Search** button.
6. If multiple results appear, compare the **Date of Birth** and any available **Address** information to identify the correct person.
7. Click the **down arrow** icon next to the correct Person Record to associate them with the Case. C-FIRST! adds the person as a Case Person.

Task 6: Person Record Approvals

Please see below for steps on how to approve person records.

1. All pending person records are added to the **Duplicate Person Approval Queue** (ODGA) and are assigned to the Team Coordinators and the Hotline Directors.
2. Click the **Person Approval ID** hyperlink. The **Duplicate Person Approval** screen displays.
3. Scroll to the bottom of the screen and select either **Approve** or **Reject**.

Knowledge Check!

Which search criteria can you use to find a person to associate with an Intake person?

- A. Last Name
- B. Date of Birth
- C. Case ID
- D. All of the Above

Lesson 2: Adding and Managing Persons

The **Add Persons** screen is where you document everyone involved in an Intake—alleged victims, alleged perpetrators, referents, witnesses, and other individuals connected to the case. You capture each person's role, demographic details, and contact information, then validate and associate addresses using Smarty. Accurate person documentation ensures investigators can locate and interview the right people, understand family relationships, and identify any prior DCS involvement.

Note: C-FIRST! allows users to add an Intake Person as *Unknown* when the person's identity has not yet been confirmed. Marking an individual as *Unknown* should be viewed as a last resort option. Users should make reasonable effort to obtain identifying information. The way users handle unknown persons depends on the person's role:

1. **Alleged Child Victims (ACVs) and Alleged Perpetrators (APs):** Users must establish these persons before screen-in, even if the first and last name remain as *Unknown*. Each allegation is linked to a specific ACV and AP, so C-FIRST! requires a Person ID (PID) for these persons to transfer their allegations, roles, and relationships to the Investigation record.
2. **Other person types (Reporter, Collateral, etc.):** Users do not need to establish a person. If these Intake Persons are not established, their information does not transfer to the Investigation Record.

Scenario Background

Based on Mrs. Pike's report, you will add Harry Penn (age 10) as the alleged child victim, Vernon Penn (uncle) as the alleged perpetrator for physical abuse, and Petunia Penn (aunt) as an additional alleged perpetrator for the neglect allegations. Mrs. Arabelle Pike must be added as the referent since she made the report.

You will assign appropriate roles to each person and document their relationships to Harry. Accurate person documentation enables investigators to locate and interview all relevant individuals and establishes the connections between victims and perpetrators for allegation linking.

Task 1: Add Multiple Persons to an Intake (Victims, Perpetrators, Referents, Witnesses)

1. On the **Add Persons** screen, click **Add Person**.
2. Click the **Role Available** field and select *Alleged Child Victim*.
Note: The additional roles include:
 - **Other Involved:** This captures additional individuals or entities involved in the incident who do not fit into the main categories (e.g., family members, service providers, neighbors).
 - **Referent:** This role indicates the person who made the initial report or referral about the incident (e.g., teacher, medical professional, anonymous caller).
3. **Witness:** This role identifies any person who observed the incident or has direct knowledge of the events in question.
4. Click the **Right Arrow** to move the role from *Available* to *Chosen*.
5. Click the **Relationship to Victim** drop-down and select *Self*.
6. Click the **First Name** field and enter the child's first name.
7. Click the **Last Name** field and enter the child's last name.
8. Click the **Gender at Birth** drop-down and select the child's gender.
9. Click **Date of Birth** field and enter the child's date of birth.
Note: If the date of birth is unknown, select the estimated age from the **Estimated Age** drop-down.
10. Click **Save and New**. The **Add New Intake** screen displays.
Note: If there are no additional individuals to add to the Intake, select **Save Person** instead of **Save and New**.

Add Person Information for Referent

1. Click the **Role Available** field and select *Referent*.
2. Click the **Right Arrow** to move the role from *Available* to *Chosen*.
3. Click the **Relationship to Victim** drop-down and select the referent's relationship to the child.
4. Click the **First Name** field and enter the referent's first name.
5. Click the **Last Name** field and enter the referent's last name.
6. Click the **Gender at Birth** drop-down and select the referent's gender.

7. Click the **Date of Birth** field and enter the referent's date of birth. **Note:** If the date of birth is unknown, select the estimated age from the **Estimated Age** drop-down.
8. Click **Save and New**. When you click the **Save and New** button, the **Add New Intake** screen displays.



System Tip!

If you don't have complete information about a person (e.g., unknown perpetrator), you can still add them as *Unknown* with limited information. However, if you later identify who they are, you must go back and update the Intake person record with complete details. Don't leave unknown persons in the system if you subsequently learn their identity.



Process Tip!

Relationships you document for Intake persons apply only to that Intake; they don't update the master person record. If you document someone as *Father* to a child on your Intake, that relationship is not permanent in the system.

Enter Person Information for Alleged Perpetrator

1. Click the **Role Available** field and select *Alleged Perpetrator*.
2. Click the **Right Arrow** to move the role from *Available* to *Chosen*.
3. Click the **Relationship to Victim** drop-down and select the alleged perpetrator's relationship to the child.
4. Click the **First Name** field and enter the alleged perpetrator's first name.
5. Click the **Last Name** field and enter the alleged perpetrator's last name.
6. Click the **Gender at Birth** drop-down and select the alleged perpetrator's gender.
7. Click the **Date of Birth** field and enter the alleged perpetrator's date of birth. **Note:** If the date of birth is unknown, select the estimated age from the **Estimated Age** drop-down.
8. Click **Save and New**.

Now You Try!

Now that we've walked through the steps to add a person to an Intake by adding an alleged child victim, a referent, and alleged perpetrator, it's time to try adding a person on your own! Using the steps above, add Sharon Hensley to the Harry Penn Intake as an alleged perpetrator.

Knowledge Check!

Which of the following is a required field when adding a person to an Intake?

- A. Date of Birth or Estimated Age
- B. Supervisor Name
- C. Driver's License
- D. School Address

Task 2: Enter Person Information

1. Once the new person is added, the **Add Persons** screen displays. Click the **Intake Person** hyperlink to add additional information for the person. The **Intake Person** screen displays.
2. Click the **Unknown?** drop-down and select *No*.



System Tip!

When you mark a person as **Unknown** = *Yes* in the **Add Person** component, the system automatically populates both **First Name** and **Last Name** fields with *Unknown* when you save. However, if you had already entered a known first name before selecting *Unknown*, the system will overwrite it.

3. Click the **Gender at Birth** drop-down and select either *Male* or *Female*.
4. Click the **Gender Identify/Expression** field and enter the child's gender identify/expression. **Note:** It is best to add information when you have it available, if you do not have the information, leave the field blank.
5. Click the **Race** field and enter the child's race.
6. Click the **Ethnicity** field and enter the child's ethnicity.

7. Click the **School County** field and enter the child's school count.
8. Click the **School or Daycare** field and enter the child's school or daycare.
9. Click the **Contact Notes** field and enter any notes or additional information. **Note:** Enter any contact information you have for the child. When no contact information is known, leave the fields blank.
10. Click the **Preferred Language** field and enter the child's preferred language. **Note:** If the child has multiple preferred languages, click the **Other Language** field and enter the additional language(s).
11. Click **Save**. The **Intake Person** screen displays. The **Intake Person** screen includes:
 - **Date of Birth:** This displays the date of birth of the person.
 - **Calculated Age:** This displays the age of the person, calculated from the date of birth.
 - **Estimated Age:** This displays the estimated age of the person if the exact date of birth is unknown.
12. Click the **pencil** icon to enter the **Date of Birth** (when known) of the person or click the **pencil** icon to calculate the **Estimated Age** (when date of birth is not known) of the person.
13. Click the **Child in Custody?** drop-down and select if the child is currently in custody.
14. Click the **Living Arrangement** drop-down and select the child's living arrangement. **Note:** A living arrangement is required for all Alleged Child Victims but not required for other Intake person roles. Before you try to save or move forward, make sure every Alleged Child Victim has this field completed. The system will block you from proceeding if it's missing.
15. Click **Save**.

Enter Person Information for the Referent

1. On the **Add Persons** screen, click the **Intake Person** hyperlink to add additional information for the referent.
2. Click the **Unknown?** drop-down and select *No*.

3. Click the **Gender Identify/Expression** field and enter the referent's gender identify/expression.
4. Click the **Race** field and enter the referent's race.
5. Click the **Ethnicity** field and enter the referent's ethnicity.
6. Click the **Contact Notes** field and enter any notes or additional information.
7. Click the **Contact Type** drop-down and select the referent's contact type.
8. Click the **Mobile Phone Number** field and enter the referent's mobile phone number.
9. Click the **Home Phone Number** field and enter the referent's home phone number.
10. Click the **Work Phone Number** field and enter the referent's work phone number.
11. Click the **Alternate Phone Number** field, if applicable, and enter an alternative phone number.
12. Click the **Email Address** field and enter the referent's email address.
13. Click the **Follow Up Email Requested** drop-down and select if the referent is requesting a follow-up email.
14. Click the **Preferred Language** field and enter the referent's preferred language. **Note:** If the referent has multiple preferred languages, enter the additional language(s) in the **Other Language** field.
15. Click **Save**. The **Intake Person** screen displays. The **Intake Person** screen includes:
 - **Date of Birth:** This displays the date of birth of the person.
 - **Calculated Age:** This displays the age of the person, calculated from the date of birth.
 - **Estimated Age:** This displays the estimated age of the person if the exact date of birth is unknown.
16. Click the **pencil** icon to enter the **Date of Birth** (when known) of the person or click the **pencil** icon to calculate the **Estimated Age** (when date of birth is not known) of the person.
17. Select **Save**.

Enter Person Information for the Alleged Perpetrator(s)

1. On the **Add Persons** screen, click the **Intake Person** hyperlink to add additional information for the referent.
2. Click the **Unknown?** drop-down and select *No*.
3. Click the **Gender Identify/Expression** field and enter the alleged perpetrator's gender identify/expression.
4. Click the **Race** field and enter the alleged perpetrator's race.
5. Click the **Ethnicity** field and enter the alleged perpetrator's ethnicity.
6. Click the **Contact Notes** field and enter any notes or additional information.
7. Click the **Contact Type** drop-down and select the alleged perpetrator's contact type.
8. Click the **Mobile Phone Number** field and enter the alleged perpetrator's mobile phone number.
9. Click the **Home Phone Number** field and enter the alleged perpetrator's home phone number.
10. Click the **Work Phone Number** field and enter the alleged perpetrator's work phone number.
11. Click the **Alternate Phone Number** field, if applicable, and enter an alternative phone number.
12. Click the **Email Address** field and enter the alleged perpetrator's email address.
13. Click the **Follow Up Email Requested** drop-down and select *Yes* if the referent is requesting a follow-up email.
14. Click the **Preferred Language** field and enter the alleged perpetrator's preferred language. **Note:** If the alleged perpetrator has multiple preferred languages, click the **Other Language** field and enter the additional language(s).
15. Click **Save**. The **Intake Person** screen displays. The **Intake Person** screen includes:
 - **Date of Birth:** This displays the date of birth of the person.
 - **Calculated Age:** This displays the age of the person, calculated from the date of birth.
 - **Estimated Age:** This displays the estimated age of the person if the exact date of birth is unknown.
16. Click the **pencil** icon to enter the **Date of Birth** (when known) of the person or click the **pencil** icon to calculate the

Estimated Age (when date of birth is not known) of the person.

17. Click **Save** to save all entered information.

Note: C-FIRST! allows users to add an Intake Person as *Unknown* when the person's identity has not yet been confirmed. The way users handle unknown persons depends on the person's role:

3. **Alleged Child Victims (ACVs) and Alleged Perpetrators (APs):** Users must establish these persons and generate a PID before screen-in, even if the first and last name remain as "Unknown." Each allegation is linked to a specific ACV and AP, so C-FIRST! requires a PID for these persons to transfer their allegations, roles, and relationships to the Investigation record.
4. **Other person types (Reporter, Collateral, etc.):** Users do not need to generate a PID for these persons. If these Intake Persons are not established, their information does not transfer to the Investigation record.

Now You Try!

Now that we've walked through the steps to add person information to an Intake by adding information for an alleged child victim, a referent, and alleged perpetrator, it's time to try adding person information on your own! Using the steps above, add the person information for Sharon Hensley to the Harry Penn Intake.

Knowledge Check!

Which field is a required field for all Alleged Child Victims, but not for other roles?

- A. Preferred Contact Type
- B. Email Address
- C. Living Arrangements
- D. Calculated Age

Task 3: Duplicate Person Prevention

1. Perform a Person Search to determine if a person match is found in the system. **Note:** If a person match is not found, create a new person.
2. Determine if the matching threshold is met, and if so, determine if a new person is needed or if they can be associated to the Record. If after the matching threshold is met and a new person is created, supervisor approval will be initiated. **Note:** Upon clicking **New Person**, an error message is returned that says, "A potential duplicate with a match score above 85% exists; please use the existing record if it's a true duplicate or obtain supervisor approval to create a new Person." Supervisor's must verify and create the Person if they determine it is not a duplicate.
3. If the Approver approves the new person creation request then a New Person Record will get systematically created and the user will be notified with the PID, otherwise the user will receive a notification for the rejected request.



Process Tip!

When C-FIRST! detects a potential duplicate person record during intake entry, the system routes an approval request to the Hotline Team Coordinator or Hotline Director queue if it's a standard request. If the Expedited Request checkbox is selected, the system routes the approval request to the regional director on call or to the executive director on the emergency request queue. All duplicates at the hotline are sent to the Team Coordinator or Director. They should never use the expedited request to send to the Regional Director or ED on call.

Regular staff do not have the authority to approve or deny the potential duplicate. If a potential duplicate is flagged and requires immediate attention, contact your Team Coordinator or Director directly and ask them to review the item in their approval queue. The reviewing TC or Director will compare the records and either approve the new record or deny it if it is a true duplicate.

Lesson 3: Managing Addresses

Managing addresses in C-FIRST! involves adding address records and validating them using Smarty, which automatically verifies location data for accuracy. When Smarty cannot validate an address, you can manually enter the details including street, city, state, and zip code. An address would not be validated if it is not on Smarty or if it is not a valid address. After adding addresses, you associate each address with the appropriate Intake persons to document where individuals can be located.

Scenario Background

You have added the Penn family members and Mrs. Pike to the Intake. Now you need to document their addresses and link each address to the appropriate persons.

Mrs. Pike provided the Penn family's current address at 4 Privet Drive in Nashville where Harry resides with his aunt and uncle. You also need to document Mrs. Pike's address since she is the referent. C-FIRST! uses Smarty to validate addresses automatically, but some addresses may require manual entry when validation is unavailable.

After adding addresses, you will associate each address with the relevant Intake persons. Documenting addresses helps investigators locate family members quickly and provides context about the child's living situation.

Task 1: Add and Validate Addresses using Smarty

1. From the **Related List Quick Links** section, click the **Intake Addresses** hyperlink. The **Intakes Addresses** screen displays.
2. Click **Add New Addresses** to add an address. The **New Intake Address** pop-up displays.
3. Click the **Address** field and enter the address.
4. Review the addresses in the **search results** and select the relevant address.

**System Tip!**

- C-FIRST! uses the Smarty look-up feature to locate an address based on the keywords that the users enter in the **Address** field.
 - In case the address is not located by Smarty, users may manually enter the address details in the given fields.
 - When referents submit Intakes online, they must manually enter all address components (street, city, state, zip) using drop-down lists and text fields. **Note:** The Online Reporter Portal does have Smarty integrated.
5. Select the relevant address type from the **Address Type** drop-down. The options include:
- **Business:** Indicates the address of the Intake person who is self-employed or the business owner.
 - **Currently Living With:** Indicates the address where the Intake person is currently residing with someone else.
 - **Forwarding:** Indicates the address used for forwarding mail to the Intake person.
 - **Homeless:** Indicates that the Intake person does not have a fixed address.
 - **Incident:** Indicates the address where the reported incident occurred.
 - **Last Known Address:** Indicates the most recent address on record for the Intake person.
 - **Mailing:** Indicates the address designated for receiving mail.
 - **Removal:** Indicates the address from where the Intake person was removed.
 - **Primary Residence:** Indicates the main address where the Intake person resides.
 - **Residential Facility:** Indicates the facility address where the Intake person is residing.
 - **Secondary Address:** Indicates the additional address associated with the Intake person.
 - **Temporary:** Indicates the address where the Intake person is staying for a limited period.

- **Unknown:** Indicates the address is not known or cannot be determined.
- **Work:** Indicates the workplace address where the Intake person is employed.
- **Remittance:** Indicates the address used for financial payments or remittances.



System Tip!

Address Type is a mandatory field. C-FIRST! displays the, "Complete this field." message if left blank.

6. Click **Save and Close**. The **Intake Address** record displays.



System Tip!

The users may click **Save and New** to save the current address and add a new address.

They may add multiple addresses with different address types to the Intake.

Users may also click **Cancel** to go back to the **Intake Addresses** screen without saving the current address.

7. Scroll to the right to view the **Validated** column. **Note:** The **Validated** column displays if the addresses are verified through Smarty.
8. Review if the column displays *Yes*, the address is validated by Smarty. If this column displays *No*, it indicates that the address is not validated by Smarty and is manually entered by the users.

Knowledge Check!

What should you do to enter multiple addresses with different types for one Intake?

- A. Only one address per record is allowed
- B. Submit new Intake for each address
- C. Use Save and New to add more addresses of different types

D. Merge addresses to one field

Task 2: Enter Addresses Manually When Validation is Not Available

1. On the **Basic Information** screen, click the **Intake Addresses** hyperlink from the **Related List Quick Links** section. The **Intake Addresses** screen displays.
2. Click **Add New Addresses** to add an address. The **New Intake Address** pop-up displays. **Note:** If the address does not display by typing it in the **Address** field, manually enter the address details in the following fields:
 - **Address Line 1:** This stores the first line of the Intake person's address.
 - **Address Line 2:** This stores the second line of the Intake person's address.
 - **City:** This stores the name of the city in which the Intake person resides.
 - **State:** This stores the name of the state in which the Intake person resides.
 - **Zip Code:** This stores the zip code in which the Intake person resides.
 - **County:** This stores the name of the county in which the Intake person resides.
 - **Country:** This stores the name of the country in which the Intake person resides.



System Tip!

Even when Smarty validates an address and auto-populates the county, users may click on the address record and manually edit the fields.

3. Click the **Address Type** drop-down and select the relevant address type.



System Tip!

Address Type is a mandatory field. C-FIRST! displays the, "Complete this field." message if left blank.

4. Click **Save and Close**. The **Intake Addresses** screen displays.

**System Tip!**

The users may click **Save and New** to save the current address and add a new one.

The users may also click **Cancel** to go back to the **Intake Addresses** screen without saving the current address.

5. Scroll right to view the **Validated** column. **Note:** The **Validated** column displays if the addresses are verified through Smarty.
6. Scroll left to view the **Intake Address ID** column.
7. Click the relevant **Intake Address ID** to view or edit the address details. The **Intake Address** screen displays. **Note:** Here the users will view the address details. They may also edit the details, if required.

**System Tip!**

The **Intake Address History** section displays the updates made to the Intake address.

The users may view the history by clicking the **Intake Address History** link from the **Related List Quick Links** section.

They may also view it in the **Intake Address History** section located on the right side of the screen.

C-FIRST! automatically tracks all changes made to Intake addresses in this section.

When users view this history, they will view which users have made changes, the date/time of the change, the field that was modified, the original value, and the new value.

This audit trail is automatic; users do not need to do anything to enable it.

8. Click the **pencil** icon.
9. Click the **Zip Code** field and enter the code.
10. Click **Save**.

Knowledge Check!

Where do you view if an address was validated by Smarty?

- A. Under Address Type
- B. In the Validated column on the Intake Addresses screen
- C. In the Intake Summary section
- D. In the Contact Notes

Task 3: Associate Addresses with Intake Persons

Now that we've added and validated addresses, let's associate the address to the Intake persons.

1. On the **Add Persons** screen, click the relevant Intake person.
2. Click the **pencil** icon to associate an address with the Intake person.
3. Click the **Intake Address** field and select the required address from **search results** in the **Recent Intake Addresses** section.



System Tip!

- The users may also click **New Intake Address** to create a new address and associate it with the Intake person.
 - Users need to manually add the address here since the Smarty feature is not available in this case.
4. Click **Save** to associate the address with the Intake person.

Knowledge Check!

On what screen do you begin the process to associate an address with an Intake person?

- A. Add Persons
- B. Basic Information
- C. Intake Summary
- D. Address Management

Module 4: Complete Allegations

The **Allegations** screen allows you to specify the type of harm that occurred and the context surrounding it. The process begins with a general section where you record the incident date and environmental factors that apply to the whole case, such as substance abuse or domestic violence.

You will then build specific allegation records by pairing a victim with a perpetrator and selecting the precise category of abuse, such as Neglect or Physical Abuse. Because these entries directly influence the system's recommendations for screening and priority levels, it is essential to complete a separate entry for every unique victim-perpetrator combination.

The **Allegations** screen has two main sections:

- The top section (**Report Source Allegations**) captures the overall incident information including where the report came from, when it happened, what county, and whether there was substance abuse, domestic violence, or sex trafficking involved. This information stays the same for the whole Intake.
- The bottom section (**Alleged Details**) is where to document each specific allegation. Select the alleged child victims and alleged perpetrators that appear from the people already added. Then choose the Abuse/Neglect category and subcategory.

Module Objectives

After completing this module, you will be able to:

- Describe how to add allegations to an Intake in C-FIRST!
- Link alleged victims and perpetrators to specific allegations
- Create allegations with appropriate abuse/neglect categories and sub-categories
- View and review the list of allegations when multiple allegations are added

Lesson 1: Documenting Allegations

The **Allegation** screen in C-FIRST! captures the specific concerns reported to the Child Abuse Hotline. You document each allegation by linking an alleged child victim to an alleged perpetrator and selecting the appropriate harm category (*Physical Abuse, Neglect, Sexual Abuse, Sexual Harassment, Drug Exposed Child, Psychological Harm, Domestic Violence, or Abuse Death*) and any applicable subcategory.

Users also record the incident date and incident county where the alleged maltreatment occurred, the county determines which regional office and workers will be assigned. This allegation data feeds directly into the ISAQ, which generates the system's recommendations for screening decision (Screen In or Screen Out), response priority (P1 or P2), and track assignment.

Scenario Background

You have documented the persons and addresses for the Penn family Intake. Now you need to record the specific allegations reported by Mrs. Pike. Based on her statements, you will document allegations of physical abuse (Harry being struck by his uncle, visible bruises), neglect due to inadequate shelter (living in a cupboard under the stairs), neglect due to inadequate food/nutrition (appearing malnourished), and neglect due to inadequate clothing (wearing oversized, ill-fitting clothes).

Each allegation must link Harry as the alleged child victim to the appropriate alleged perpetrator and specify the correct abuse or neglect category and subcategory. Accurate allegation documentation determines the screening decision, investigation priority, and track assignment.

Task 1: Document Information in the Report Source Allegations Section

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*. The **Intakes** screen displays.
2. Click the relevant Intake from the **Intake ID** column. The **Basic Information** screen displays.
3. From the **Stepper**, click the **Allegations** section to start adding allegations to an Intake. The **Report Allegations** screen displays.

4. Here, users can view the two tabs on the screen. Select the **Attachments** tab. Users may click the following tabs to perform a wide range of functions including:
 - **Basic Information:** This tab allows the users to access and enter the relevant information regarding the allegation(s).
 - **Attachments:** This tab allows the users to attach and download files, documents, or photos related to the Intake. These might include evidence, forms, letters, or any other supporting materials.
5. In the **Report Source Allegations** section, click the **Report Source** drop-down and select the Intake source. This is a mandatory field.

**Process Tip!**

The Report Source classification affects federal reporting (NCANDS) and helps track reporting patterns.

If the reporter doesn't fit clearly into one category, users must select the best option and document clarifying information in the narrative.

Users must avoid selecting **Other Relative**, **Other School Personnel**, and **Other Court Personnel** without an explanation.

6. Click the **Substance Abuse** drop-down and select if any substance abuse has occurred. This is a mandatory field.

**Process Tip!**

In case the users select **Yes**, they must enter information on both the **Substance Abuser** and **Substance Abuse Type** fields. Users must avoid selecting **Yes** unless they have enough information to complete the follow-up questions. If unsure, users can select **Unknown**.

**System Tip!**

Based on the user's selection, a list of possible substances displays in the **Available** multi-select box in the **Substances**

section. When the users select **Unknown**, the **Substances** section is disabled.

7. In the **Available** field, select the substance, then click the **right arrow** to move it to **Chosen** field.
8. Select the substance(s) from the **Available** field, then click the **right arrow** to move it to the **Chosen** field. **Note:** If you select the wrong substance on accident, select the substance in the **Chosen** field and click the **left arrow** to move it back to the **Available** field.
9. Click the **Incident Date** field and enter the date the incident occurred. **Note:** Use the **Incident Date Unknown** field if the exact date is unknown.



Process Tip!

The date in the **Incident Date** field must not be a future date. If C-FIRST! rejects the date entry, users must verify if they are entering the date on which the incident occurred, and not the date of the report.

10. Click the **Incident County** drop-down and select the county the incident occurred.



System Tip!

Incident County is a mandatory field. C-FIRST! displays the, "Complete this field." message if left blank. In case the allegations are reported in a county outside of Tennessee, users may select the **Out of State** option from the drop-down. In case the name of the county is not mentioned, users may select the **Unknown** option from the drop-down.

11. Click the **Domestic Violence** drop-down and select if domestic violence is involved.
12. Click the **Sex Trafficking** drop-down and select if sex trafficking is involved.

Knowledge Check!

How should you handle the selection of Other Relative, Other School Personnel, or Other Court Personnel as report source?

- A. Never select these options

- B. Always select Unknown instead
- C. Only select with an explanation provided in the narrative
- D. Use these for all teachers and court staff

Task 2: Link Alleged Victims and Perpetrators to Specific Allegations

Once the information in the **Report Source Allegation** section is complete, the user must link alleged victims and alleged perpetrators to an allegation.

1. From the **Report Allegations** screen, scroll down to the **Alleged Child Victim(s)** section.
2. The **Available** multi-select box auto-populates with the alleged child victim name(s) previously added on the **Add Persons** screen. Select the relevant alleged child victim(s) from the **Available** multi-select box under and click the **right arrow** to add it to the **Chosen** multi-select box.



System Tip!

Here the users must indicate multiple alleged child victims, associated with an allegation. The users must select the alleged child victim(s) and click the **left arrow** to remove an individual from the **Chosen** multi-select box. The users must click the **up arrow** or the **down arrow** located beside the **Chosen** multi-select box to change the order of the chosen alleged child victim.

3. In the **Alleged Perpetrator(s)** section, select the relevant alleged perpetrator(s) from the **Available** multi-select box under and click the **right arrow** to add it to the **Chosen** multi-select box.



System Tip!

The **Available** multi-select box auto-populates with the alleged perpetrator names that were added to the **Add Persons** screen. Here, the users must indicate multiple alleged perpetrators associated with an allegation.

The users must select the alleged perpetrator(s) and click the **left arrow** to remove an individual from the **Chosen** multi-select box. The users must click the **up arrow** or the **down arrow** located beside the **Chosen** multi-select box to change the order of the chosen alleged perpetrator(s).



System Tip!

If a user selects multiple child victims and multiple perpetrators for a single allegation category and subcategory, C-FIRST! automatically creates multiple allegation records in the **Allegations** related list; when more than one allegation is reported, users must click **Save and New** to enter each additional allegation until all are entered, and once saved, all allegations will appear in the **Allegations** related list.

Knowledge Check!

What should you do if there are multiple Alleged Child Victims or Perpetrators to link to an allegation?

- A. Select all applicable names and move them to the Chosen box
- B. Enter a group name
- C. Only pick one person per allegation
- D. Make a note and assign later

Task 3: Create Allegations with Appropriate Abuse/Neglect Categories and Sub-Categories

In the previous section, users have linked victims and perpetrators to an allegation. Now, they must add the appropriate abuse and neglect categories and sub-categories to an allegation.

1. From the **Report Allegations** screen, scroll down to the **Abuse/Neglect Category** field.
2. Click the **Abuse/Neglect Category** drop-down and select the kind of abuse or neglect associated with the reported allegation.
3. Click the **Abuse/Neglect Subcategory** drop-down to select the subcategory associated with the reported allegation. The options include:
 - *Abuse Death*

- N/A
- *Domestic Violence*
 - *None*
 - *Domestic Violence - Severe*
- *Drug Exposed Child*
 - *None*
 - *Drug Exposed Child - Severe*
- *Neglect*
 - *None*
 - *Abandonment*
 - *Abandonment – Safe Haven*
 - *Abandonment - Severe*
 - *Educational Neglect*
 - *Environmental Neglect*
 - *Environmental Neglect - Severe*
 - *Lack of Supervision*
 - *Lack of Supervision - Severe*
 - *Lack of Supervision - Labor Trafficking*
 - *Medical Neglect*
 - *Medical Neglect - Severe*
 - *Nutritional Neglect*
 - *Nutritional Neglect - Severe*
- *Physical Abuse*
 - *None*
 - *Physical Abuse - Severe*
- *Psychological Harm*
 - *None*
 - *Psychological Harm - Severe*
- *Sexual Abuse*
 - *None*
 - *Commercial Sexual Exploitation of a Minor (CSEM)*
 - *PREA-Related Facility*
 - *PREA-Related Non-Facility*
- *Sexual Harassment*
 - *None*
 - *PREA-Related Facility*
 - *PREA-Related Non-Facility*

Note: *None* is used when there is no sub-category, for example if it is domestic violence non-severe then the category would be *Domestic Violence*, and the subcategory would be *None*.



System Tip!

In case more than one allegation needs reporting, the users must select the relevant category and sub-categories and then click **Save and New** to add the next allegation. Users must continue to do so until all allegations are entered. Once added and saved, all allegations will appear in the **Allegations** related list. They must also click **Save and Proceed** to navigate to the **Questionnaire** screen. Users can click **Cancel** to clear the **Alleged Child Victim(s)** and **Alleged Perpetrator(s)** sections.

In case the allegation is of death caused by abuse, users may click the **Abuse/Neglect Category** drop-down and select *Abuse Death*.



System Tip!

The **Abuse/Neglect Subcategory** field is disabled if the users select *Abuse Death* from the **Abuse/Neglect Category** drop-down. The **Date of Death** text field is enabled and required when the users select *Abuse Death* from the **Abuse/Neglect Category** drop-down.



Process Tip!

If the actual date of death is unknown, users may use the **Date of Death Unknown** field. Users must avoid entering an estimated or fake date just to complete the field. They must mark it unknown when the information is not available. Marking the date as *unknown* makes sure the system accurately reflects the available information and meets compliance standards. Entering guesses or placeholder data can lead to misleading records and complicated investigations.

**System Tip!**

The date of death must not be future dated. In case the users enter a future date, C-FIRST! displays the “Field – Date of Death: The Date of Death cannot be a future date” message and prevents them from proceeding. If the **Date of Death** field is left blank, they must select *Yes* from the **Death Date Unknown** drop-down. In case they select *No*, C-FIRST! displays an error and prevents them from proceeding. In case they do not select any value in the **Death Date Unknown** field, C-FIRST! displays an error and prevents them from proceeding. The users do not need to select a value in the **Death Date Unknown** field when they have entered the relevant date in the **Date of Death** field. This is a federal field and the information that they enter here may be used for federal reporting purposes.

4. Click **Save and Proceed**.

**System Tip!**

The users must select **Save and Proceed** to navigate to the Intake Safety Assessment Questionnaire (ISAQ). If the users click **Save and New** to record a new allegation and then click **Cancel**, they will be redirected to respond to the ISAQ. When adding a new allegation, C-FIRST! checks if an identical allegation already exists.

Users must note here that they cannot enter duplicate allegations in C-FIRST!. An allegation is considered duplicate, if the alleged child victim(s), the alleged perpetrator(s), the abuse/neglect category, and the abuse/neglect subcategory details match an existing record. If they attempt to add a duplicate allegation, C-FIRST! prevents them from saving it and displays the message, “Only one Allegation with the same category and sub-Category must be added between the same two individuals.” This helps make sure that each allegation with the same abuse/neglect category and sub-category is only recorded once for the same individuals.

**System Tip!**

In case no duplicate record is found, the users may click **Save and New** to continue adding more allegations or click **Save and Proceed** to navigate to the **Questionnaire** screen.

Knowledge Check!

Which of the following is considered a duplicate allegation in C-FIRST!?

- A. Same victim but different perpetrator and category
- B. Two different categories of the same persons
- C. Different subcategory with same victims and perpetrators
- D. Alleged Child Victim(s), Alleged Perpetrator(s), category, and subcategory all match an existing record

Task 4: View the List of Allegations When Multiple Allegations are Added

Once the allegations are added to the Intake, it is time to review all allegations.

1. Scroll up to the **Related Lists** section to view the list of related allegations added to the Intake. The **Related List Quick Links** section displays.
2. Click the **Allegations** hyperlink. The **Allegations** screen displays a list of allegations created, with details including **Allegation ID, Abuse/Neglect Category, Abuse/Neglect Subcategory, Intake ID, Alleged Child Victim and Alleged Perpetrator**.
3. From the **Allegation ID** column, click the relevant **allegation ID** to view the allegation. The **Allegation** screen displays.
4. Review the following details of the allegation in the **Information** section, this includes:
 - **Allegation ID:** This displays a pre-filled number field to capture the unique ID for each allegation recorded.
 - **Abuse/Neglect Category:** This displays the abuse/neglect category details.
 - **Abuse/Neglect Subcategory:** This displays the abuse/neglect sub-category details.

- **Alleged Child Victim Name:** This displays the name of the alleged child victim associated with the allegation.
 - **Alleged Child Victim ID:** This displays the Intake person identifier information of the alleged child victim associated with the allegation.
 - **Alleged Child Victim PID:** This displays the person identifier information of the alleged child victim, if generated.
 - **Alleged Perpetrator Name:** This displays the name of the alleged perpetrator associated with the allegation.
 - **Alleged Perpetrator ID:** This displays the Intake person identifier information of the alleged perpetrator associated with the allegation.
 - **Alleged Perpetrator PID:** This displays the person identifier information of the alleged perpetrator, if generated.
 - **Intake Allegation ID:** This displays the identifier information of the Intake under which the allegation is recorded.
 - **Substance:** This displays the lists of abused substances.
 - **Substance Abuser:** This displays the name of the substance abuser.
 - **Substance Abuse:** This displays whether substance abuse is involved in the allegation.
 - **Substance Abuse Type:** This displays the category of substance that is involved in the abuse.
 - **Date of Death:** This displays the date of death, if the abuse has led to death.
 - **Death Date Unknown:** This displays if the death date is unknown.
5. Review the following details of the allegation in the **Navigation Links** section, this includes:
 - **Intake Allegation ID:** This displays the link to the **Allegations** screen.
 6. Review the following details of the allegation in the **System Information** section, this includes:
 - **Created By:** This displays who created the allegation.
 - **Last Modified By:** This displays who last modified the allegation.

Knowledge Check!

How do you view more details about a particular allegation?

- A. Hover over the Allegation category
- B. Click the relevant Allegation ID
- C. Right-click the row
- D. Select from a drop-down menu

Module 5: Complete the Questionnaire

After recording allegations, you will complete the Intake Safety Assessment Questionnaire (ISAQ) to provide further details about the situation. Your answers in this section help determine how each report will be handled, its urgency, and what follow-up actions are needed.

ISAQ uses a dynamic, decision-tree format, where questions automatically adapt based on your previous responses. This means you will only see questions that are relevant, keeping the process efficient while ensuring all important details are captured.

In this module, you will learn the essentials of ISAQ screening and how to accurately assign a priority level to each Intake. By the end, you will be prepared to use ISAQ to guide decision-making and case prioritization effectively.

Module Objectives

After completing this module, you will be able to:

- Explain the fundamentals of ISAQ screening
- Explain how to assign a priority level to the Intake

Lesson 1: ISAQ Screening

The **Intake Safety Assessment Questionnaire (ISAQ)** in C-FIRST! determines how each report should be handled. After documenting allegations, users answer a series of screening questions that adjust dynamically based on the allegation types recorded and previous responses. This is a decision-tree format where each answer shapes the next question. Users must answer all questions for each allegation category, as each response directly impacts the system's recommendations.

Based on these responses, the ISAQ generates three outputs: screening decision (Screen In or Screen Out), response priority (P1 requiring face-to-face contact within 24 hours, or P2 within 72 hours), and track assignment (Investigation, Assessment, Out of State Courtesy, Border Agreement, or Resource Linkage). These recommendations appear on the **Disposition** screen, where users review them and either accept or override them with documented justification before submitting the Intake to their supervisor.

Scenario Background

You have documented multiple allegations for the Penn family Intake including physical abuse and several forms of neglect. Now you must complete the ISAQ to determine whether this report should be screened in for investigation, screened out, or referred to another agency. The ISAQ presents a series of questions based on the allegation types you documented.

Your answers determine the system's recommendations for screening decision, priority level (P1 or P2), and investigation track. For the Penn family Intake, the combination of physical abuse with visible injuries and multiple neglect allegations affecting a child's basic needs will generate specific ISAQ recommendations that you must review and validate.

Task 1: Navigate the Intake Safety Assessment Questionnaire (ISAQ) Tool to Determine Screening Decisions

1. Once users click **Save and Proceed** on the **Allegations** screen, they are automatically routed to the **Questionnaire** screen. On this screen, users will find the following sections:
 - **Intake Safety Assessment Questionnaire Guidance:**
Users may access the ISAQ guidance document via the

hyperlink. This guide provides them with the required assistance on how they must respond to the questionnaire.

- **Intake Questionnaire:** Users will find the following sections:
 - **Out of State Courtesy Screening:** Determines whether the report came from an out-of-state referent.
 - **Child Abuse/Neglect Screening:** Determines whether the report should be screened in for further investigation or screened out for lack of jurisdiction.
 - **Priority Response:** Determines the level of priority to be assigned to screened in reports.
- **Stepper List:** Users view the various steps in the list and click them to toggle between screens.



Process Tip!

Users must answer all questions for each selected allegation category. Each response impacts on the recommendations for screening decisions, response priority, and track assignment. Skipping or inaccurately responding to the questions will result in inaccurate recommendations and potentially inappropriate next steps.

If users mark an Intake as **Preliminary Near Death** for a victim, they must not complete the ISAQ screening decision. They must immediately reassign the Intake to their supervisor.

Only supervisors can make preliminary ISAQ screening decisions after consulting with the leadership for these critical cases. The supervisor must complete the questionnaire only after the leadership provides screening decision approval and such approval decision is documented in the notes.

Knowledge Check!

How is the Questionnaire screen accessed after finishing Allegations?

- A. Automatically after clicking Save and Proceed on the Allegations screen

- B. By clicking a menu option on the Homepage
- C. By emailing the system administrator
- D. It opens after logging in

Task 2: Use the ISAQ Guidance Document and Work Aids to Support Screening Decisions

1. From the **Questionnaire** screen, click the **ISAQ Guide** hyperlink in the **Intake Safety Assessment Questionnaire Guidance** section to access materials on how to respond to the questions in the questionnaire. The **Screening and Track assignment** guide displays in a new tab in the browser.



Process Tip!

Users must use the **ISAQ Guide** hyperlink when they need clarification about how to answer ISAQ questions. Users must avoid guessing or skipping questions if they are unsure and use the decision trees and examples in the guide for clarity on how to respond to a particular question.

2. Review the various questions and their responses that will guide you to navigate the questionnaire. Review the **Screening Decision Track and Priority overrides** section to view various reasons that justify certain overrides.
3. Navigate back to the previous tab. The **Questionnaire** screen displays again.
4. Click **Intake Help** to access the work aids and better navigate the questions in the questionnaire. The **Help Topics** pop-up displays.
5. Click the **Investigation Help** hyperlink to access work aids regarding investigation of allegations. The **Investigation Help** section displays. Users access this section to view all the articles and work aids relevant to investigation of allegations.



System Tip!

Users click the **Cancel and close** icon to close the pop-up.

6. Scroll down and click the **General Help** hyperlink. The **General Help** section displays. Users must access this section to view articles addressing common questions about the Intake.

7. Scroll down and click the **Intake Help** hyperlink. The **Intake Help** section displays. The users access all necessary work aids in this section to assist with recording their responses to the questionnaire.

Knowledge Check!

If you want articles about common questions on the Intake, what should you do?

- A. Call the Help Desk
- B. Click decision trees
- C. Go to General Help, then Intake Help through Help Topics
- D. Select FAQs from the Homepage

Task 3: Identify when Out of State Courtesy or Border Agreement Screening Applies

1. On the **Questionnaire** screen, the **Out of State Courtesy Screening** section displays the following question, "Does the report meet the requirements for Out of State Courtesy Request per Work Aid-5?". This indicates whether the report came from an out-of-state referent.



Process Tip!

Users may verify if they are clear on which state is the primary investigating state before finalizing.



System Tip!

The next question in the questionnaire depends on whether the users click **Yes** or **No**.

2. Select whether the report is an *Out of State Courtesy* request in the **Out of State Courtesy Screening** field.
3. Click **Save**.

**Process Tip!**

If users select **Yes**, the **Recommended Track Assignment** field on the **Disposition** screen displays *Out of State Courtesy*. The **Recommended Priority** field on the **Disposition** screen displays as *N/A*. This track is used when Tennessee needs to facilitate an investigation for another state. Users may verify if they are clear on which state is the primary investigating state before finalizing.

The next question, "Is the Out of State Courtesy Request a Border Agreement per Work Aid-5?" displays. Users' response to this indicates if the report is a Border Agreement report. Users must select the appropriate response and then click **Save** to proceed to the **Disposition** screen.

**System Tip!**

If users respond **No** to the, "Does the report meet the requirements for Out of State Courtesy Request per Work Aid-5?" question, the report is not considered an out-of-state request, and the **Child Abuse/Neglect Screening** section displays.

Knowledge Check!

If you select Yes to the Out of State Courtesy question, what next field becomes available?

- A. Intake ID
- B. Alleged Perpetrator Name
- C. Is the Out of State Courtesy Request a Border Agreement per Work Aid-5?
- D. Date of Intake

Task 4: Record Responses in the Child Abuse/Neglect Screening Section

1. From the **Questionnaire** screen, select the response to the, Does the report meet the requirements for Out of State Courtesy Request per Work Aid-5? question. The **Child Abuse/Neglect Screening** section displays.
2. Select a response to the next question, Is the incident reported to be accidental and not an allegation of abuse or neglect per Work Aid-1?



System Tip!

This section is used to determine whether the report should be screened in or screened out.

Question	Response Determining Screen In	Response Determining Screen Out
Does the alleged victim meet the required age criteria per policy 14.1?	• Pertains to a child who is under the age of 18 • Pertains to a child who is in custody and who is under the age of 19 • Pertains to sexual abuse of a child between the ages of 13-18, to include CSEM	None
Does the alleged perpetrator meet the required relationship criteria per policy 14.1?	• A parent, caretaker, relative or other person living in the home • An educator, volunteer, or employee of an educational/recreational/organization setting who is responsible for the alleged victim • Any individual providing treatment, care, or supervision of the alleged victim • A caregiver, including a trafficker, who has used the child for the purpose of CSEM	None

Question	Response Determining Screen In	Response Determining Screen Out
	- The intimate partner of the child's caregiver in relationship to domestic violence - The alleged perpetrator's relation to the alleged child victim is a person living in the home, to include a residential setting with the child - The alleged perpetrator's relationship to the alleged child victim is unknown	
Does the report provide the appropriate locating information for the alleged victim per policy 14.1?	Yes	No
Does the report meet a definition of harm per Work Aid-1?	Yes	No
Does the report meet the required criteria for Resource Linkage per policy 14.17?	Yes	No
Does the report meet the required criteria for the Special	- Yes - No	N/A

Question	Response Determining Screen In	Response Determining Screen Out
Investigations Unit Track per policy 14.10?		
Does the report meet the required criteria for the Investigation Track per policy 14.5?	- Severe Abuse Allegation - Drug Team - Death or Preliminary Near Death - Lack of Supervision-Labor Trafficking - None	N/A

When the answers indicate the report should not proceed, the **Recommended ISAQ Screening** field on the **Disposition** screen auto-populates with *Screen Out*, and the rest of the questionnaire is not available for editing. In this case, the **Priority Response** section is disabled.

When the answers indicate the report should proceed, the **Recommended ISAQ Screening** field on the **Disposition** screen auto-populates with *Screen In*, and the **Priority Response** section is enabled. For example, the **Priority Response** section is enabled if users click **Yes** to the, "Does the report meet a definition of harm per Work Aid-1?" question.

Depending on their responses to the questionnaire, C-FIRST! auto-populates the **Recommended Track Assignment** field on the **Disposition** screen, with one of the following statuses:

- **Resource Linkage:** When the report meets the required criteria for Resource Linkage per policy 14.17.
- **Investigation:** When the report meets the required criteria for the Investigation Track per policy 14.5.
- **Assessment:** When the report meets the other required criteria.



Users can refer to the work aids for more information on policies mentioned in the table above.

Knowledge Check!

If you answer Yes to, "Is the incident reported to be accidental and not an allegation of abuse or neglect per Work Aid-1?", what happens?

- A. The questionnaire continues to the next set of questions
- B. The questionnaire ends and the user clicks Save to proceed to Disposition
- C. The user is prompted to start over
- D. An error message is shown

Task 5: Apply the Correct Priority Response Criteria (P1 and P2) Based on Allegation Types and Circumstances

1. From the **Questionnaire** screen, scroll down to the **Priority Response** section.
2. Once a report is screened in, navigate to the **Priority Response** section and click the **What types of allegations are reported?** drop-down and select an allegation question. The options include:
 - *Abuse Death*
 - *Domestic Violence*
 - *Drug Exposed Child*
 - *Neglect*
 - *Physical Abuse*
 - *Psychological Harm*
 - *Sexual Abuse*
 - *Sexual Harassment*



System Tip!

The user selects all the allegation types reported and then provides their response to a set of following questions for each selection type.

If users do not select any allegation, C-FIRST! displays the, "Complete this field" message and prevents them from proceeding.

3. Click **Save**. C-FIRST! auto-populates the value of **Recommended Response Priority** field on the **Disposition** screen with one of the following:
 - **Priority 1**
 - **Priority 2**
 - **N/A**



System Tip!

C-FIRST! auto-populates the **Recommended Response Priority** field with **N/A** only in case of the following Track Assignments:

- Resource Linkage
- Out of State Courtesy
- Border Agreement

Once users complete all the ISAQ questionnaire responses and save, C-FIRST! automatically analyzes the answers and auto-populates the three recommendation fields on the **Disposition** screen (**Recommended ISAQ Screening**, **Recommended Response Priority**, and **Recommended Track Assignment**).

Users cannot directly edit them. They can only change them if they go back and modify their ISAQ responses.

4. Select all the relevant responses based on the selected Allegation Type.



System Tip!

C-FIRST! displays responses based on the selected allegation type(s). The responses to questions associated with each Allegation Type and the corresponding priority assigned to them are as follows:

Allegation Type	Question	Responses	Priority Assigned
Abuse Death	Does the incident meet the required criteria for P1 assignment?	- Alleged victim is deceased and there is immediate concern for other children in home - Alleged victim is deceased and CPS immediate involvement is required	Priority 1
Domestic Violence	Does the incident meet criteria for Domestic Violence P1?	- The alleged perp made threats to end the life of the alleged victim or non-offending caregiver and could potentially gain access to the alleged victim in less than 72 hours - The alleged perp has used a weapon against or threatened the alleged victim or non-offending caregiver with a weapon and could potentially gain access to the alleged victim in less than 72 hours - Alleged victim and/or caregiver has significant injuries from the incident that requires medical care for the alleged	Priority 1

Allegation Type	Question	Responses	Priority Assigned
		victim and/or caregiver - The alleged victim's current condition or injury is considered a Preliminary Near Death - The alleged victim has vulnerability risk such as intellectual, developmental, or physical disabilities and/or is under age 6 years - The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim. - None	
Domestic Violence	Does the incident meet criteria for Domestic Violence P2?	- The alleged victim's current risk of harm is not life threatening and does not require immediate medical attention - The alleged victim has vulnerability risk such as intellectual, developmental, or physical disabilities	Priority 2

Allegation Type	Question	Responses	Priority Assigned
		and/or is over age 6 years • The reported concerns pose low risk of imminent harm due to Domestic Violence exposure for the alleged victim within the next 72 hours • Alleged victim is currently in a safe environment and/or with a protective caregiver	
Drug Exposed Child	Does the incident meet the criteria for Drug Exposed Child P1?	• Drug exposure has caused harm to the alleged victim or without immediate CPS response, could likely cause harm or imminent danger to the safety of the child • The parent/caregiver is currently unable or unwilling to provide immediate safe care to the alleged victim due to the reported drug usage • The alleged victim's current condition or injury is considered a Preliminary Near Death • Alleged victim is currently safe, but	Priority 1

Allegation Type	Question	Responses	Priority Assigned
		there are reported concerns that the alleged victim will likely be exposed to the additional drug usage by the alleged perp in less than 72 hours • The alleged victim has vulnerability risk such as intellectual, developmental, or physical disabilities and/or is under age 6 years • None	
Drug Exposed Child	Does the incident meet the criteria for Drug Exposed Child P2?	• The alleged victim's current risk of harm is not life threatening and does not require immediate medical attention • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is over age 6 years • Alleged victim is currently in a safe environment and/or with a protective caregiver • The reported concerns pose low imminent harm due	Priority 2

Allegation Type	Question	Responses	Priority Assigned
		to drug exposure by the parent/caretaker within the next 72 hours	
Neglect	Does the incident meet criteria for Neglect P1?	• The alleged victim's living environment is currently reported as dangerous and poses imminent risk of harm • The alleged victim is diagnosed as Failure to Thrive, and immediate medical care is needed • The parent/caregiver is currently unable or unwilling to provide immediate safe care and the required basic needs to the alleged victim • The alleged victim is age 8 or under and is currently left unsupervised • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is under age 6 years • Alleged victims need immediate	Priority 1

Allegation Type	Question	Responses	Priority Assigned
		medical care for a life-threatening condition - Alleged victim does not have a protective caregiver and is allowed unsupervised access to a registered sex offender - Alleged victim has been abandoned and requires immediate CPS assistance - The alleged victim's current condition or injury is considered a Preliminary Near Death - None	
Neglect	Does the incident meet criteria for Neglect P2?	- The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is over age 6 years - The alleged victim is currently in a safe environment and/or with a protective caregiver - The reported concerns pose low risk of imminent harm fir the alleged	Priority 2

Allegation Type	Question	Responses	Priority Assigned
		victim within the next 72 hours	
Physical Abuse	Does the incident meet the criteria for Physical Abuse P1?	- Alleged victim has significant injuries from physical abuse that requires medical care - The alleged victim experienced a form of torment or torture, and the alleged perp will have access to the alleged victim in less than 72 hours - The alleged victim currently has physical injuries, no protective caregiver, and is afraid to go home due to credible threat of additional harm by alleged perp - The alleged victim's current condition or injury is considered a Preliminary Near Death - The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is under age 6 years - The non-offending caretaker has concerns such as	Priority 1

Allegation Type	Question	Responses	Priority Assigned
		severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim • None	
Physical Abuse	Does the incident meet the criteria for Physical Abuse P2?	• The alleged victim's current risk of harm is not life threatening and does not require immediate medical attention • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is over age 6 years • Alleged victim is currently in a safe environment and/or with a protective caregiver • The reported concerns pose low risk of imminent physical harm to the alleged victim within the next 72 hours	Priority 2
Psychological Harm	Does the incident meet criteria for	• The alleged victim appears to need immediate mental health evaluation or	Priority 1

Allegation Type	Question	Responses	Priority Assigned
	Psychological Harm P1?	treatment, and caretaker is unwilling or unable to ensure care is received • The alleged victim experienced a form of torment or torture, and the alleged perp will have access to the alleged victim in less than 72 hours • The alleged victim currently has suicidal ideations and there are no safety plans or protective caregiver • The alleged victim's current condition or injury is considered a Preliminary Near Death • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is under age 6 years • The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact	

Allegation Type	Question	Responses	Priority Assigned
		providing protective care to the alleged victim • None	
Psychological Harm	Does the incident meet criteria for Psychological Harm P2?	• The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is over age 6 years • The reported concerns pose low risk of imminent harm due to Domestic Violence exposure for the alleged victim within the next 72 hours • Alleged victim is currently in a safe environment and/or with a protective caregiver	Priority 2
Sexual Abuse	Does the incident meet criteria for Sexual Abuse P1?	• The alleged perp will have access to the alleged victim in less than 72 hours, or access is unknown. No protective caregiver • The alleged victim is afraid to go home or remain in the home • Forensic medical examination is needed and alleged	Priority 1

Allegation Type	Question	Responses	Priority Assigned
		abuse occurred in less than 72 hours • The non-perpetrating caregiver is aware of the abuse but is not protective of the alleged victim furthering the risk of additional sexual abuse • The alleged victim's current condition or injury is considered a Preliminary Near Death • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities • The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim • None	
Sexual Abuse	Does the incident meet criteria for Sexual Abuse P2?	• Alleged victim is currently safe, but there are reported concerns that the alleged victim will possibly be at	Priority 2

Allegation Type	Question	Responses	Priority Assigned
		further risk of sexual abuse by the alleged perp within the next 72 hours - The non-perpetrating caregiver is aware of the abuse and is protective of the alleged victim - There are no reported concerns for further risk of harm for the alleged victim within the next 72 hours	
Sexual Harassment	Does the incident meet the required criteria for P2 assignment?	- Incident occurred in congregate care, facility is aware, and safety plan has been put in place - There are no reported concerns for further risk of harm for the alleged victim	Priority 2

5. Click **Save** and proceed to the **Disposition** screen.

Knowledge Check!

When is the Priority Response section enabled in the Questionnaire?

- A. Only if an Out of State Courtesy Request is made
- B. When a report is marked as preliminary near death
- C. At the very start of the questionnaire
- D. When a report is screened in from the Child Abuse/Neglect Screening section

Module 6: Review Disposition

After completing the **ISAQ** screen, you will see the system's recommendations for screening decisions, priority, and track assignments on the **Disposition** screen. This is your opportunity to review these recommendations, apply your professional judgment, and document any overrides or changes, including clear reasons for your decisions.

The system requires you to select either *Screen In* or *Screen Out* for each Intake, even if you accept the system's recommendation. Some types of cases like **Border Agreement**, **Out of State Courtesy**, or **Resource Linkage** will have *N/A* for priority, reflecting their unique handling. Once your decisions are made, you will select a Disposition Approver, submit the Intake, and initiate the supervisor review process.

This module will help you understand and apply different track assignments, correctly assign Intakes to investigation teams, and effectively review and document disposition decisions. You will learn how to use ISAQ recommendations so that every Intake is processed accurately and thoroughly.

Module Objectives

After completing this module, you will be able to:

- Explain different types of track assignments
- Assign the Intake to the appropriate investigation team
- Review the ISAQ Recommendations and apply them appropriately
- Explain the disposition decisions and notes

Lesson 1: Intake Worker Review and Disposition Information

The **Disposition** screen in C-FIRST! displays the ISAQ's recommendations for screening decision, response priority, and track assignment. Users must actively select *Screen In* or *Screen Out*, even when accepting the system's recommendation, and can override any recommendation with documented justification. After finalizing decisions, users select a Disposition Approver and change the Intake

status to *Submitted*, which locks the record and creates a worklist task for supervisor review.

Scenario Background

You have completed the ISAQ questionnaire for the Penn family Intake. Based on your responses about the physical abuse and neglect allegations, C-FIRST! generated recommendations for screening decision, priority, and track assignment. The **Disposition** screen displays these recommendations for your review.

Before submitting the Intake to your supervisor, you must evaluate whether the ISAQ recommendations align with your professional judgment based on the case details. If you agree with the recommendations, you will accept them. If circumstances warrant a different decision, you will document an override with appropriate justification. You will also complete the disposition information including county assignment, track assignment, and any special handling requirements before submitting to your supervisor.



System Tip!

Only the users with the following roles perform the **Establish Person** action:

- Intake Supervisor/Analyst
- Team Coordinator
- Intake Director

Task 1: Review and Validate ISAQ Recommendations

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*. The **Intakes** screen displays.
2. Click the relevant Intake from the **Intake ID** column. The **Basic Information** screen displays.
3. From the **Stepper**, click the **Disposition** section.
In the previous modules, users have learned how to navigate C-FIRST!, create a new Intake, and document allegations and answer the **Questionnaire** screen.
Users can only complete the **Disposition** screen after filling out the ISAQ and ensuring all previous screens, including the **Questionnaire** screen, are fully completed. At this stage, users

will see the ISAQ recommendations, which will guide their decision-making process.

4. The **Disposition** screen displays. The **Disposition** Screen In the **Intake** module helps users make decisions about each case. On this screen, you can review the recommendations from the ISAQ and they can choose to accept those recommendations or override them if they have any new information to record. But you must provide detailed justification in the override reason and notes fields. Your Intake Supervisor/Analyst will review your rationale.



System Tip!

After users complete all the ISAQ questionnaire responses and save, C-FIRST! automatically analyzes the answers and populates three recommendation fields on the **Disposition** screen: **Recommended ISAQ Screening**, **Recommended Response Priority**, and **Recommended Track Assignment**. These fields are auto populated, and users cannot directly edit them. These fields only change when they go back and modify the ISAQ responses.



Process Tip!

When you reach the **Disposition** screen, carefully review all system recommendations (screening decisions, priority decisions and track decisions).

Users can override any of these recommendations but must provide detailed justification in the override reason and notes fields. Intake Supervisor/Analysts will review the rationale. Vague or missing explanations will result in the Intake being returned to the user.

5. Review the **Recommended ISAQ Screening** field. This is a system-generated recommendation based on ISAQ results. The options are:
 - *Priority 1*
 - *Priority 2*
 - *N/A*

6. Review the **Recommended Response Priority** field. This is a system-generated recommendation based on ISAQ results. The options are:
 - *Screen In*
 - *Screen Out*
7. Review the **Recommended Track Assignment** field. This is a system-generated recommendation based on ISAQ results. The options are:
 - *Investigations*
 - *Assessment*
 - *Resource Linkage*
 - *Out of State Courtesy*
 - *Border Agreement*



Process Tip!

When deciding whether to override ISAQ recommendations on the **Disposition** screen, remember: if the worker disagrees with the screening, priority or track, the worker must actively mark each override field as *Yes* and make an alternative selection. Simply disagreeing is not sufficient. C-FIRST! requires explicit documentation of what is being changed and why.

8. In the **Intake Specialist Review** and **Disposition Information** sections, select if you need to override the screening from the **Screening Override** drop-down. **Note:** If you need to complete a screening override, update the **ISAQ Screening Decision**, **Screening Decision Override Reason**, and **Screening Decisions Note** fields.
9. Select if you need to override the track assignment for the Intake from the **Track Assignment Override** drop-down. **Note:** If you select to override the track assignment, select the new track assignment from the **Track Assignment Decision** drop-down and add additional notes to the **Track Decision Notes** field.
10. Select if you need to override Intake priority from the **Priority Override** drop-down. **Note:** If you select to override the Intake priority, update the **Priority Override Decision**, **Priority Decision Override Reason**, and **Priority Decision Notes** field.

**System Tip!**

When the worker selects **Yes** for **Screening Override**, **Priority Override**, or **Track Assignment Override** on the **Disposition** screen, C-FIRST! requires completion of additional fields.

For Screening Override: ISAQ Screening Decision, Screening Decision Override Reason, and Screening Decision Notes become required. C-FIRST! will prevent them from saving if these are blank.

11. Click **Save and Proceed** to complete the disposition step for this Intake.

Knowledge Check!

What happens if you try to save an override without completing the required notes and reasons fields?

- A. C-FIRST! prevents saving until all required fields are complete
- B. C-FIRST! allows saving, but flags the record
- C. Supervisor receives an automatic email
- D. The override is ignored

Task 2: Make Appropriate Screening Decisions (Screen In/Screen Out)

1. On the **Disposition** screen, the **Recommended ISAQ Screening** displays *Screen In*.

**System Tip!**

Select *Screen In* (or submit for supervisor review) if **Sex Trafficking** or **Labor Trafficking** is marked **Yes** in the Intake (**Allegations**). These cases must not be dismissed at Intake and require Intake Supervisor/Analyst oversight. Select *Screen Out*, if **Sex Trafficking** or **Labor Trafficking** is marked **No**, if the Intake or the case is out of jurisdiction or if it is under investigation.

The following are the responses from the ISAQ that determines Screen In/Screen Out decisions:

Question	Response Determining Screen In	Response Determining Screen Out
Does the alleged victim meet the required age criteria per policy 14.1?	• Pertains to a child who is under the age of 18 • Pertains to a child who is in custody and who is under the age of 19 • Pertains to sexual abuse of a child between the ages of 13-18, to include CSEM.	None
Does the alleged perp meet the required relationship criteria per policy 14.1?	• A parent, caretaker, relative or other person living in the home • An educator, volunteer, or employee of an educational/recreational/organization setting who is responsible for the alleged victim • Any individual providing treatment, care, or supervision of the alleged victim • A caregiver, including a trafficker, who has used the child for the purpose of CSEM • The intimate partner of the child's caregiver in relationship to domestic violence • The alleged perpetrator's relation to the alleged child victim is a person living in the home, to include a residential setting with the child • The alleged perpetrator's relationship to the alleged child victim is unknown	None
Does the report	Yes	No

Question	Response Determining Screen In	Response Determining Screen Out
provide the appropriate locating information for the alleged victim per policy 14.1?		
Does the report meet a definition of harm per Work Aid-1?	Yes	No
Does the report meet the required criteria for Resource Linkage per policy 14.17?	Yes	No
Does the report meet the required criteria for the Special Investigations Unit Track per policy 14.10?	• Yes • No	N/A
Does the report meet the required criteria for the Investigation Track per policy 14.5?	• Severe Abuse Allegation • Drug Team • Death or Preliminary Near Death • Lack of Supervision-Labor Trafficking • None	N/A

Task 3: Assign Priority Levels Based on Assessment Results

During the ISAQ process, when an Intake is marked as *Screen In*, the **Priority Response** section is enabled. The user's responses about **Maltreatment Types** and details for each type determine the priority assigned to each case. C-FIRST! auto-populates the **Recommended Response Priority** field with *N/A* only in case of **Resource Linkage**, **Out of State Courtesy**, and **Border Agreement** track assignments. On the **Disposition** screen, the **Recommended Response Priority** field shows one of these options:

- **Priority 1 (P1):** This is assigned to Intakes where the child victim may be in imminent danger or there is a case of death due to abuse or sexual harassment. These cases require immediate rescue or investigation.
- **Priority 2 (P2):** This is assigned to Intakes in cases where the injuries or risk of injuries are not imminent or life threatening. These cases do not require immediate medical care and investigation.

1. Review the priority recommendation on the **Disposition** screen depends on the **Priority Response** selected in the **Questionnaire** section. The responses and the corresponding priority assigned to them are as follows:

Allegation Type	Responses	Priority Assigned
Abuse Death	• Alleged Victim is deceased and there is immediate concern for the other children in home • Alleged Victim is deceased, and CPS immediate involvement is required	Priority 1
Domestic Violence	• The alleged perp made threats to end the life of the alleged victim or non-offending caregiver and could potentially gain access to the alleged victim in less than 72 hours • The alleged perp has used a weapon against or threatened the alleged victim or non-offending	Priority 1

Allegation Type	Responses	Priority Assigned
	caregiver with a weapon and could potentially gain access to the alleged victim in less than 72 hours - Alleged victim and/or caregiver has significant injuries from the incident that requires medical care for the alleged victim and/or caregiver - The alleged victim's current condition or injury is considered a Preliminary Near Death - The alleged victim has vulnerability risk such as intellectual, developmental, or physical disabilities and/or is under age 6 years - The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim. - None	
Domestic Violence	- The alleged victim's current risk of harm is not life threatening and does not require immediate medical attention - The alleged victim has vulnerability risk such as intellectual, developmental, or physical disabilities and/or is over age 6 years - The reported concerns pose low risk of imminent harm due to Domestic Violence exposure for the alleged victim within the next 72 hours	Priority 2
Drug Exposed Child	Drug exposure has caused harm to the alleged victim or without immediate CPS response, could	Priority 1

Allegation Type	Responses	Priority Assigned
	likely cause harm or imminent danger to the safety of the child • The parent/caregiver is currently unable or unwilling to provide immediate safe care to the alleged victim due to the reported drug usage • The alleged victim's current condition or injury is considered a Preliminary Near Death • Alleged victim is currently safe, but there are reported concerns that the alleged victim will likely be exposed to the additional drug usage by the alleged perp in less than 72 hours • The alleged victim has vulnerability risk such as intellectual, developmental, or physical disabilities and/or is under age 6 years • None	
Drug Exposed Child	• The alleged victim's current risk of harm is not life threatening and does not require immediate medical attention • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is over age 6 years • Alleged victim is currently in a safe environment and/or with a protective caregiver • The reported concerns pose low imminent harm due to drug exposure by the parent/caretaker within the next 72 hours	Priority 2
Neglect	• The alleged victim's living environment is currently reported	Priority 1

Allegation Type	Responses	Priority Assigned
	as dangerous and poses imminent risk of harm • The alleged victim is diagnosed as Failure to Thrive, and immediate medical care is needed • The parent/caregiver is currently unable or unwilling to provide immediate safe care and the required basic needs to the alleged victim • The alleged victim is age 8 or under and is currently left unsupervised • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is under age 6 years • Alleged victims need immediate medical care for a life-threatening condition • Alleged victim does not have a protective caregiver and is allowed unsupervised access to a registered sex offender • Alleged victim has been abandoned and requires immediate CPS assistance • The alleged victim's current condition or injury is considered a Preliminary Near Death • None	
Neglect	• The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is over age 6 years • The alleged victim is currently in a safe environment and/or with a protective caregiver	Priority 2

Allegation Type	Responses	Priority Assigned
	The reported concerns pose low risk of imminent harm for the alleged victim within the next 72 hours	
Physical Abuse	- Alleged victim has significant injuries from physical abuse that requires medical care - The alleged victim experienced a form of torment or torture, and the alleged perp will have access to the alleged victim in less than 72 hours - The alleged victim currently has physical injuries, no protective caregiver, and is afraid to go home due to credible threat of additional harm by alleged perp - The alleged victim's current condition or injury is considered a Preliminary Near Death - The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is under age 6 years - The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim - None	Priority 1
Physical Abuse	- The alleged victim's current risk of harm is not life threatening and does not require immediate medical attention - The alleged victim has vulnerability risks such as intellectual, developmental, or physical	Priority 2

Allegation Type	Responses	Priority Assigned
	disabilities and/or is over age 6 years - Alleged victim is currently in a safe environment and/or with a protective caregiver - The reported concerns pose low risk of imminent physical harm to the alleged victim within the next 72 hours	
Psychological Harm	- The alleged victim appears to need immediate mental health evaluation or treatment, and caretaker is unwilling or unable to ensure care is received - The alleged victim experienced a form of torment or torture, and the alleged perp will have access to the alleged victim in less than 72 hours - The alleged victim currently has suicidal ideations and there are no safety plans or protective caregiver - The alleged victim's current condition or injury is considered a Preliminary Near Death - The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities and/or is under age 6 years - The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim - None	Priority 1
Psychological Harm	The alleged victim has vulnerability risks such as intellectual, developmental, or physical	Priority 2

Allegation Type	Responses	Priority Assigned
	disabilities and/or is over age 6 years • The reported concerns pose low risk of imminent harm due to Domestic Violence exposure for the alleged victim within the next 72 hours •	
Sexual Abuse	• The alleged perp will have access to the alleged victim in less than 72 hours, or access is unknown. No protective caregiver • The alleged victim is afraid to go home or remain in the home • Forensic medical examination is needed and alleged abuse occurred in less than 72 hours • The non-perpetrating caregiver is aware of the abuse but is not protective of the alleged victim furthering the risk of additional sexual abuse • The alleged victim's current condition or injury is considered a Preliminary Near Death • The alleged victim has vulnerability risks such as intellectual, developmental, or physical disabilities • The non-offending caretaker has concerns such as severe substance abuse, mental illness, or limiting physical disabilities that could impact providing protective care to the alleged victim • None	Priority 1
Sexual Abuse	• Alleged victim is currently safe, but there are reported concerns that the alleged victim will possibly be at further risk of sexual abuse by	Priority 2

Allegation Type	Responses	Priority Assigned
	the alleged perp within the next 72 hours • The non-perpetrating caregiver is aware of the abuse and is protective of the alleged victim • There are no reported concerns for further risk of harm for the alleged victim within the next 72 hours	



System Tip!

C-FIRST! displays Priority 2 responses when *None* is selected as Priority 1 and Priority 2 responses, respectively.

- The system recommends track assignments based on ISAQ responses. The available tracks are:
 - **Assessment**
 - **Border Agreement**
 - **Investigation**
 - **Out of State Courtesy**
 - **Resource Linkage**



Process Tip!

When allegations involve DCS employees, foster parents, or provider staff as alleged perpetrators, the track assignment will be Investigation or Assessment, and the Investigation Team will be SIU. Workers must consult Work Aid 5 if unclear about provider involvement.

Knowledge Check!

How does C-FIRST! determine which track to assign for each Intake?

- Based on supervisor review
- At random
- You manually enter the track
- Based on your responses in the ISAQ

Task 4: Override ISAQ Recommendations

In the previous section, users have learned to assign priority levels based on the assessment results from the **Questionnaire** screen. Now, they will learn to override these ISAQ recommendations (if required).



System Tip!

On the **Disposition** screen, scroll down to the **Intake Worker Review and Disposition Information** section.



Process Tip!

When deciding whether to override ISAQ recommendations you must actively mark each **Override** field as *Yes* and make your alternative selection.

1. Click the **Screening Override** drop-down and select *Yes*. The **ISAQ Screening Decision** field is enabled.
2. Click the **ISAQ Screening Decision** drop-down and select **Screen In**.
3. Click the **Screening Decision Override Reason** drop-down and select an override reason for the screening decision.
4. Enter comments in the **Screening Decision Notes** text field. This captures notes about the reasons for overriding ISAQ Screening by the disposition worker. If **Screening Override** is *Yes*, then **Screening Decisions Note** is a mandatory field.
5. Now, either type an Intake Supervisor/Analyst's name or select a **supervisor ID** from the drop-down.
6. Click **Save and Proceed** to complete the disposition step for this Intake. The record is successfully routed to the Intake Supervisor/Analyst and the **Disposition** screen is complete.

Task 5: Submit the Intake to the Intake Supervisor/Analyst

In the previous lesson, we learned to route the Intakes to the supervisors for review. Now, we will learn to submit the Intake to the supervisor on the **Basic Information** screen.

1. On the **Basic Information** screen, click the **Status** drop-down.



Process Tip!

Submitting an Intake means users are officially handing off the Intake to their Intake Supervisor/Analyst. Before submitting, make sure all required fields are complete. Post submission, users cannot make further edits unless the Intake Supervisor/Analyst returns the Intake.

Once the users change the status to *Submitted*, the Intake Supervisor/Analysts will be notified that they have a new Intake to validate. Only then will the Intake Supervisor/Analysts be able to edit the Intake.

2. Select *Submitted* from the **Status** drop-down.
3. Click **Save and Proceed**. Since the *Disposition Approver* was not selected, C-FIRST! displays a validation error. To resolve this error, from the **Stepper**, click the **Disposition** section. The **Disposition** screen displays.
4. Scroll down to **Reviewer Information** section and type the name of the Disposition Supervisor.
5. Click **Save and Proceed** to update the status to *Submitted*.
6. Now, the Intake is successfully saved without any validation errors. Click the **Intakes** tab. The **Recently Viewed** Intakes displays. The **Status** has now successfully changed to *Submitted*.

Knowledge Check!

If you override the Track Assignment, what must you do before submitting the Disposition?

- A. Enter Track Decision Notes
- B. Leave the notes blank
- C. Ask a peer to sign off
- D. Confirm by phone only

Lesson 2: Additional Information

In this lesson, you will clone an Intake, use the Intake help resources, and create a Services Request.

Scenario Background

Next you will focus on cloning an Intake. If you need help, you will use the **Intake Help** button to access job aids and resources without leaving your screen. When logging an information only call, create a Services Request in C-FIRST!, complete all required fields, and add the persons involved. You can track your progress using the **Stepper** tool as you move through each section. These tools support thorough documentation and help you stay efficient throughout your workday.

In this exercise you will perform the following tasks:

- Clone an Intake
- Access and use help resources
- Create a Services Request

Task 1: Clone an Intake

Users can clone any Intake regardless of its current status, so that you can quickly create a new record with pre-populated data from an existing record, saving time, and reducing errors in data entry.

Use the Clone functionality when:

- Users screened out an Intake but need to create a new screen-in for the same situation,
- Multiple referents call about the same incident and users need separate **Intake IDs**, or users need to document a related but separate incident for the same family. Cloning copies person demographics and narratives but creates a new **Intake ID**.

1. To create a clone of the Intake, click **Clone** from the **Basic Information** tab, at the top right of the screen. The **Create Intake Clone** pop-up displays.

**System Tip!**

C-FIRST! prevents users from cloning Services Request or inactive Intakes. The **Clone** button is disabled for these record types.

2. Review or update fields related to the new Intake and click **Save and Proceed** to create the cloned Intake. A clone of the Intake is created.

Note: A cloned Intake has the status as Pending when they are created and includes an originating Intake ID link back to the original so that users can edit the record as needed. When an Intake is cloned the following data is duplicated from the original to the clone:

- Referent
- Referent Demographics
- Referent Contact Information
- Participant
- Participant Demographics
- Narratives
- Method of the Report
- Intake Person Role
- First Name
- Last Name
- Middle Name
- Relationship to Victim
- Gender at Birth
- Gender Identity / Expression
- Prior Victim
- Race
- Ethnicity
- Child in Custody?
- School County
- School
- Other School or Daycare
- Contact Notes
- Date of Birth
- Estimated Age
- Calculated Age
- Living Arrangement

- Mobile Phone Number
- Home Phone Number
- Work Phone Number
- Alternate Phone Number
- Intake Address
- Validated Person Name
- Suffix

**Process Tip!**

C-FIRST! allows for cloning of Intakes except for those inactive where the **Status** is set to *Inactive* and the cloned Intakes are automatically linked to the original Intake.

3. Review the **System Information** section, the **Originating Intake ID** field displays the original **Intake ID**. This field was populated by default with the report which was cloned for the newly cloned report.

Knowledge Check!

When should a user use the Clone feature?

- A. When no demographic information is required
- B. When a screened-out Intake needs a new screen-in
- C. When multiple referents call about the same incident
- D. Both B and C

Task 2: Access and Use Intake Help Resources

C-FIRST! provides access to the following job aids from within the system, so that you can efficiently access knowledge resources in order to do your job with quality and efficiency.

1. To access help for the Intake, click **Intake Help** from the **Basic Information** tab, at the top right of the screen. The **Help Topics** pop-up displays.
2. Click any of the hyperlinks of the desired article to open Salesforce knowledge screens related to Intake in another tab.

Knowledge Check!

How can you access Intake help resources within C-FIRST!?

- A. Contact their supervisor by email
- B. Use the search bar in the Intake history
- C. Click the Intake Help button from the Basic Information tab at the top right of the screen
- D. Open the Intake Attachments section

Task 3: Create a Services Request Record for Information Only Calls

Now let's see the steps to create a Services Request in C-FIRST!.

1. From the **Homepage**, select the **Home** drop-down and select *Intakes*. The **Recently Viewed Intakes** screen displays.
2. Click **New** at the top right of the screen to create a Services Request. The **New Intake** pop-up displays.
3. Select the **Services Request** radio button.
4. Click **Next**. The **Intake Services Request** screen displays.
5. The **Services Request** screen has the following sections:
 - **Header Bar:** Provides information about the record, including *Status*, *Assigned Worker (Hotline Staff)*, *Record Type*, and *Report Type*.
 - **Related List Quick Links:** This section lists the following two hyperlinks:
 - **Intake Persons:** This link provides details about the individuals involved in the Intake.
 - **Intake History:** This link provides a record of all actions and updates related to the specific Intake, used in tracking progress.
 - **Stepper:** The **Stepper** is located on the right-hand side of the screen and steps the user through the Intake. As each screen is completed, C-FIRST! will step to the next screen in the **Stepper** List. As the user completes each screen, the step will be checked off with a green check and the overall progress percentage will increase until all steps are completed.

Below are the different sections on the **Basic Information** screen:

- **Information**

- **Report Type**
- **Report Details**

6. Review the **Information** section of the Intake which captures general information, including:
 - *Intake ID*
 - *Status*
 - *Intake Last Name*
 - *Intake First Name*
 - *Method of the Report*
 - *Report Date/Time*
 - *Date Report Completed*

Note: C-FIRST! prevents users from entering a future date in the **Report Date/Time** field, but there is no restriction on past dates. If users try to save with a future date, they will see an error, "Report Date/Time cannot be in the future."

7. Review the **Report Type** section that tracks the:
 - *Type of Intake Report*
 - *Type of Record (Sub Type)*
8. Review the **Report Details** section that provides fields to track the **Narrative, School Information if Applicable, and Involvement with Family Requested.**
9. Review the **System Information** section, the **Created By** and **Last Modified By** fields automatically populate with the username of whoever initially created and last modified the record. This field is system-generated and you cannot edit it. Click **Save and Proceed**. The **Add Persons** section displays.
10. Click **Add Person** to add the details like **Intake Persons Role(s), Relationship to the Victim, First Name, Last Name, Gender, and Date of Birth.**
11. The **Add New Intake Person** pop-up displays. This pop-up includes the following fields:
 - **Role:** This records the role of the Intake person (e.g., alleged child victim, alleged perpetrator, DCS worker, etc.).
 - **Unknown?:** This records whether the identity or details of the Intake person is unknown.

- **Relationship to Victim:** This records how the Intake person is connected to the victim.
- **First Name:** This records the given name of the Intake person.
- **Last Name:** This records the family name or surname of the Intake person.
- **Gender at Birth:** This records the gender of the person at birth (e.g., male or female).
- **Date of Birth:** This records the birth date of the Intake person in month/day/year format, if known.
- **Estimated Age:** This records the approximate age of the Intake person when the exact date of birth is unknown.

Once users have finished entering all the information in the pop-up, click **Save Person** to save the details of the person just added.

12. Click **Save and Proceed**. The **Services Request** is created successfully.

Knowledge Check!

Which of the following is included in the Information section of the Intake?

- A. School Information
- B. Method of Report
- C. Report Narrative
- D. Relationship to Victim

Module 7: Intake Assistant

During this course, you have developed the skills to complete Intakes from initiation to submission, including documenting narratives, adding individuals, linking allegations, completing the ISAQ, and submitting cases for supervisor review. Completing these tasks manually has provided you with a thorough understanding of each step.

With this foundational knowledge, C-FIRST! introduces the **Intake Assistant** to enhance your workflow efficiency. The Intake Assistant analyzes your incident narrative to identify possible individuals and allegations, enabling you to populate these fields quickly and accurately with a single action.

Module Objectives

- Access the **Intake Assistant** from the **Basic Information** screen
- Interpret the three categories of Intake Assistant-generated insights (Existing Persons, New Persons, Allegations)
- Evaluate Intake Assistant suggestions using knowledge gained from earlier modules
- Verify Intake Assistant-identified persons against C-FIRST! records to prevent duplicates
- Validate Intake Assistant-identified allegations against Tennessee abuse/neglect definitions
- Populate Intake fields using validated Intake Assistant suggestions
- Determine when to use the Intake Assistant versus manual entry

Lesson 1: Using the Intake Assistant

Scenario Background

You know how to document narratives, add persons with proper roles, create allegations with correct categories, complete the ISAQ, and submit for supervisor review.

For this lesson, you'll use the Intake Assistant to accelerate your work. As you use the tool, think about how each suggestion maps to the manual steps you've already learned.

Task 1: Create an Intake and Access the Intake Assistant

This task combines basic Intake creation with accessing the Intake Assistant tool. Since you already know the Intake creation process from Module 2, you'll move quickly through those steps to reach the Intake Assistant.

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*.
2. Click **New** to initiate a new Intake.
3. Click the **Intake Report** radio button, then click **Next**.
4. Enter the *Incident Narrative* in the **Incident Narrative** field.
Document the caller's report completely, including all persons mentioned and the circumstances described.
5. Complete the required fields in the **Information** section (**Intake Last Name, Intake First Name, Method of Report**).
6. Click **Save**.
7. Locate the **Get Insights** button to the right of the **Incident Narrative** field.
8. Click **Get Insights**. The Intake Assistant modal displays. **Note:** The **Get Insights** button only becomes active after the **Incident Narrative** field is populated. If the button is grayed out, check that you've entered and saved your narrative.
9. Review the Intake Assistant layout:
 - **Left Panel (Incident Narrative):** A read-only copy of your narrative for reference.
 - **Right Panel (Insights):** Intake Assistant-generated suggestions in three sections.

Note: Review the disclaimer, "This data is AI-generated. Verify the details before populating the Intake."



Process Tip!

The quality of the Intake Assistant suggestions depends on the quality of your narrative. Documenting who, what, when, where, why, and how produces better insights.

Knowledge Check!

When should you click the Get Insights button?

- A. Before entering any information in the Intake
- B. After the supervisor approves the Intake
- C. After entering and saving the Incident Narrative
- D. Only when creating a Services Request

Task 2: Review and Verify Intake Assistant-Identified Persons

Previously, you assigned each person and their role individually. Now, the assistant handles this identification for you, but it's still important that you confirm its accuracy.

1. Locate the **Potential Existing Persons** section in the right panel.
2. Review the names displayed. These are individuals the Intake Assistant found in your narrative who may already have records in C-FIRST!.
3. Click the **hyperlinked name** to open the person record in a new tab.
4. Verify whether this is actually the same person by checking:
 - Date of birth
 - Address history
 - Previous case involvement
 - Any other identifying information
5. Scroll to the **Potential New Persons** section.
6. Review each person listed. The Intake Assistant assigns roles based on your narrative (*alleged victim, alleged perpetrator, referent, etc.*).
7. Verify each Intake Assistant-identified person against your narrative:
 - Is the name spelled correctly?
 - Is the role assignment accurate?
 - Did the Intake Assistant miss anyone the caller mentioned?
8. Make note of any corrections needed:
 - Persons the Intake Assistant identified correctly
 - Persons with incorrect roles (fix after populating)
 - Persons the Intake Assistant missed (add manually after populating)

**System Tip!**

Hyperlinked names indicate the Intake Assistant found a potential match in C-FIRST!. The same verification rules apply when checking these matches. Similar names don't always mean the same person.

Knowledge Check!

What should you do when you see a hyperlinked name in Potential Existing Persons?

- A. Assume it's the correct person and proceed
- B. Click the link to verify it's actually the same individual
- C. Delete the person and add them manually
- D. Contact the supervisor before continuing

Task 3: Review and Verify Intake Assistant-Identified Allegations

It is essential to consider the specific categories and sub-categories of allegations, as well as to ensure alignment with Tennessee definitions rather than relying solely on narrative keywords.

1. Locate the **Potential Allegations** section in the right panel.
2. Review each allegation the Intake Assistant identified from your narrative.
3. For each suggested allegation, verify:
 - Does this match a valid abuse/neglect category in Tennessee?
 - Is the category appropriate for what the caller described?
 - Would this allegation require ISAQ screening?
4. Cross-reference against your narrative:
 - Did the caller actually report this, or is the Intake Assistant inferring?
 - Are the circumstances clear enough to support this allegation?
5. Make note of your validation decisions:
 - Allegations correctly identified
 - Allegations suggested but not supported by the narrative
 - Allegations the Intake Assistant missed that should be added

Knowledge Check!

The Intake Assistant suggests “Physical Abuse” as a potential allegation. What should you do?

- A. Accept it automatically since the Intake Assistant identified it
- B. Reject it because Intake Assistant suggestions are unreliable
- C. Ask the supervisor to decide
- D. Verify it meets Tennessee’s definition based on the narrative details

Task 4: Refresh Insights After Narrative Updates

Sometimes you’ll realize your narrative is incomplete after seeing the Intake Assistant’s suggestions. This task shows you how to update the narrative and get fresh insights.

1. Click the **minimize arrow** in the upper right corner of the Intake Assistant module.
2. Drag the collapsed floating button to a convenient screen location.
3. Navigate back to the **Incident Narrative** field. Add additional details to the narrative.
4. Click **Save**.
5. Click the floating **Intake Assistant** button to expand it.
6. Click **Refresh Insights**. Review the updated **Intake Assistant Insights** panel for new persons or allegations based on your additions.



System Tip!

The Intake Assistant only analyzes what’s in your saved narrative. If you remember additional details from the call, add them to the narrative and refresh—don’t try to add them only through the Insights panel.

Task 5: Populate the Intake with Validated Information

This is the action step. You should only click **Populate Intake** after completing your verification in Tasks 2-3.

1. After verifying all persons and allegations in the **Insights** panel, click **Populate Intake**.
2. Read the tooltip, "This will override existing information."
3. Confirm the action. The Intake Assistant-extracted data populates the Intake.
4. The Intake Assistant can now be minimized or closed.
5. Navigate to the **Add Persons** screen to review what the Intake Assistant populated.
6. Verify the populated data:
 - Are all persons present with correct names?
 - Are roles assigned correctly?
 - Were existing persons linked (not duplicated)?
7. Navigate to the **Allegations** screen.
8. Review the populated allegations:
 - Are the categories correct?
 - Are victims and perpetrators properly linked?
 - Do any allegations need to be removed or added?
9. Make corrections using skills from Module 4.

Use this feature at the beginning of your Intake, not after you've already entered data.



Process Tip!

While the Intake Assistant is a helpful tool that will auto-populate fields reducing the need for manual entry, you are still able to modify the information after it has been populated into those fields and it is recommended that you validate what the Intake Assistant has populated.

Knowledge Check!

When is the best time to use the Populate Intake function?

- A. After entering the narrative but before manually adding persons or allegations
- B. After manually entering all persons and allegations
- C. After the supervisor returns the Intake for corrections
- D. Only when creating Intakes from the Online Portal

Task 6: Complete the Intake Using Standard Process

The Intake Assistant only helps with persons and allegations; the rest of the process remains exactly as you learned in Modules 5-6.

1. With persons and allegations populated, continue through the Intake as learned in Modules 5-6.
2. Complete the **Questionnaire (ISAQ)** based on the allegations now in the system.
3. Review the ISAQ recommendations for screening decision, priority, and track assignment.
4. Complete the **Disposition** section.
5. Click **Submit** to send the Intake to the Intake Supervisor/Analyst.

Module 8: Finalizing an Intake and Supervisor/Admin Functions

Now that you have reviewed the main roles and responsibilities within the Intake process, this module will guide you through the key supervisory functions needed for effective and compliant case management in C-FIRST!. As an Intake Supervisor/Analyst, your role is central to maintaining quality and compliance throughout the Intake process in C-FIRST! It is important to maintain data quality to confirm all required fields are completed and prevent duplicative information.

Accurate and complete data entry is critical for the integrity of the C-FIRST!. Every Intake you create becomes part of a child's history and informs decisions across multiple teams. Poor data quality, such as incorrect associations, missing attachments, or incomplete Intake history can lead to:

- **Delayed Investigations:** Incorrectly linked Intakes or missing documents can prevent investigators from seeing the full picture.
- **Compliance Risks:** Federal and state reporting relies on accurate data. Errors can result in audit findings and loss of funding.
- **Child Safety Concerns:** Inaccurate or incomplete information may cause inappropriate screening decisions, putting children at risk.
- **Operational Inefficiencies:** Duplicate records and wrong associations increase workload for supervisors and analysts.

This module will equip you with the skills to oversee case management activities, make informed screening decisions, and document your actions accurately. You will learn how to identify when screening recommendations require review or override, apply the correct authorization levels, and manage cases that need mandatory supervisor involvement. The module also guides you through practical tasks, such as returning Intakes for corrections, finalizing case notes, applying restricted flags, and using the dashboard to track and assign work efficiently.

By the end of this module, you will be prepared to review, approve, and assign cases with confidence, support effective workflow management, and help guarantee every Intake receives the oversight and documentation it requires.

Module Objectives

After completing this module, you will be able to:

- Perform Quality Assurance and Compliance
- Navigate and manage the dashboard
- Identify situations requiring screening decision overrides and document reasons for overrides, including priority and track assignments
- Apply appropriate authorization levels and return Intakes for corrections as needed
- Review, approve, and recognize cases such as specific allegation types that require mandatory supervisor involvement
- Complete final disposition information, assignments, and apply restricted flags when necessary
- Assign Intakes to the appropriate regions, counties, and case managers, and create investigation records from screened-in Intakes
- Add finalized notes to completed Intakes and understand how Intake data is perpetuated to investigation records

Lesson 1: Intake Supervisor/Analyst Dashboard and Management

In this lesson, you will be able to navigate the dashboard and review Intakes and reports related to Intakes. For information on how to access intakes, see *Module 1: General Navigation*.

Scenario Background

As part of reviewing the Penn family Intake, you need to establish the Intake persons and link them to any existing person records in C-FIRST!. Before creating new Person IDs (PIDs), you must search the system to determine if Harry Penn, Vernon Penn, Petunia Penn, or Mrs. Arabelle Pike already exist from prior DCS involvement.

- If a match is found, you will link the Intake person to the existing record to maintain a complete history.

- If no match exists and the person meets minimum requirements, you will create a new person record with a unique PID.

Task 1: Supervisor Dashboards and Reports

1. Login as the Intake Supervisor/Analyst.
2. From the **Homepage**, click the **Home** drop-down and select *Home*.
3. The **Homepage** of the Intake Supervisor/Analyst displays. The **Homepage** displays the following five components:
 - **Greeting Component:** Displays the logged-in user's first name, middle name and last name. It also displays statistical data (count) on Intakes.
 - **Today's Tasks:** Displays the list of Tasks that are assigned to the logged-in user along with due date that equals today's date and associated record ID. Click **View All** to display a complete list of all the tasks. The **Recently Viewed** list of tasks displays.
 - **P1 and P2 Intake:** This displays the count of Intakes grouped by their Priority, submitted to the logged-in disposition approver.
 - **Intakes Not Completed:** This displays a bar graph of the count of Intakes with **Status** of *Pending* or *Submitted*, based on Report Date/Time. (Key Control Field: Report Date/Time). Click **View Report** to display the expanded view of the report. The **Intakes Not Completed** list displays.
 - **Intakes with No Assignment:** This displays a bar graph of the count of Intakes that do not have an assigned Record Owner. Click **View Report** to display the expanded view of the report. The **Intakes with No Assignment** list displays.



Process Tip!

Before associating Intakes, verify that the incident dates and details match. Incorrect associations compromise data quality and can mislead investigators. Always confirm you are linking Intakes related to the same incident, not just the same family.

Knowledge Check!

If you want to see which Intakes do not have an assigned record owner, which component should you use?

- A. Intakes with No Assignment
- B. Greeting Component
- C. Today's Tasks
- D. Home drop-down

Task 2: Access Reports Outside of the Dashboard

1. From the **Homepage**, click the **App Launcher** icon in the upper left-hand corner and click **View All**.
2. Click **Reports** from the All Items drop-down. This list will default to show the user their Recent reports.
3. Select **All Reports** and either scroll down or use the Search bar in the upper right-hand corner to locate the Intake folder to see all reports associated with Intakes.
4. Click the **hyperlink** of the report to view the report details.
Note: Reminder, you can also access this view by clicking the **View Report** hyperlink from your **Homepage**.

Task 3: Track P1 and P2 Priority Intakes

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*.
2. The **My P1 and P2 Intake Records** displays a pie chart of the count of Intakes grouped by their *Priority* (based on the **Recommended Response Priority** field).
3. Click **View Report** to display the expanded view of the report.
4. The **My P1 and P2 Intake Records** list displays.
5. Scroll down to see an expanded view of the report including **Record IDs** of the records that display in the report.
6. The dashboard displays the list of all Intakes with the **Recommended Response Priority** as *Priority 1* or *Priority 2*.
Some of the features related to the report are:
 - **Enable Field Editing:** This button enables the fields for editing.
 - **Search:** This icon lets users search the report table for Intakes.

- **Toggle Chart:** This icon will toggle the pie chart on and off.
- **Filters:** This icon opens a **Filter Panel** that filters Intakes based on *Show Me*, *Intake Date Created*, *Status*, and *Recommended Response Priority*.
- **Refresh:** This icon refreshes the data on this screen to display the report with updated data.
- **Edit:** This button opens the **Outline Panel** to add groups or columns to the report.
- **Drop-Down:** The drop-down arrow lists *Export* and *Save As* options for the Intake.
- **Chart Properties:** This icon lets users change the way the report is displayed.



System Tip!

Linking Intakes to the wrong case creates inaccurate case histories and may affect court decisions. Double-check case IDs and confirm details before saving.

Knowledge Check!

What does the Chart Properties icon let users do in this report?

- A. Add a new chart to the system
- B. Approve Intakes
- C. Change how the report is displayed visually
- D. Filter by assigned worker

Task 4: Review Intake Completion Rates and Pending Assignments

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*. The **Homepage of Intake Supervisor/Analyst** displays.
2. **Greeting Component** displays the logged-in user's name (First Name, Middle Name, and Last Name). It also displays statistical data (count) on Intakes that are created on the date of login with the following statuses:
 - *Pending*
 - *Screen Out*
 - *Submitted and*

- *Open Assigned*

Task 5: Assign or Reassign Intakes to Workers

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*. The list of **Recently Viewed** Intakes displays.
2. Search for an **Intake ID** or click the **Intake Report** from the list. The **Intake Report** displays.
3. From the **Stepper**, click the **Disposition** section to display the user's decision regarding screening, priority, and track assignment of the report.
4. Scroll down to the **Reviewer Information** section and click the **X** icon to delete the current Intake Specialist's name.
5. Enter a name for the Intake Specialist or select from the auto-populated drop-down.
6. Click **Save and Proceed** to save the changes and assign the Intake to a user. The record has been saved, and the Intake Specialist has been reassigned successfully.
7. Additionally, Intake Supervisor/Analysts need to identify and assign unassigned Intakes to appropriate user. On the dashboard, **Intakes with No Assignment** report displays a bar graph of the count of Intakes that do not have an assigned Record Owner (based on the **Hotline Staff** field).
8. Click **View Report** to display the expanded view of the report. The complete list of **Intakes with No Assignment** displays when the **Intake Status** is *Pending* and **Hotline Staff** is blank.
9. To assign an user, click the **Intake ID** hyperlink to open the details in a new tab. The **Intake Report** displays.
10. From the **Stepper**, click the **Disposition** section to display the Intake Specialist's decision regarding screening, priority, and track assignment of the report. The **Disposition** screen displays.
11. From the **Disposition** screen, scroll down to the **Reviewer Information** section and click the **Hotline Staff** field to add a name. A search list displays.



System Tip!

Use this section to re-assign the record to a different user and to assign a disposed record to their Intake Supervisor/Analyst.

Only Intake Supervisor/Analyst, Intake Director, and Executive Director of Statewide Services can reassign the user. There is no limit to how many times an Intake can be reassigned.

12. Enter a name for the **Intake Specialist** or select from the auto-populated drop-down.
13. Click **Save and Proceed** to save the changes and assign the Intake to an user. The record has been saved, and the user has been assigned successfully.

Knowledge Check!

What is the limit to how many times an Intake can be reassigned?

- A. Only twice
- B. No limit
- C. Once per Intake
- D. After 3 times only be admin

Lesson 2: Complete the Persons and Review Procedures

This lesson teaches you how to override and review procedures during Intakes.

In the previous modules, you have learned about the various features available in the **Intake** dashboard in C-FIRST!, how to create an Intake, and how to enter incident source and details in the **Basic Information** screen. You have also learned how to add child victim(s), perpetrator(s), referent(s), and other persons on the **Add Persons** screen, as well as how to link addresses to these persons. You also learned about the Disposition process.

Upon completion of this lesson, you will be able to:

1. Identify situations that require overrides
2. Document and authorize them correctly
3. Review and approve Intakes

Task 1: Identify Situations Requiring Screening Decision Overrides

Screening Decision Overrides can be performed by the user and the Intake Supervisor/Analyst when an initial screening decision is reconsidered or reversed by an authorized person (Intake Supervisor/Analyst).

1. Login to the C-FIRST! as an **Intake Supervisor/Analyst**.
2. From the **Homepage**, click the **Home** drop-down and select *Intakes*. The **Intakes** screen displays.
3. Click the relevant Intake from the **Intake ID** column.
4. The **Basic Information** screen displays. From the **Stepper**, click the **Complete** section.



Process Tip!

On the **Complete** screen, you have a second opportunity to override screening, priority, or track decisions (even if the user didn't override). This is your quality control checkpoint. However, if you override the user's decision, you must document why, both for audit purposes and to coach the user on proper screening protocols.

5. The **Complete** screen displays. From the **Screening Override** drop-down, select *Yes*.
6. From the **ISAQ Screening Decision** drop-down, select *Screen In*.
7. From the **Screening Decision Override Reason** drop-down, select the appropriate reason. The following are the options in the drop-down:
 - *Concerns previously investigated by DCS*
 - *DCS does not have jurisdiction, referred to another investigation agency*
 - *Does not meet the definition of abuse or neglect per Tennessee Law and Rules*
 - *Insufficient information provided to locate the child and/or family*
 - *Referred for follow up to local DCS office currently involved with the child*

- *Referred to Law Enforcement due to child's age and alleged perpetrator relationship*
- *Related to Parental Abuse/Neglect*
- *The alleged child victim does not reside in TN*

**Process Tip!**

Intakes with Sex Trafficking, Labor Trafficking, or Abuse Death allegations cannot be screened out by an Intake Specialist.

These allegations must be routed to an Intake Supervisor/Analyst, Intake Director, or Executive Director of Statewide Services for review and disposition. The system will prevent you from setting the **Status** to *Screen Out* for these allegation types.

**Process Tip!**

When an Intake must be marked as **Restricted**, follow these steps:

- Only Hotline Directors or Executive Directors can set the **Restricted** flag
 - If a user receives an Intake that should be restricted they should notify their Intake Supervisor/Analyst immediately, the Intake Supervisor/Analyst reassigns the Intake to an Intake Director
 - The Intake Director sets the **Restricted** flag and manages the case according to confidentiality protocols
 - Access to restricted records is automatically limited based on security roles.
8. Add the **Screening Decision Notes**.
 9. Click **Save and Proceed**.

Knowledge Check!

On which C-FIRST! screen can an Intake Supervisor/Analyst perform a second review and override screening, priority, or track decisions, even if not previously overridden?

- A. Basic Information
- B. Disposition
- C. Complete

D. Reviewer Information

Task 2: Document Screening, Priority, and Track Assignment Override Reasons

1. From the **Stepper**, click the **Complete** section. The **Complete** screen displays.
2. From the **Screening Override** drop-down, select Yes.
3. From the **Screening Decision Override Reason** drop-down, select the appropriate reason. The following are the options in the drop-down:
 - *Concerns previously investigated by DCS*
 - *DCS does not have jurisdiction, referred to another investigation agency*
 - *Does not meet the definition of abuse or neglect per Tennessee Law and Rules*
 - *Insufficient information provided to locate the child and/or family*
 - *Referred for follow up to local DCS office currently involved with the child*
 - *Referred to Law Enforcement due to child's age and alleged perpetrator relationship*
 - *Related to Parental Abuse/Neglect*
 - *The alleged child victim does not reside in TN*
4. Add the **Screening Decision Notes**.
5. Click **Save and Proceed**.
6. For **Tracking Assignment Override Reasons** by an Intake Supervisor/Analyst, scroll down in the **Hotline Supervisor Complete** section to **Track Assignment Override**.
7. From the **Track Assignment Override** drop-down, select Yes.
8. Click the **Track Assignment Decision** drop-down and select the appropriate decision. The options include:
 - *Assessment*
 - *Border Agreement*
 - *Investigation*
 - *Out of State County*
 - *Resource Linkage*
9. In the **Track Decision Notes**, add the notes related to the reason for overriding.
10. Click **Save and Proceed**.



Process Tip!

When **Track Assignment Override** is *Yes*, your **Intake Assignment** selection must match the **Track Assignment** decision. For example, if you override **Track Assignment** to *Investigation* you must select *New Investigation* or *Link to Existing Investigation* in **Intake Assignment**. The system will prevent saving if these don't align.

11. For **Priority Override** by an Intake Supervisor/Analyst, scroll down in the **Hotline Supervisor Complete** section to **Priority Override**. From the **Priority Override** drop-down, select *Yes*.
12. From the **Priority Override Decision** drop-down, select the appropriate decision.
13. From the **Priority Decision Override Reason** drop-down, select the appropriate decision. The following are the options in the drop-down:
 - *Administrative Decision*
 - *Aggravating Circumstances or Safety Issues Warrant on Investigation*
 - *Child is in an Alternative Safe Environment Pending a 72-hour Response*
 - *Court Ordered to Investigate*
 - *Discretionary Override*
 - *Law Enforcement Requests Urgent Response/MOU Compliance*
 - *Law Enforcement Requests Urgent Response or an MOI Require It*
 - *Out-of-State Runaway*
14. From the **Response Priority Decision** drop-down, select the appropriate option.
15. In the **Priority Decision Notes**, add the notes related to the reason for overriding. Click **Save and Proceed**.

Knowledge Check!

Who can override another user's decision in C-FIRST!?

- A. Only the system administrator
- B. Family advocate
- C. Intake Supervisor/Analyst
- D. Law enforcement

Task 3: Apply the Proper Authorization Levels for Different Types of Overrides

1. From the **Stepper**, click the **Disposition** section. The **Disposition** screen displays.
2. Scroll down to the **Reviewer Information** section. The **Intake Specialist** information will be auto-populated in the field.
3. Click the **magnifying glass (search icon)** from the **Disposition Supervisor** and search for the supervisor's name to assign the Intake for review.
4. Click **Save and Proceed**. Click **Save and Proceed**. On clicking **Save and Proceed**, the Intake gets assigned to the Intake Supervisor/Analyst for review.



Process Tip!

Before processing any override, always verify the requester's authority against the approval in the case notes or system.

Role	Disposition Screen	Complete Screen	Restricted Flag
Intake Specialist	Yes	No	No
Intake Supervisor/Analyst	Yes	Yes	No
Intake Director	Yes	Yes	Yes
Executive Director of Statewide Services	Yes	Yes	Yes

Knowledge Check!

Which role has the Restricted Flag set to Yes for override processing?

- A. Intake Specialist
- B. Intake Supervisor/Analyst
- C. Both Intake Director and Executive Director of Statewide Services
- D. Both Intake Specialist and Intake Supervisor/Analyst

Task 4: Return Intakes to Workers for Corrections When Needed

1. Open the Intake and review the **Basic Information**, **Add Persons**, **Allegations**, and **Questionnaire** sections of the Intake.
2. From the **Stepper**, click the **Disposition** section.
3. On the **Disposition** screen, scroll down to the **Reviewer Information** section.
4. The **Intake Specialist** and **Disposition Supervisor** information will be auto-populated in the field.
5. Click the **magnifying glass (search icon)** for the **Intake Specialist** and **Disposition Supervisor**.
6. Search for the appropriate role to assign the Intake for correction and/or adding additional information.
7. Click **Save and Proceed**.



Process Tip!

When returning an Intake for corrections, always provide clear, specific feedback within the system or case notes. Highlight exactly what needs to be corrected and, if possible, reference relevant guidelines or examples. Set a reasonable deadline for resubmission to maintain workflow efficiency.

Knowledge Check!

What must you do when returning an Intake for corrections?

- A. Provide clear, specific feedback within the system or case notes
- B. Just change the record status
- C. Ask the worker by phone only
- D. Leave feedback optional

Task 5: Complete Disposition Information and Assignments

1. From the **Stepper**, click the **Complete** section. **Note:** This section of the **Stepper** is only available in the **Hotline Supervisor/Hotline Analyst** screen after the Intake Specialist/Supervisor has completed the **Disposition** section. Access for the **Complete** screen is only available to a Supervisor or Analyst.

2. The **Complete** screen displays. Review the **Disposition Supervisor Review and Final Disposition Information**. Use this section to override the ISAQ recommendation for **Screening, Track Assignments** and **Priority** decisions.
3. Scroll down to the **Assignment Information** section and select the appropriate option from the **Intake Assignment** drop-down.



System Tip!

Depending on which **Intake Assignment** you select on the **Complete** screen, different fields become required or visible. For example, selecting *New Investigation* reveals **Region, County, Related Case Manager, and Related Case Supervisor** fields, while *Link to Existing Investigation* requires you to look up and select an existing case.

If an allegation includes *Abuse Death*, the **Intake Assignment** on the **Complete** screen must be either *New Investigation* or *New SIU Investigation*. The system will prevent you from linking to existing cases or assigning to **Assessment/Resource Linkage** tracks for fatality cases.

4. Click the **Related Case ID** field and enter the Case ID. **Note:** When assigning an Intake on the **Complete** screen, the system validates that your Intake assignment matches your **Track Assignment Decision**. If you selected **Assessment** as the track but try to create a *New Investigation*, the system will stop you. If you need to change tracks, you must go back and override the **Track Assignment Decision** field first.
5. Select the appropriate option from the **Assigned Region** drop-down.
6. Select the assigned county from the **Assigned County** drop-down.
7. Select if the Intake must be restricted from the **Restricted?** drop-down. **Note:** Only Intake Directors and Executive Directors of Statewide Services can restrict a case. If the **Restricted?** field is marked as *Yes*, specify the **Restricted Reason** for the restricted flag by selecting the **Available** reason and moving it to the **Chosen** category.

**Process Tip!**

All **Investigation** and **Assessment** tracks that require SIU Team investigations are automatically marked as **Restricted** by the system. The users don't have to manually set this flag. However, for other tracks, only Intake Directors and Executive Directors of Statewide Services can manually restrict cases. If you think a non-SIU case should be restricted, escalate to your director before completing the assignment.

8. Select **Related Case Manager** and assign the Intake.

**System Tip!**

When you select a Case Manager or Investigator in the **Related Case Manager** field on the **Complete** screen, C-FIRST! automatically populates the **Related Case Supervisor** field with that worker's supervisor as it knows the organizational hierarchy.

9. Select the **Related Case Supervisor** and assign the Intake.

**Process Tip!**

When you assign a related Case Manager on the **Complete** screen, the **Related Case Supervisor** field will automatically populate with that Case Manager's supervisor. Verify this auto-populated name is correct. If the organizational structure in the system is outdated, you may need to manually correct it.

10. Click **Save and Proceed**.

Knowledge Check!

If selecting Link to Existing Investigation, what must you do?

- A. Just proceed to the next screen
- B. Look up and select the Related Case ID
- C. Assign to County only
- D. Ask the worker to finish

Task 6: Review and Approve Intakes as an Intake Supervisor/Analyst

1. From the **Stepper**, click the **Basic Information** section and review each section of the Intake for accuracy.
2. From the **Stepper**, click the **Add Persons** section and review each section of the Intake for accuracy.
3. From the **Stepper**, click the **Allegations** section and review each section of the Intake for accuracy.
4. From the **Stepper**, click the **Questionnaire** section and review each section of the Intake for accuracy.
5. From the **Stepper**, click the **Disposition** section and review each section of the Intake for accuracy.
6. From the **Stepper**, click the **Complete** section review each section of the Intake for accuracy.
7. From the **Stepper**, go to the **Basic Information** section, scroll down to the **Status** drop-down and select **Open Assigned**.
8. Click **Save and Proceed**.



Process Tip!

Before approving any Intake, verify that all required fields are complete, documentation is accurate, and any flagged issues have been addressed.

Document your review and approval of the system, noting any exceptions or follow-up actions needed.

Knowledge Check!

Which sections should an Intake Supervisor/Analyst review for accuracy before approving an Intake?

- A. Basic Information
- B. Add Persons
- C. Allegations
- D. All of the Above

Task 7: Create Investigation Records from Screened-In Intakes

Creating investigation cases from screened-in Intakes happens automatically when **Status** is set to *Open Assigned* on the **Complete** screen. This functionality will be covered in a future module update.

This completes the end-to-end Intake process. From the initial hotline call all the way through to case assignment. You documented basic information, added people, documented allegations, completed the ISAQ, made disposition decisions, and assigned it to an investigation. That's the full workflow you'll be using in the new system. In the next part of the Intake process, which we'll cover in a different module, the Intake Supervisor/Analyst reviews the Intake on the **Complete** screen and makes the final track assignment. That's when the Intake becomes a case and gets assigned to CPS. But your work for the Intake done for now. Great job walking through the entire Intake process from start to finish.

Note: In C-FIRST! All CPS cases are referred to as Investigations even if they are assigned to an assessment track.

Lesson 3: Quality Assurance and Compliance

In this lesson, you will be able to navigate the **Intake Supervisor/Analyst** dashboard and review Intakes and reports related to Intakes.

Upon completion of this lesson, you will be able to:

1. Conduct quality reviews of completed Intakes
2. Apply inactivation procedures and documentation requirements

Scenario Background

After an Intake is submitted, the Intake Supervisor/Analyst logs into C-FIRST! and reviews it for complete and accurate documentation of all persons, allegations, and attachments. Using quick links, the Intake Supervisor/Analyst verifies critical details. If the information is correct, the Intake moves forward; if not, the Intake Supervisor/Analyst changes the status to *Pending*, adds revision instructions, and the system notifies the original user.

You will now perform quality reviews of completed Intakes and apply inactivation procedures and documentation requirements as needed, so that only accurate and valid Intakes advance in the process.

In this exercise you will perform the following tasks:

- Conduct a quality review of a completed Intake
- Inactivate an Intake

Task 1: Conduct Quality Reviews of Completed Intakes

1. From the **Homepage**, click the **Home** drop-down and select *Intakes*. The **Recently Viewed Intakes** screen displays.
2. Search for an **Intake ID** or click the **Intake Report** hyperlink from the list. The **Intake Report** displays. **Note:** Intake Supervisor/Analysts conduct quality reviews to verify that the information on the Intake is correct before the investigation is assigned to CPS. As an Intake Supervisor/Analyst reviewing a submitted Intake, if you need to send it back to the user, change the status from *Submitted* to *Pending* and clearly communicate what needs correction. C-FIRST! automatically creates a task notification for the Intake Specialist.
3. Click the **Intake Persons** hyperlink in the **Related List Quick Links** section. Verify that all required people, allegations, and documentation are present for this Intake. **Note:** The **Intake Persons** screen displays the **Intake Persons** list view of Intake persons along with their Role, Date of Birth, Last Name, First Name, Gender, Estimated Age, and Established Person PID.
4. Click the **Intake Person ID** hyperlink under the **Intake Person** column to open the **Intake Person Record** screen.
5. Navigate back to the **Intake Record** screen, in the **Related List Quick Links** section, click **Allegations** hyperlink. The **Allegations** screen displays. **Note:** The **Allegations** screen lists the details of related allegations for this Intake.
6. Click the **Allegation ID** to verify the details. The **Allegations Details** screen displays. Verify the details and proceed.
7. Navigate back to the **Intake Record** screen, in the **Related List Quick Links** section, click the **Attachments** hyperlink. **Note:** Users can also click the **Attachments** tab, next to the **Basic Information** tab to review data related to the Attachment including **Title**, **Document Category**, **Document Type**, **Upload Date**, and **Uploaded By**. The **Attachment** tab displays. **Note:** In the tab, users view data related to the Attachment including the **File Name**, **Document Name**, **Category**, **Sub-Category**, **Document Date**, **Graphic**, and **CSEM Case**.
8. Click the **Intake Persons** hyperlink. The **Intake History** screen displays to review Intake history for this Intake. **Note:** The **Intake History** screen captures details of changes made to the

Intake including **Date**, **Field**, **User**, **Original Value**, and **New Value**.

Task 2: Inactivate Intake (When Required)

1. Search and open an **Intake ID** or click the **Intake Report** hyperlink from the **Recently Viewed Intakes** list.
2. In the **Basic Information** tab, select *Inactive* from the **Status** drop-down. The **Inactivation Confirmation** field is now enabled.
3. Click the **Inactivation Confirmation** drop-down and select *Yes* to confirm the inactivation of the Intake. The **Inactive Reason** field displays.
4. Type a valid **Inactive Reason** (If the Intake is a duplicate or was created in error) in the text field.
5. Click **Save and Proceed** to inactivate the Intake. The Intake has been successfully inactivated.



System Tip!

After the Intake is inactivated, it cannot be changed to *Active* again. Only an Intake Supervisor/Analyst or Intake Director can inactivate the Intake. The **Inactivation Confirmation** field is enabled only after the **Status** is changed to *Inactive*. If you change the status back to *Pending*, C-FIRST! automatically disables the **Inactivation Confirmation** field.

Knowledge Check!

Where do you change the status of an Intake to Inactive?

- A. In the Reviewer Information section
- B. In the Allegations section
- C. In the filters panel
- D. In the Basic Information tab

Lesson 4: Online Reporter Portal Processing

In this lesson, you will learn about the Online Report Processing system. This facilitates the submission of reports through a web portal, where each report is automatically assigned a unique Intake number. This process eliminates the need for initial phone

conversations, relying solely on the information provided by the reporter through web forms.

C-FIRST! generates Intake persons from the submitted information from a reporter and auto-populates the incident narrative based on the reporter's description. However, ISAQ screening is not conducted through the portal.

Once submitted, the Intake enters an assignment queue where an Intake Supervisor/Analyst assigns them to an available Intake Specialist. At this stage, the Intake Supervisor/Analyst only reviews high-level information, such as the Intake number and the general nature of the report, without validating person information.

The Intake Specialist is responsible for reading the incident narrative, reviewing Intake person information for completeness, performing ISAQ screening, and ensuring all required fields are filled. They also associate Intake persons with real victims in the C-FIRST! through a search and match process, filling in any missing information before submitting the report back to the Intake Supervisor/Analyst for review.

Upon completion of this lesson, you will be able to:

1. Access and review Intakes submitted through the Online Reporter Portal
2. Assign online Intakes to appropriate workers

Scenario Background

The Intake Supervisor/Analyst checks the Online Portal filter in C-FIRST! to view new pending Intakes with no assigned user. After reviewing details like priority and report type, the Intake Supervisor/Analyst will assign the Intake to an available user, who then takes responsibility. This keeps online submissions visible and promptly assigned.

In this exercise you will perform the following tasks:

- Access and review Intakes submitted through the Online Portal
- Assign online Intakes to users

Task 1: Access and Review Intakes Submitted Through the Online Reporter Portal

1. Click the **Recently Viewed** drop-down and select **Online Portal** from the drop-down. A list of Intakes submitted through the **Online Portal** displays.
2. Users will find the following information related to the Intakes submitted via the online portal here:
 - **Intake ID:** This displays the unique identifier assigned to the relevant Intake.
 - **Recommended Response Priority:** This displays the urgency level for responding to the reported allegation.
 - **Intake Name:** This displays the name or description of the Intake case reported.
 - **Status:** This displays the current progress or outcome of the Intake. Users can view one of the following statuses here:
 - *Screen Out*
 - *Pending*
 - **Report Type:** This displays the classification of the report.
 - **Report Date/Time:** This displays the date and time of the report submission.
 - **Method of the Report:** This displays the channel used to submit the report. Reports can be submitted either online or through phone call.
 - **Intake Worker:** This displays the user responsible for handling the Intake.
 - **Disposition Supervisor:** This displays the name of the Intake Supervisor/Analyst overseeing the disposition of the Intake case.
 - **Assigned County:** This displays the County in which the Intake is reported.



Process Tip!

Intakes created via Online Reporter Portal are created with:

- **Status:** Pending
- **Hotline Staff:** (Blank/unassigned)
- **Method of Report:** Online (locked field)

These Intakes appear in the Online Portal filtered view awaiting Intake Supervisor/Analyst assignment. Users must check this view regularly throughout their shift. These Intakes do not automatically generate assignment notifications until someone takes ownership.



System Tip!

When an Intake is submitted through the Online Reporter Portal, C-FIRST! automatically sets the **Contact Type** field to *Online* and locks it. C-FIRST! displays an error message in case users try to update this field value.

When someone submits a referral through the Online Reporter Portal, C-FIRST! automatically creates a new Intake and populates all the information they entered. This Intake appears in your queue with a status of *Online* awaiting assignment.

Task 2: Assign Online Intakes to Workers

1. Click **Update Worker(s)**. The **Update Worker(s)** pop-up displays.
2. Click the **Intake Worker** field to view the **worker** drop-down. The users may also type the relevant user's name in the *search* field and select it from the drop-down, if a match is found.



System Tip!

The users may click the **X** (close) icon to remove the selected Intake Specialist.

3. Click **Save** to assign the Intake to the user.

Knowledge Check!

What is the final step to complete the assignment of an online Intake to a user?

- A. Run a report
- B. Select a different record
- C. Click Save
- D. Log out

Glossary

This glossary defines key terms and acronyms used throughout this training module:

Term	Definition
Person ID (PID) Number	Unique identifier automatically assigned to each person record in C-FIRST!
Person List View	Main screen displaying all person records in the system with search and filter options
Related List	Sections on a record showing associated information such as addresses, relationships, case assignments, and service history
Services Request	A form used to record information received via phone calls, email, and non-phone calls for information collection only. These are not assigned to a user or region and cannot be cloned.