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# CHILD CARE PLACEMENT INFORMATION SYSTEM

Michigan -

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| LEGAL STATUS CODE        |  | F CHILD LIVING PLACEN   |   |
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|                          | et ga<br>e stat ugunden i  |                         | 10%6 FANGE REVIEW DATE<br>GOAL CODE 0 CA 1 V2<br>1 11<br>155  |
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|                          | COUNTY Per Later CASE  |                         | LISTING LOCAL AGENCY 4:<br>C.ST INFORMATION 5-2<br>1.1.1.1.1.1<br>1.3.1.1.1.1.1<br>1.3.1.1.1.1.1.1<br>1.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |

#### PLEASE SEND CHANGE SECTION ONLY TO COPIS CONTROL UNIT TWO-SECTION CCPIS CARDS

The bottom half is used by the worker to report case transactions (openings, changes, closings). In about 10 days he receives a set in return with all information, updated, on the top card, the bottom card preprinted with identifiers and ready for the reporting of future transactions.

- Itoms #1 and 2. Action Code and Effective Date indicate the type of action a worker Itom #24. Placement Date records the date a child was nhysically moved into is reporting on a case and the date the action was effected.
- Items #3 and 4. Agency Code and Branch Code identify the reporting agency by number and the specific branch of the agency, if applicable.
- Items #6, 7 and 8. Last Name, First Name and Hiddle Initial identify the child being reported.
- Item #9. Recipient I.D. is the number assigned by the computer to each individual child being reported.
- Item #10. Birthdate registers the child's exact date of birth for the purpose of identification and to allow for the computation of age at any point in time.
- Item #11. Sex Code indicates the sex of the child being reported.
- Item #12. Race-Ethnic Group indicates the racial/ethnic background of children presently in care throughout the state and can be useful in future planning for resource development.
- Item #13. Religion records the religion of the child if it is an important factor in planning for the care of the child.
- Item #14. Handicap #1 and #2 records the number of children in care with handicaps of several types which can be useful in planning for care, treatment and rehabilitation programs.
- Item 15. Source of Referral indicates the type of organization or individual who referred a client to the agency. This information is useful in generating "traffic matterns" showing how client find their way to agencies.
- Item 16. Performance Levels: Part A (Ability Performance Level) describes, in meneral terms, the academic cerformance (for school-ane children) or developmental (for pre-school age children) levels. Part B (Social Performance Level) reports on rinor or major problem areas in school, home or compunity. These measurements assist workers describing children and in making placements. They also furnish additional information of a background or historical nature about all clients being served.
- Item 17. Lenal Status Code reflects the major cause of client involvement with an anency (basically for deliquency, neglect or adontion) and the type and the degree of court involvement leading up to and including court or state wardshin. Legal status is one of the most important types of information collected because it determines the treatment or service, including placement, furnished to the client.
- Item #18. Petition/Complaint D/N/A records the number of petitions or complaints of each type received by the probate courts each month.
- Item #19. Latest Offense describes the nature of client offenses which are adjudicated by courts or are heard by administrative conferences or Parole and Review Boards, in lieu of formal adjudication. Offense information (including number and type of offense) permits the development of offense and recidivism patterns for case and program evaluation.
- Item #20. Offense Code Suffix records the specific type of offense committed under general classification categories.
- Item #21. Heard By records the type of hearing by which a child's case was adjudicated which will show the extent of the use of the three types of adjudicative processes.
- Item #22. Offense Total will record the total number of offenses on which a child has been adjudicated at any point in time.
- Item #23. Child Living Arrangement records the family setling or type of residence facility in which the child lives. This information will generate reminder messages to caseworkers when placements in temporary or short-term type facilities become extended in cime; it will also permit the generation of placement patterns showing the type of clientele which use the various kinds of facilities, lengths of stay, and turnover rates.

a new type of placement.

1.

- Item #25. County Where Living records the county in which the child is physically located.
- Item #26. Commitment Date records the date that commitment orders were authorized, including commitment as a temporary or permanent court ward, or as a state ward under BTS, GTS, HCI, or HCI-0.
- Item #27. Current Service Status reflects the general status of a case as it progresses, from intake or screening through evaluation and treatment to omoing maintenance. It also shows foster care placement or need for either foster or adoptive home. This information is used to generate reminder messages to caseworkers when temorary conditions become extended in time.
- Item #28. Client Case Events include occurrences involving education, employment, behavior, and special program participation. Case events are specific in nature, and supplement more memeral data items; they remort on activity taking place concurrently with casework and often resulting from the caseworker's efforts, thus presenting a relatively broad view of the results of casework.
- Item #29. Services Seeking or Needed entries show those services that are either being sought or planned which will allow the child to move into a more permanent status. This information shows services or programs needed to more adequately provide for children in care.
- Item #30. Long Range Goal is intended to stimulate and quide caseworkers in thinking about long-term outcomes for children early in the casework process. Goals are general in nature and may be changed if conditions indicate, based upon case re-evaluation. Reminder messages are generated to the caseworkers using Long Range Goal information, usually in conjunction with other types of information. Comparison of planned versus actual outcome may be made by comparing Goal against Reason for Closing. This item also provides a basis for projected planning for the development of services and resources.
- Item #31. Review Date allows the worker to record the date that the case being reported should be reviewed for whatever purpose. the computer will print \*NOH\* in this field on the case card and the Case Listing when this date occurs.
- Item #32. Sources of Support indicate the funding arrangements contributing to a client's maintenance and treatment, and show the organizations. individuals, programs, and types of accounts which are involved financially. This information is used in determining the general acitivity level of the various types of financial support.
- Item #33. Charge County records the county responsibilities in part for financial support of court or state wards.
- Item #34. Agency Case Number allows the worker to enter the number assigned by the agency to the case being reported. Space is designated for entering DSS alphatetic prefix and suffix, and a tag for entry when children must or should be adopted together.
- Item #35. Reason for Closing reports the outcome of service provided by the agency and the reason for discontinuing case activity. The intent to have casework continued in another agency is included in this item via the 'transfer" codes, thus permitting the highlighting of cases which were intended to be transferred but in fact were not served by a subsequent agency.
- Item #36. Local Acency Information allows the individual agency to enter data of any type which they might need for their own use.
- Item #37. Adoptive Placement Suffix records the relationship of the adopting parents to the child being adopted, and the original birth status of the child. This information is entered at the time of placement.

# CCPIS DATA ELEMENTS

| CURRENT<br>ACTIVITY<br>ACTION GATE | AGENCY SR                       | FICATION | COAD NUM                    |                  | ATUS I                 | REPORT                   |
|------------------------------------|---------------------------------|----------|-----------------------------|------------------|------------------------|--------------------------|
| <u> </u>                           | ,                               |          | - CLIENT                    | IDENTIFICAT      | ION                    |                          |
| REC. LATIO NO.                     | BIRTHDATE                       | SEX RA   | CE RELIGION                 | HANDICAP NO. Í   | HANDICAP NO. 2         | SOURCE OF<br>REFERRAL    |
|                                    |                                 |          |                             |                  |                        |                          |
|                                    | AL INVOLVEMENT                  |          | <u> </u>                    | <u></u>          | IDENCE STATUS          | ╧━━━━<                   |
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| RECIMENT ID RUNGER | 19<br>11<br>11<br>10<br>10<br>10<br>10<br>10<br>11<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12 |                       | 14<br>(HANDICAP CODES<br>NO 1 YD 2<br>HO 1 YD 2<br>HO 1 YD 2 |   |
|                    | INVOLVEMENT 21   | 7 23                  | RESIDENCE STATU  |   |
| LEGAL STATUE CODE  | LATEST OFF. MAD. 0   |                       | INENT DATE ASPP<br>DA YA<br>COUNTY<br>J J J<br>SF PD         | CONVITUENT DATE                                     |
|                    |  | CASE STATUS           | ICNG BANGE<br>GOAL CODE                                      | 13<br>REVIEW DATE<br>90 DA 1 10<br>1 f l<br>105 100 |
|                    | 33 22<br>CNANGE<br>COUNTY<br>Past Family Carl<br>11 110 110 110 110                                      | ENUNDER               |  | 29 27<br>10CAL SEREY AD<br>INFORMATION INFORMATION  |

#### PLEASE SEND CHANGE SECTION ONLY TO COPIS CONTROL UNIT

## TWO-SECTION CCPIS CARDS

The bottom half is used by the worker to report case transactions (openings, changes, closings). In about 10 days he receives a set in return with all information, updated, on the top card, the bottom card preprinted with identifiers and ready for the reporting of future transactions.

### IDENTIFICATION SECTION OF THE CCPIS CASE REPORT CARD

Items 5 through 14 record information identifying the child who is being reported on the system. With the exception of Item No. 9, a computer-generated identification number, all items through No. 11 must be filled in by the worker in order to open the child on CCPIS. This information serves to differentiate the particular child from others on the system. Item #10 - BIRTHDATE Entered as month-day-year.

Item #5 - LOAD NUMBER

Item #6 - LAST NAME

The individual agencies determine the load number given each caseworker. It may be a name or a number.

The child's last name; not an abbreviation. If

the name is longer than the spaces allow, the last letters may be dropped. Pseudonyms may be used in adoptions, if desired, to conceal the identity of the child, but should be changed to the actual last name at the time the case is closed on CCPIS.

#### Item #7 - FIRST NAME

For children who have not been named (foundlings, for example) a sequence of letters may be used for a first name (e.g. first child: AAAA, second child AAAB, etc.)

#### Item #8 - MIDDLE INITIAL

#### Item #9 - CCPIS RECIPIENT ID#

This number is commuter generated on receipt of information opening the child and remains uniquely his as he continues active through the system. This number should not be confused with the CIS ID number used for medicaid billing. tem and - dikindale entered as month-day-y

Item #11 - SEX

M = male, F = female

Item #12 - Race-Ethnic

This data is required on various federal and state forms. CCPIS differentiates white, black, oriental, American Indian, biracial (black-white), Spanish and other.

#### Item #13 - Religion

A preference is sometimes useful for planning, as with adoptions. CCPIS codes are: no preference (includes unknown), Catholic, Protestant, Jewish, Other.

#### Item #14 - HANDICAP

Handicaps are to be recorded only if professional diagnosis or treatment has been provided. Space is given for up to two handicaps, defined as follows:

1. None

2.

.

5. Correctable Learning Disability

2.

- 6. Permanent Learning Disability
- Emotional

Correctable Physical

Permanent Physical

|  | OFFICE SER                        | TIFICATION<br>BRANCH   | LOAD NUM          |                    | TAT                    | JS R                             | EPOR                              | IT         |
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| CURRENT SERVICE<br>STATUS CODE         | CANT LUCAT BE<br>ATIM & LUCA STAT | HUNGER 1               |                   | UNICE 2            |                        |                                  |                                   | <u>""</u>  |
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|  | arma COUNTY                       |                        | ***               |                    | 6404                   | H                                | HIFORMATICN                       | 3          |
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The bottom half is used by the worker to report case transactions (openings, changes, closings). In about 10 days he receives a set in return with all information, updated, on the top card, the bottom card preprinted with identifiers and ready for the reporting of future transactions.

# LEGAL INVOLVEMENT SECTION OF THE CCPIS CASE REPORT CARD

Items 17 through 22 pertain to the legal involvement of the child being reported on CCPIS. These data elements collect important information concerning the kind and extent of the involvement, up to and including court and State wardship, as well as specific offense data, if any.

Item #17 - LEGAL STATUS

This important code registers the cause of client involvement with the agency and the type and degree of court involvement. The 30 codes for Legal Status are divided, for convenience only, into those most used by the Courts, by Courts and Private Agencies, and by State and Private Agencies. Those most pertinent to the Courts (01-10) are further subdivided into codes suitable during pre-adjudication or post-adjudication. Those codes most used by Courts and Private Agencies (15-23) differentiate between the types of wardships and the kinds of adoptions. State and Private Agency codes (25-35) deal with types of DSS commitments to wardship, and releases and placements in which no wardship is involved. Several codes are also available for cases in which other states maintain jurisdiction, and for voluntary, other or unknown statuses. Be sure to undate this code when court action results in a change of legal status.

Item #18 - PETITION/COMPLAINT

This item records the acceptance of a petition or complaint on a CCPIS case (D - delinquency, N - meglect, A - adoption) and is used to record new petitions when opening a case or supplemental petitions on cases already open. Every petition accepted by the court should be counted by sending in an additional CCPIS card with D, N, or A indicated.

3.

Item # 19 LATEST ADJUDICATED OFFENSE Offenses are coded to conform with the Uniform Crime Reporting format - from homicide through juvenile status offenses.

Item #20 OFFENSE CODE SUFFIX

Many of the offense codes (Item #19) can be further classified according to the specific type of offense, i.e.; robbery may be either "armed" or "strong arm".

Item #21 HEARD BY This code differentiates the type of hearing by which a child's case was adjudicated as:

adjudicated by court parole and review board administrative hearing Item #22 OFFENSE TOTAL This field is changed whenever a new offense is entered in Item #19, thus keeping track of the number of offenses on which the youth has been adjudicated in separate actions.

| CURRENT<br>ACTIVITY<br>ACTION DA | `                     | FFICE IDENTIS              | ANCH | •<br><u>}</u> | LQAD NUN             |                   | _                 | TATU                   | S RE         | PORT                    |
|----------------------------------|-----------------------|----------------------------|------|---------------|----------------------|-------------------|-------------------|------------------------|--------------|-------------------------|
|                                  | <u> </u>              |                            |      |               | CLIENT               | IDENT             | IFICAT            | ION                    |              |                         |
| REC. AT ID NO.                   | BIRT                  | HOATE                      | SEX  | RACE          | RELIGION             | HANDI             | CAP NO. 1         | HANDICAP               | 10,2         | SOURCE OF<br>REFERRAL   |
|                                  | 1                     |                            | ,    |               |                      |                   |                   | [                      |              |                         |
|                                  |                       |                            |      | _             |                      |                   |                   | 1                      |              |                         |
|                                  | EGAL INVO             | 1                          | ARD  | OFF.          | í                    |                   |                   | IDENCE STA             | TUS<br>RESID | COMMITMENT              |
| LEGAL STATUS                     | LATEST O              |                            | Y 1  | OTAL          | CHILD LIVI           | IG WITH           | 110, <sup>1</sup> | _OATE                  | COUNTY       | DATE                    |
|                                  |                       | J                          |      | $\supset$     | [                    |                   |                   |                        |              |                         |
|                                  |                       |                            |      |               | CASE STA             | TUS               |                   |                        | ·            |                         |
| CURPENT<br>SERVICE STATUS        |                       | SE EVENT ON<br>CURRENT STA |      |               | CES SEEKING<br>BER 1 | DA NEED<br>NUMBER |                   | ING RANGE GO           | AL ND.       | REVIEW DATE             |
| SOU<br>PRIMARY                   | ACES OF SUPP<br>OTHER | ORT<br>OTHE                |      | COUNTY        | AGI<br>CASE NUI      | INCY<br>ABEA      |                   | CLOSING<br>INFORMATION |              | LDCAL<br>HORMATION SUF. |

#### RESIDENCE STATUS SECTION OF THE CCPIS CASE REPORT CARD

Item #23 through 26 pertain to the residency arrangements which are in effect for each child on CCPIS. Typical patterns of placement for different types of clients, their lengths of stay and turnover rates may be seen by inspection of statistical summaries from these data elements.

046-3230 (S/73

| 1 2 I                    | CCP  | IS CASE CHANGE          | SECTION   |
|--------------------------|--|-------------------------|---|
| - L- ACTION DATE         | 5  | •                       | , ,   |
|                          | LOAD NUMBER<br>INTH OF CHARGED   | CLIENT'S NAME LAST NAME | FIRST RAME  |
|                          |  |                         |   |
| 9<br>RECIPIENT 10 NUMBER | 19<br>61ATMDATE<br>50 DA VR<br>55X<br>55X<br>55X<br>55X<br>55X<br>55X<br>55X<br>55 |                         |   |
| LEG                      | AL INVOLVEMENT   | RESIDE                  | NCE STATUS  |
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|                          | *4   | CASE STATUS             | 11 11   |
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VIN PLEASE SEND CHANGE SECTION ONLY TO COPIS CONTROL UNIT

# THO-SECTION CCPIS CARDS

The bottom half is used by the worker to report case transactions (openings, changes, closings). In about 10 days he receives a set in return with all information, updated, on the top card, the bottom card preprinted with identifiers and ready for the reporting of future transactions. Item #23 - CHILD LIVING ARRANGEMENT The current living arrangement of the child is recorded here. Thirty-six codes are available which range from the various family settings (including adoptive), family substitutes, institutional care, and state youth institutions (by name).

### Item #24 - PLACEMENT DATE

The caseworker records the date the child entered the placement given in Item #23. On the basis of this information he will later receive computer generated messages if a placement in a temporary or short-term type of facility becomes extended in time beyond normal expectancy. A move should be recorded by entering the new placement date even if the child moves to a similar type placement, as from one foster home to another or one group home to another. Item #25 - COUNTY WHERE LIVING A list of county codes is supplied. This item shows the county where the child is physically residing.

4.

Item #26 - COMMITMENT DATE

Use this field to record any type of court or state commitment order. Commitments are recorded as of the date authorized.

| ACTIVITY                  | AGENCY B         | RANCH | ,<br>}       | LOAD NUM        |                 |                     | JS R     | EPORT                 |
|---------------------------|------------------|-------|--------------|-----------------|-----------------|---------------------|----------|-----------------------|
| ·                         |                  |       |              | CLIENT          | IDENTIFIC       | ATION               |          |                       |
| REC. AT ID NO.            | BIFTHDATE        | SEX   | RACE         | RELIGION        | HANDICAPNO      | . I HANDIC          | AP NO. 2 | SOURCE OF<br>REFERMAL |
| <u> </u>                  |                  |       |              |                 |                 |                     |          |                       |
| LE                        | GAL INVOLVEMENT  |       |              | <u> </u>        |                 | RESIDENCES          | TATUS    |                       |
| LEGAL STATUS              | LATEST OFFENSE   |       | OFF.<br>OTAL | CHILD LIVI      | IG WITH MO.     | PLACEMENT           | RESID    |                       |
|                           |                  |       |              |                 |                 |                     | J        | 1                     |
|                           |                  |       |              | CASE STA        | TUS             |                     |          |                       |
| CURRENT<br>SERVICE STATUS | INO CASE EVENT O |       |              | CES SEEKING     | NUMBER 2        | LONG RANGE          | GOAL NO  | REVIEW DATE           |
|                           |                  |       |              |                 |                 |                     |          |                       |
| SOUR<br>PRIMARY           | CES OF SUPPORT   | EM    | CHARGE       | AGI<br>CASE NUI | NCY<br>ABER TAG | CLOSING<br>INFORMAT |          | LOCAL AD              |

| <u> </u>                                      | CCP   | IS CASE CHANGE          | SECTION  |
|---|---|-------------------------|--|
|   | <u> </u>                                      | <u> </u>                | <u> </u>   |
|   | LOAD NUWBER<br>INEN DE CHANGER                | CLIENT'S NAME LAST NAME | FIRST NAME   |
|   |   |                         |  |
| RECIPIENT ID NUMBER                           | 18 11<br>BIRTHDATE SEX<br>00 DA YR SEX<br>1 1 |                         |  |
| LEG   | AL INVOLVEMENT                                | RESID                   | ENCESTATIIS  |
| LEGAL STATUS CODE                             |   |                         | 12         23         24           rs         count         count         count           rs         count         count         count |
| 2   | 2   | ASE STATUS              | 34 31  |
| CURRENT SERVICE CASE P                        | JAR STAT                                      |                         | UNG RANGE<br>IDAL CODE<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1  |
| 24<br>50"************************************ |   | ENUMBER CLOU            |  |

PLEASE SEND CHANGE SECTION ONLY TO CCPIS CONTROL UNIT

# TWO-SECTION CCPIS CARDS T

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The bottom half is used by the worker to report case transactions (openings, changes, closings). In about 10 days he receives a set in return with all information, updated, on the top card, the bottom card preprinted with identifiers and ready for the reporting of future transactions.

#### CASE STATUS SECTION OF THE CCPIS CASE REPORT CARD

Items #27 through 31 describe what happens to the child throughout supervision, and range from a report of the general situation, to a listing of specific needs, case goals, and important events taking place in the life of the child.

ITEM # 27 - CURRENT SERVICE STATUS

Changes in this item record the progress of the child through the system, from preliminary intake through various treatments and services, to school attendance and employment. Foster care placement or the need for either foster or adoptive homes may be shown here. One code automatically registers the child on the State Adoption Exchange. When certain temporary conditions recorded here become prolonged, the computer generates reminder messages to the case worker.

#### ITEM # 28 - CLIENT CASE EVENT

Specific events relating to education, jobs, social/ behavior, courts, and other programs (such as Project Adult and MISTY) are reported by using the 29 codes provided for Item #26. A second Current Service Status code may be recorded here if more than one applies.

#### ITEM # 29 - SERVICES SEEKING OR NEEDED

This item pinpoints services being sought in order to more adequately provide for the child, and range from types of treatment and evaluation, to education and employment related opportunities, admittance to various institutions and foster or adoptive home placement. ITEM #30 - LONG RANGE GOAL

The caseworker is encouraged by the inclusion of this item to begin planning for desired long-term outcomes early in the casework process. It is expected that changes in the long-term goal may be made as the case progresses and conditions indicate a re-evaluation is in order. It is possible to compare the assigned goal with actual Reason for Closing (Item #35) for evaluative purposes.

This is one of the data elements which generates a reminder message, usually in conjunction with other information.

Item #31 - REVIEW DATE (OPTIONAL) The computer will automatically print a reminder to "Review Case" at a date inserted here by the caseworker, who uses this item for his or her own convenience. The worker should be aware that he will receive the reminder approximately 15 days following printing, and should schedule his review date accordingly.

| CULBENT<br>ACTIVITY<br>ACTION BATI | AGENCY BR                     | ANEN -              | LOAD NU       |                  | ATUS F                 | EPORT                        |
|------------------------------------|-------------------------------|---------------------|---------------|------------------|------------------------|------------------------------|
| Ľ                                  | کے ا                          |                     | CLIENT        | IDENTIFICAT      | 10.0                   |                              |
|                                    | BIATHDATE                     | SEX RACE            | RELIGION      | HANDICAP NO. 1   | NANDICAP NO. 2         | SOURCE OF<br>REFERRAL        |
| $\Box$                             |                               |                     |               |                  |                        |                              |
| I                                  | AL INVOLVEMENT                |                     | $\square$     |                  | IDENCE STATUS          |                              |
| LEBAL STATUS                       | LATEST OFFENSE                | ARD OFF.<br>Y TOTAL | CHILD LIVE    | IG WITH DO.      | DATE COUR              | O. CONNITMENT                |
| 1                                  | -ر                            |                     |               |                  |                        |                              |
| CURRENT                            | RASE EVENT OR                 | OTHER SERV          | CASE STA      | TUS<br>ON NEEDED | ING RANGE GOAL . M     | O. REVIEW DATE               |
| MERVICE ETATICS                    | WO. CURRENT STA               | TVS NU              | ASERT T       | NUMBER 2 LO      | ING RANGE GOAL         |                              |
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|                                    |                               |                     |               |                  |                        |                              |
| 42. uuto 4, 16                     | PLEASE SEN                    | D CHANGE SE         | CTION ONL     | Y TO CCMS CON    | FROL UNIT              |                              |

ITEMS # 1 and 2 - ACTION CODE AND EFFECTIVE DATE With the action code, the worker shows what he wants to do, whether opening or closing a case, registering changes that have occurred, or making a needed correction. The effective date refers to the date the reported action took place, or the correction is being made.

### ITEMS # 3 and 4 - AGENCY CODE AND BRANCH CODE

Workers record assigned agency codes in Item #3. Probate Court codes consist of county numbers preceded by 100; DSS office codes are county numbers preceded by three zeros; private agencies and institutions use their licensing number. Branch codes are needed for those offices with multiple offices, as, for example, a probate court with a district office or branch.

ITEM # 15 - SOURCE OF REFERRAL

The worker indicates here the type of organization or individual referring the child to the agency.

ITEM # 16 - PERFORMANCE LEVEL

This item, which is divided into Ability and Social Performance Levels, allows the worker to report the child's academic achievement (or developmental tasks for pre-schoolers) as well as problems in social behavior in the home, school and community.

ITEM # 32 - SOURCE OF SUPPORT

Primary and secondary sources may be reported, and show the types of financial support which are contributing to the child's maintenance and treatment.

Item #33 - CHARGE COUNTY (ADOPTION COUNTY) The county of the child's permanent residence before commitment is recorded here, and indicates where support costs should be charged. The court initiating

#### OTHER DATA ELEMENTS FROM THE CCPIS CASE REPORT CARD

and handling an adoption case is shown in Item 33, and should be recorded whether the action is to finalize, deny, or withdraw the petition.

6.

ITEM # 34 - AGENCY CASE NUMBER

The worker enters here any number which may be assigned the case by the local agency. This item also provides space for information which will link children from the same family who ought to be adopted together.

ITEM # 35 - REASON FOR CLOSING INCLUDING TRANSFERS

This item contains four sections; three can be roughly defined as positive, meutral, and negative reasons for closing a child off the system, and a fourth provides transfer codes when casework will be continued in another agency. Closing information is very useful in the evaluation of various types of treatment.

ITEM # 36 - LOCAL AGENCY INFORMATION

This item provides agencies with space to enter data to be used for their own purposes.

ITEM # 37 - ADOPTIVE PLACEMENT SUFFIX

Information regarding the relationship of the adopting parents as compared with the child's original birth status is entered here at the time of placement. This information is required on some state and federal forms.

#### The Primary Case Roster

This report, which is delivered monthly to each individual worker reporting cases on CCPIS, is a listing by name of all children currently active on his or her caseload. The information displayed across the row for each child includes the child's age in years, his current service status and the number of months it has been in effect (after the slash), the latest case event reported, the primary service being sought for the child, the long-range goal and number of months in effect, review date for the case (optional), where the child is living and the number of months in that setting, his primary source of support, his legal status, and any remarks from the computer to the worker about a case which has gone by a reasonable expectancy for worker action (set by the CCPIS Change Committee).

The information in this report is primarily case status information; that is, information which may change as the case progresses (as opposed to characteristics information, which is static in nature). Using this report, the worker can quickly check to see if all his or her cases are listed, whether all the information is current and accurate, and whether all the childrens' needs and progress are accurately reported. The worker is reminded of review dates as they arise, and a glance at the computer generated messages indicates on which cases examination is recommended. The Primary Case Roster may help the worker in preparing case reports required by his agency, and may be used in conjunction with the CCPIS Case Summary Report in case management and planning activities. It may also assist the casework supervisor in monitoring the worker's caseload status.

| AGENCY CODE: 00085 ZUIDER COUNTY DSS CHILD CARE & PLACEMENT INFORMATION SYSTEM<br>BRANCH: 00<br>LOAD NUMBER: 12<br>PRIMARY CASE ROSTER  | ·····  |
|---|--|
| AS OF 09/30/73  |  |
| CURR. SVC. STAT.#2 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL<br>AGE STAT. #1/MO CASE EVENT OR NEED #1 GOAL - MO DATE WITH - MO SUPPORT #1 STATUS  | REMARKS 8  |
| 1       CHARLES       2       24       AD       PL       /04       05       ADOPT       /04       12-73       06       ADOPT       /04       09       FAMIL       21       IND AD         3       JOSEPH       12       07       IN       SCH./02       47       INCREAS       08       INLEP       /08       INLEP       /08       INLEP       /03       04       MOSS       29       GTS         4       MARYA       15       10       CO:T.       /05       50       RETURN       12       HALF       08       INDEP       /08       INDEP       /03       04       MOSS       29       GTS         5       JERRY       K       15       07       INSCH./10       07       FOSTER       /13       MORM*       10       FOSTER       12-73       06       ADOPT       /04       MOSS       29       GTS         5       JOAN L       2       24       AD       PL       /04       05       ADOPT       /06       12-73       06       ADOPT       /04       MOSS       29       GTS       S         10       JOAN L       2       24       AD       PL       /04       <  | ESTAB GOAL   |
|   |  |
|   | · · · · · · · · · · · · · · · · · · ·  |
| worker's caseload by name and shows primary status<br>  |  |
|   | PREVENCY CASE MOTER<br>AS OF GYJOYL<br>CURR. SVC. STAT. #2 OR SVCS ESER LONG RANGE REV. LIVING SOURCE OF LEGAL<br>AGE STAT. #1/MO CASE EVEND, OR NEEP #1 GOAL - MO<br>2 24 AD PL /04<br>   |
| column contains messages to the worker about specific   | PRIMARY CASE ROSTER<br>AS OF 09/30/73<br>T. 42 OR SVCS SEEK LONG - RANCE REV. LIVING SOURCE OF LEGAL<br>E EVENT OR NEED #1 GOLL - HO DATE WITH - MO SUPPORT 11 STATUS REMARKS<br>05 ADORT /04, 12-73, 06 ADORT /04, 09 FAVIL 21 ND AD<br>10 FEDNING/05 10-73 01 FAREN7/05 07 ADC 25 NCT ESTAE GOAL<br>10 RETURN 12. HALF OF FORTER /12 10 ADRIM/05 04 MOSS 25 GTS<br>00 RETURN 12. HALF OF FORTER /12 10 ADRIM/05 04 MOSS 25 GTS<br>10 RETURN 08 INDEP /01 11-73 10 ADRIM/05 04 MOSS 25 GTS<br>10 RETURN 08 INDEP /01 10-73 01 ADRIM/05 04 MOSS 25 GTS<br>10 RETURN 08 INDEP /01 10-73 04 ADDRIM/15 04 MDSS 25 GTS<br>10 RETURN 08 INDEP /01 10-73 40 ADRIM/10 04 MDSS 25 GTS<br>10 RETURN 08 INDEP /01 10-73 40 ADRIM/10 04 MDSS 25 GTS<br>10 RET PAR/04 12-73 02 REL /01 07 ADC 17 WCI-0<br>15 ADD 10 RET PAR/04 12-73 02 REL /01 07 ADC 17 WCI-0<br>15 REJ SCH 02 PL REL /03 10-73, 01 REL FY 03 05 FANS<br>10 PREC CA 02 PL REL /03 10-73, 02 REL /01 07 ADC 25 MCI<br>10 PREC CA 02 PL REL /04 11-73 02 REL /04 07 ADC 25 MCI<br>05 ADOFT /14 *NOW 06 ADOFT /14 09 FAVIL 21 IND AD CLOSE ADOP<br>This remort lists all the children on an individual<br>worker's caseload by hame and shows or imary status<br>information on each child. The number of months a<br>code has been in effect is shown on Current Service.<br>Status, Long Range Goal and Living With. The Remarks<br>column contains messages to the worker about specific<br>caseworker reporting to CCPIS.   |
| cases. This will be produced each month for each  | 12 PRIVLARY CASE ROSTER AS OF 09/30/73 CURR. SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. LIVING SOURCE OF LEGAL CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. WITH - MS SUPPORT 61 STATUS CURR.SVC. STAT.42 OR SVCS SEEK LONG - RANGE REV. UNDER STAT.21 INDER SOURCE OF SEEK STAT. DOESTA 15 10 COUT. /05 50 RETURN 12. RALF 08 INDEP /02 11-73 40 ADRIAN/50 04 MOSS 38 DO-TR DOESTA 15 10 COUT. /05 50 RETURN 12. RALF 08 INDEP /02 11-73 40 ADRIAN/50 04 MOSS 20 GTS DOESTA 15 00 PSPL. /04 40 DE LEAV STATE OF RANGE REV. VICH 405S 29 GTS DOESTA 15 00 PSPL. /04 40 DE LEAV STATE OF RANGE REV. /04 00 FANIL 21 INDEP INTERIATE ROSEL 17 09 EMPL. /04 40 DT S.SC 10 RET PAR/04 12-73 04 ADRIAN/11 04 UDS 29 STS DOESTA 15 00 FANIL /03 UD F ANIL 00 T S.SC 10 RET PAR/04 12-73 04 ADRIAN/11 04 UDS 29 STS DAMMEN 13 07 IN SCH./03 UD F ANIL 00 T S.SC 10 RET PAR/04 12-73 04 ADRIAN/11 04 UDS 29 STS DAMMEN 13 07 IN SCH./03 UD F ANIL 01 RUDEP /13 MON* 11 INDEP /13 04 UDS 28 STS DAMMEN 13 07 IN SCH./03 UD F ANIL 01 RUDEP /02 02-74 02 RELF. /01 09 FANIL 21 NOTAC 11 DAMMI 13 07 IN SCH./03 UD F ANIL 01 FORSE ADD F ADD 17 DOE TO THOUSE ADD F ADD 17 DOE TA THOUSE ADD F ADD 17 DOE TO THOUSE ADD F A |
| caseworker_reporting to CCPIS.  |  |
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#### The Secondary Caseload Listing

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The format of this monthly report is identical to the Primary Case Roster except for one important change -- the cases listed are not those active on the worker's caseload, but are a listing of children who have been transferred by him to DSS, another court or a licensed private child caring agency. In this way the worker and his court or agency can monitor all cases which are their continuing responsibility. It can be ascertained whether the current caseworker responsible for day-to-day supervision is moving the child toward the long-range goals previously set, or whether any conditions are not being handled in a timely manner. Source of support are also readily determined through the Secondary Caseload Listing. Children are listed on this report as long as their cases are active on CCPIS.

| NANCHI<br>UAD NUMBERI | JCR                             |         |                  | • • • •        | umu ,                                 | SECONDARY                              | CASELOA                               | D LISTI  | NG           |  |                               |  | RPT. NO. 1-                              |
|-----------------------|---------------------------------|---------|------------------|----------------|---------------------------------------|--|---------------------------------------|--|--------------|--|-------------------------------|--|--|
|                       |                                 |         | · ···•           |                |                                       | A5                                     | OF 10/2                               | 5/73   |              |  |                               |  |  |
| NANE                  |                                 | AGE     | CURR.<br>STAT.   | SVC.<br>#1/MD7 | STAT.02 OR<br>CASE EVENT              | SVCS SEEK<br>Or need"#1                | LONG -<br>GOAL                        | KANGE<br>/NO                                   | REV.<br>DATE | LIVING<br>WITH - MO  | SOURCE OF                     | LEGAL<br>STATUS                                  | REMARKS                                  |
| 0085                  |                                 |         |                  |                |                                       |  | · · · · · · · · · · · · · · · · · · · |  |              |  |                               |  |  |
|                       | SUSAN                           | 17      | 10 CO            | NT. /14        | 2                                     |  | O1 RET                                | PAR/12   |              | 10 FOSTER/01   | OS ADC-F                      | <u>29 GTS</u>                                    | EVALUATE T                               |
| 087                   | RALEY                           | 16      | 10 00            | NT. 701        | · · · · · · · · · · · · · · · · · · · |  | OI RET                                | - PAR707                                       | •            | *********  | 04 AD\$3                      | 26 875   |  |
|                       | DOUGL                           |         |                  | T. /13         |                                       |  |                                       | EP /04   |              | 11 INDEP /01   | 04 MD55                       | 26 BTS   |  |
|                       | DEAN<br>GILBE<br>THUNA<br>DAVID |         | 10 COM<br>10 COM |                | ······                                |  | 08 IND<br>08 IND<br>01 Ret            | FAR713<br>EP /13<br>EP /13<br>EP /13<br>PAR/13 | •            | 01 PARENT/01<br>01 PARENT/01<br>01 PARENT/01<br>777777777/01 | OF FAMIL                      | 35 CT WD<br>28 BTS<br>28 BTS<br>28 BTS<br>28 BTS |  |
|                       | ALBER<br>SIONE<br>HENRI         | 14      | 10 COM<br>10 COM | T. /1          |                                       |  | 03'1NU<br>07 FOS                      | EP /13<br>TER /13<br>EP /04                    | •            | 01 PARENT/01<br>01 PARENT/01<br>02 RELAT /01                 | 12 SELF<br>OC MDSS<br>04 MDSS | 28 815<br>28 815<br>29 615                       | EVAL MED S                               |
|                       | ·····                           |         | ,                |                |                                       |  |                                       | ······································         |              |  |                               |  | n an |
|                       |                                 | <u></u> |                  |                |                                       |  | ų                                     |  |              |  |                               |  | · · ·                                    |
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|                       |                                 |         |                  |                |                                       |  |                                       |  | <u>.</u>     | ·····  |                               |  |  |
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|                       |                                 |         |                  |                |                                       |  |                                       |  |              |  |                               |  |  |

#### Case Summary Report

This statistical summary of monthly caseload activity is produced at all reporting levels: Caseworker, Branch, Agency, DSS Region, Sector Totals and State Totals. The information contained in this report is particularly useful when used for caseload management purposes.

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The report period and the source of data contained in the report can be found in the upper left-hand corner. The report is divided into four areas:

- Part I: Shows the level of reporting activity for the reporting period and gives the total number of active cases at the end of each month.
- Part II: Breaks down the total active cases by client characteristics of age, sex, race, ethnic group and handicaps as reported by caseworkers.
- Part III: Shows the current service status, living arrangement and long-range goals for the active caseload reported during the monthly period. It also breaks the cases down by types. Separate reports are produced each month on the agency level for delinquency, neglect and adoption cases. With this information the number of each type of case attending school, in job training, receiving community voluntary services, in adoptive placement, etc., may be determined, as well as the number of months each type of case status has been active.

In the same way, where children are living (for example, the number of delinquency cases living with parents, relatives, in foster homes, group homes, boarding schools, halfway houses, Adrian, Maxey, Arbor Heights, etc.) can be determined, as well as the number of months children have been living in that situation.

Part IV: Shows a summary of closing activities for the month by type of closing. For example, it can be seen how many cases completed probation or parole, were placed with parents, how many adoptions were confirmed, how many cases were waived to adult court or were transferred to DSS or private agencies, and so on. In this way court administrators or DSS county directors can measure the outcomes for their youthful offenders and neglected children against the goals set for these children by the caseworkers.

|           |  | CASE S                  | UNRARY WE             | PORT AS D                  | <u>Formation systi</u><br>F 10/16/73 | <u>, 11</u>                           |           |                        |                  | RPT. N                                | 0, 5-1    |
|-----------|--|-------------------------|-----------------------|----------------------------|--------------------------------------|---------------------------------------|-----------|------------------------|------------------|---------------------------------------|-----------|
|           | 00085 BRANCHI "OO LUAUISMITH"<br>CASE ACTIVITY DUNING KONTH" |                         |                       | ··········                 |                                      |                                       |           |                        |                  |                                       |           |
|           |  |                         |                       |                            |                                      |                                       |           |                        |                  |                                       |           |
|           | DPENEDT O REUPENEDT O<br>PRE-OPENEDT O                       | CHANGEUI<br>PRE+CLOSEUI |                       | ECTEDT U                   | CLUSEDI O                            | OPEN                                  | TELOSED   | 0                      | ACTIVE E         | NO OF NONTH                           | 8 4       |
|           |  |                         |                       |                            |                                      | • • • • • • • • • • • • • • • • • • • |           |                        |                  | <del>.</del>                          |           |
| PART 2.   | CHARACTERISTICS OF CURRENT (                                 | CASELOAD                |                       |                            |                                      |                                       |           |                        |                  |                                       |           |
|           | AGE (IN YRS.) SEX  | ٥                       | AGL-ETHNI             | C                          | HANDICAPSI                           | 81                                    | #2        | TYPES G                | F CASES          |                                       |           |
|           | Q-II MALEI   |                         | H17E 1                | •                          | NONE                                 |                                       |           | DELINOU                |                  |                                       |           |
|           | 1- 41 1 FEH.1  |                         | LACK I                |                            | CORR PHYS. 1                         |                                       |           | NEGLECT                | 1 1              |                                       |           |
|           |  |                         | MERFINUIT<br>PANISH I |                            | PERM.PHYSTE<br>ENDTIONAL E           |                                       |           | TROOPTIO               |                  |                                       |           |
|           | -18-3912   |                         | LL OTN.T              |                            | CORRICAN                             | ~·                                    | <u> </u>  |                        |                  |                                       |           |
|           |  |                         |                       |                            | PERHALRNA B                          |                                       |           |                        |                  |                                       |           |
| DART 34   | STATUS OF CURRENT CASELOAD                                   |                         |                       |                            | UNKNOWA S                            |                                       | 4         |                        |                  |                                       |           |
|           |  |                         |                       |                            |                                      |                                       |           |                        |                  |                                       |           |
|           | A. CURRENT STATUS BY MONTHS                                  |                         |                       | ING WITH BY                |                                      |                                       |           | LONG-RA                | NGE GOAL         | BY HUNTHS                             |           |
|           |  | 2-3 4-6 7+              |                       | NG WITH                    | +++ NON<br>1 2-3                     |                                       |           | 1 ANCARAN              |                  | 0 NONTHS 00<br>1 2-3 4-6              |           |
|           | PRELING INTARE   |                         |                       | ARENTS                     |                                      | 4-0                                   | <u>'i</u> |                        | N PART           |                                       | - <u></u> |
|           | MEDICAL EVAL.  | •                       | R                     | ELATIVES                   |                                      |                                       | 1         | PL.H                   | RELAT            |                                       |           |
|           | MEDICAL THEATHENT<br>PSYCH. EVALUATION                       |                         |                       | UARDIAN """                | ¢                                    |                                       | · · · ·   |                        | PRUT             | · · ·                                 |           |
|           | PSTCH: EVALUATION<br>PSTCH: TREATNENT                        |                         |                       | OOPTIVE HOM<br>Oster home  | L                                    |                                       | ->        |                        | SUP.<br>FREE     |                                       |           |
|           | COMM. VOL. SERVICE   |                         |                       | NUEPENDENT                 | LIVe                                 |                                       | •         |                        | LATE             |                                       |           |
|           | ATTENDING SCHOOL   |                         |                       | OARDING SCH                | 00                                   |                                       |           |                        | FOSTER           |                                       | 3         |
|           | JOB THAINING<br>EMPLOYED                                     |                         | +                     | RUUP HOME<br>Melter Care   | ······                               |                                       |           |                        | LIVING<br>CIVING |                                       |           |
|           | CUNTINUING SERVICE   | 2                       |                       | ALFWAY HOUS                |                                      |                                       |           |                        | PENDo            |                                       |           |
|           | REG.FOSTER HOME X  |                         | 00                    | THEN FAMILY                | SUB.                                 |                                       |           | UNKNO                  |                  |                                       |           |
|           | FUSTER NUME PLACE  |                         |                       | ETENTION                   |                                      |                                       |           |                        |                  |                                       |           |
|           | REG. STATE ADOPT X<br>REG. NAT. ADOPT X                      |                         |                       | AIL<br>EUICAL INST         | 17.                                  |                                       |           |                        |                  |                                       |           |
|           | ADOPT FANILY CONS.   |                         |                       | ENTAL HEALT                |                                      | · · ·                                 |           |                        |                  |                                       |           |
|           | PARENTS  |                         |                       | RIVATE, INST               |                                      |                                       |           |                        |                  |                                       |           |
|           | UNKNUNN  |                         |                       | THER INSTIT<br>Drian trng  |                                      |                                       |           |                        |                  |                                       |           |
|           | ······   | · · · ·                 |                       | JI HAXEY                   | AAUF 6                               |                                       |           |                        | <u> </u>         |                                       |           |
|           |  |                         | 6                     | REEN GAK CT                |                                      |                                       |           |                        |                  |                                       |           |
|           |  |                         |                       | HITHORE TST                |                                      |                                       |           | 8                      |                  |                                       |           |
|           |  |                         |                       | AMP LA VICT<br>Amp'nokomis |                                      |                                       |           |                        |                  |                                       | •••••••   |
|           |  |                         |                       | ROOM HEIGHT                |                                      |                                       |           |                        |                  |                                       |           |
|           | , , , , , , , , , , , , , , , , , , ,                        | ······                  |                       | NTAKE CENTE                | R DET                                |                                       |           |                        |                  |                                       |           |
| ART 4.    | SUNWARY OF HONTH'S CLUSINGS                                  |                         | <u> </u>              | NKNOWN                     |                                      |                                       |           |                        |                  | · · · · · · · · · · · · · · · · · · · |           |
|           |  |                         |                       |                            | ·                                    | · · · · ·                             |           |                        | •                |                                       |           |
|           | 01 SUCCESSFUL COMP. PRUD<br>02 PLACED WITH PAR/REL/GL        | PARULE 1                |                       | Y SERVICE                  |                                      | 30                                    | TRANSF    | ER TO DSS<br>Er to DSS |                  | OUNTY                                 |           |
|           | UZ PLACED WITH PARARELIG                                     |                         | S UTHER               |                            |                                      | 32                                    | THANSP    | ER TO STA              | TE NARD          | CONNEST                               |           |
|           | 04 NEGLECT REDUCED   | 2                       | O WALVER              | TU AUULT CO                |                                      | 33                                    | TRANSF    | ER/CONNIT              | TO PRIV          | ATE AGENCY                            |           |
|           | 05 ADOPTION CONFIRMED  | 2                       |                       |                            | ADULT COURT                          |                                       |           |                        |                  | AGO DTH.S                             | T •       |
|           | 06 CLOSED TO YOUTH SERVIC                                    |                         | 2 HAN ANA             | T<br>Pûnse to'''tr         | FATMENT                              |                                       |           | EX 10 COU<br>"To"Court |                  |                                       | <u></u>   |
|           | 10 PETITION UISMISSED  |                         |                       | PETITION HI                |                                      |                                       |           |                        |                  | JUV. CT.                              |           |
| ********* | 11 UF AGE  | 2                       | 5 AUUPT.              | PETITION DE                | WIED                                 |                                       |           | THANSFER               |                  |                                       |           |
|           | 12 NANRIED   | 2                       | 6 IN FACE             | UISHISSED                  | TROM COURT                           |                                       |           |                        |                  |                                       |           |

#### Supervisor's Review Roster

This exception report is a central listing of all messages produced by the computer on cases in each agency. The report lists by worker load number, the name of the child and his recipient ID number and the message (or messages) produced on that case. The item number, code, and number of months the code has been in effect are shown for each message produced to indicate which field of information and which code conditions have caused the message to appear.

This report permits supervisors to observe in one listing all agency cases whose case status has caused the computer to produce a message suggesting examination of the case. These cases, grouped by load number (worker) are the same as those listing messages on the worker's Primary Case Roster, thus expediting review of the appropriate cases with the worker. The case status which has suggested that the case may need attention can be ascertained by referring to "item no.", "code" and "number of months the code has been in effect" which follow the message for each case. Messages usually indicate that the information has remained the same for some time or that action may presently be appropriate.

# AGENCY FAIRFIELD COUNTY DSS

AGENCY CODE 00085 BRANCH CODE 00

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# CHILD CARE AND PLACEMENT INFORMATION SYSTEM

PAGE 0003 RPT, NO. A-4

1

# SUPERVISORS REVIEW ROSTER \*\*\*\*\* THESE CASES MAY REQUIRE ATTENTION \*\*\*\*\*

| LOAD NUMBER NA |                                       | E         | ID NO.   | MESSAGE                           | ITEN NO. | CODE       | NO, MONTHS |
|----------------|---------------------------------------|-----------|----------|-----------------------------------|----------|------------|------------|
| 00000050       |                                       | CHRISTY   | 80000556 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | HALTER    | 80000592 | REQUEST ADOPTION EXCHANGE SUPPORT | 30       | 05 ADOPT   | 06         |
|                |                                       |           | ••••••   | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
|                |                                       |           |          | REVIEN CASE FOR POSS, ADOPTION    | 23       | 10 FOSTER  | 06         |
| 00000050       |                                       | JERRY     | 80000574 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | NANCY     | 80000627 | REQUEST ADOPTION EXCHANGE SUPPORT | 30       | 05 ACOPT   | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
|                |                                       |           |          | REVIER CASE FOR POSS. ADOPTION    | 23       | 10 FOSTER  | 06         |
| 00000050       |                                       | ANGELA    | 80000618 | REQUEST ADDPTICN EXCHANGE SUPPORT | 30 ,     | 05 ADDPT   | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
|                |                                       |           |          | REVIEW CASE FOR POSS, ADOPTION    | 23       | 10 FOSTER  | 06         |
| 00000050       |                                       | NANCY     | 80000313 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | PHILLIP   | 80000681 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | SHEILA    | 80000663 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | THOMAS    | 80000672 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | MICHELLE  | 80000707 | EVALUATE TREATMENT PLAN           | 30       | 01 RET PAR | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 0000090        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DANNY     | 80000761 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | CAROL     | 80000814 | EVALUATE TREATMENT PLAN           | 30       | 01 RET PAR | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | RICKEY    | 80000805 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000030       |                                       | DONALD    | 80000832 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | ELLA      | 80000485 | REQUEST ADOPTION EXCHANGE SUPPORT | 30       | 05 ADCPT   | 06         |
|                |                                       |           |          | ESTABLISH CASE PLAN               | 27       | 01 PRELIM  | 06         |
|                |                                       |           |          | REVIEW CASE FOR POSS, ADOPTION    | 23       | 10 FOSTER  | 0.6        |
| 00000050       |                                       | EUGENE    | 80000494 | REQUEST ADOPTION EXCHANGE SUPPORT | 30       | 05 ADOPT   | 06         |
|                |                                       |           |          | ESTABLISH CASE PLAN               | 87       | 01 PRELIM  | 06         |
|                |                                       |           |          | REVIEW CASE FOR POSS. ADOPTION    | 53       | 10 FOSTER  | 04         |
| 00000050       |                                       | MARTIN    | 80000476 |                                   | 30       | 05 ADOPT   | 06         |
|                |                                       |           |          | ESTABLISH CASE PLAN               | 27       | OI PRELIM  | 06         |
|                |                                       |           |          | REVIEW CASE FOR POSS. ADOPTION    | 23       | 10 FOSTER  | 06         |
| 00000050       |                                       | SHARON    | 80000850 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | SANDRA    | 80000538 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | ROBERT    | 80000547 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | GEORGIANA | 80000387 | EVALUATE TREATPENT PLAN           | 30       | O1 RET PAR | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | TRACEY    | 80000378 | EVALUATE TREATMENT PLAN           | 30       | 01 RET PAR | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENTY      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | GRESG     | 80000402 | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 0000050        |                                       | REX       | 80000897 | EVALUATE TREATMENT PLAN           | 30       | OL RET PAR | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 06         |
| 00000050       |                                       | STEVEN    | 80000420 | EVALUATE TREATHENT PLAN           | 30       | OL RET PAR | 06         |
|                |                                       |           |          | IS CASE INFORMATION CURRENT?      | 27       | 10 CONT.   | 0.         |

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# Worker's Transaction Listing

This is a listing by worker load number of all cases on which activity was reported to CCPIS during the month. The name of the child is shown, last name first, the date of the reported action, and the action code which indicates the type of action which was reported. If more than one action is reported on a case during the same month, the child is listed once for each action. The total number of cases acted on during the month, and the number of each type of action reported, are listed at the end of the listing for each individual worker.

This listing is designed to give supervisory personnel a rapid overview of agency cases for which activity was reported during the month. Cases are grouped by worker (load number), with totals of particular case actions also given per load number, providing a synopsis of movement within any particular worker's caseload.

| ындаг 3 байран, на, бар А.Б.Б. — на ула — А. Ж.К. 49,665 б. 48.<br> |                         |                              | <u>"LAGENEML_ANFURNATIUM_SI</u><br>Fransaction listing      |  | RPT. ND. A           |
|---|-------------------------|------------------------------|---|--|----------------------|
| AGENCY FAIRFIELD COUN<br>AGENCY CODE 00085 BR/                      | NTY DS5                 |                              | است.<br>میں میں ایک اور | ۵٬۰۰۹ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ |                      |
|   |                         |                              | · · · · · · · · · · · · · · · · · · ·                       |  |                      |
| LOAD NUNBER   | NARE                    | ACTION<br>DATE               | CODE LOAD NUMBE   | RNAME  | ACTION ACTI          |
|   |                         |                              |   |  |                      |
| CASES ON CCPIS-   | DANNY<br>OPENEU+ O      | 08/24/73<br>REOPENEN- 0 CHAN | ES- 1 CORRECTIONS- 0  | CLOSED- O OPEN/CLOSED- (   | MONTHLY TOTAL - 1    |
|   |                         |                              | 3   |  | 00/07/70             |
| - 00000   | ALICE                   | 10/02/73<br>09/11/73         | 3 0000  |  | 09/07/73             |
| CASES ON COPIS J  | OPENED- 1               | REOPENEU- U CHAN             | ES= 1 CORRECTIONS= 1  | CLOSED- O OPEN/CLOSED-   | D MONTHLY TOTAL - 3  |
| 00000   | PLBRA                   | 09/12/73                     | 3   | DE VRA<br>CYNTHIA  |                      |
|   | CTNTHIA                 | <u> </u>                     | 5 00000   | CTNTHIA<br>CYNTHIA   | 07/01/73 2           |
|   | JANES                   | 07/01/73                     | 5 00000   | SAMMIE   | 07/25/73             |
| 00000   | MARIA                   | 67/25/73                     | 5 09000   | CYNTHIA  | 07/25/73             |
| CASES ON COPIS-   | DELECTION OF THE OFFICE | 07/25/73<br>REDPENEU- 0 CHAR | EST 4 CORRECTIONS .   | CLOSED- 7 OPEN/CLOSED-   | MONTHLY TOTAL- 11    |
|   |                         |                              | _   |  |                      |
| CASES ON CCPTS-   | OPENEU- O               | REDPENEU- 0 CHAN             | ES+ 0 CORRECTIONS+ 0  | CLOSED= 1 OPEN/CLOSED-   | MONTHLY TOTAL- 1     |
|   |                         |                              |   |  |                      |
| 000000JOHN  | BETTY<br>BRENDA         | 08/01/73                     | 4 000000JOH<br>4 000000JOH                                  |  | 08/29/73<br>06/06/73 |
| NHOLOGUOO   | PRESTON                 | 08/01/73                     | HOLDÓUÓOO 6   | N PRESTON  | 08/28/73             |
| NHOLO00000  | CHRISTINE               | 08/29/73                     | 4 000000JOH   | N CHRISTIN   |                      |
| 000000JOHN<br>000000JOHN  | CHRISTINE<br>TUNI       | 10/05/73<br>08/28/73         | 5 000000JOH<br>4 000000JOH                                  |  | 07/23/73 07/23/73    |
| NHÒLUOUOO   | THOMAS                  | 48/28/73                     |   |  | 07/26/73             |
| 000000JOHN  | SUSAN                   | U7/26/73                     | 5 00000JOH  | N SANURA   | 06/01/73             |
| 00000JOHN   | HAHNY                   | 08/01/73                     | HOLOGOOOO C   | N CYNTHIA  | 07/23/73             |
|   | CYNTHIA<br>JANES        | 08/29/73                     | HOL000000 H   |  | 07/06/73             |
| OOUDOUJOHN .  | SHERTL                  | 08/29/73                     | 4 000000JOH   | N SHERYL   | 07/25/73             |
| NHOLOOOOO   | CHAD                    | 07/25/73                     | 3 000000JOH   | N CHAQ   | 06/29/73             |
| NHOL000000  | BHIAN<br>MAHILYN        | 08/29/73                     | HQL000000 E   | N BRIAN<br>MARILYN   | 07/25/73             |
| NHOLOOOOO   | KENNETH                 | 48/29/73                     | 4 000000JOH   | KENNETH  | 97/23/73             |
| NHOLOOUOUO  | MARLA                   | U7/23/73                     | 3 000000JOH   | N MARLA  | 68/29/73             |
| NHOLOOOOOO  | CATHERINE               | 08/29/73                     | 4 000000JON   | NTHUMAS  | - 07/23/73           |
| NHOLOOPOGO  | BARRY                   | 01/03/73                     | 3 000000JOH<br>1 00000JOH                                   | N CATHERINE<br>BNEHNIA   | 08/17/73<br>01/03/73 |
| DODOOJOHN TUESD   | AY DEE                  | UB/16/73                     | 1   |  |                      |
| CASES ON COPIS 24   | OPENED- 4               | REOPENEU+ U CHAN             | ES- 16 CORRECTIONS- 16                                      | CLOSED- 5 OPEN/CLOSED- (   | NONTHLY TOTAL - 41   |
| YOULOOOOO   | RICHAND                 | 08/31/73                     | 4 000000JUD   | YRICHARD_  |                      |
| YOULOOOOO   | RICHARD                 | 08/31/73                     | 3 000000100   | Y CHARLES  | R 08/02/73           |
| 000000JUDY  | SART TANK               | R 08/31/73<br>U9/24/73       | 4 000000Jup<br>5 000000Jup                                  | Y CHARLES OGREENA  | A 09/24/73           |
| 00000QUUDY  | DOREERA                 | A 09/31/73                   | •   |  |                      |
| CASES ON COPIS-   | OPENED= 0               | REOPENED- O CHAN             | ES- 3 CORRECTIONS- 3  | CLOSED - 3 DPEN/CLOSED -   | MONTHLY TOTAL - 9    |
| 00000 SAM   | DEBRA                   | 10/01/73                     | 3   |  |                      |
| CASES ON COPIS-   | OPENED- 0               | REOPENEU- O CHANG            | EST I CORRECTIONST O  | CLOSED- O DPEN/CLOSED-   | D NONTHLY TOTAL - 1  |
| 0000 BETH   | ARNOLD                  | 06/29/73                     | 5 0000 ====   | DOUGLAS  | 12/20/72             |
| CASES ON COPIS-   | OPENED- 0               | REUPENED- O CHANG            | 5 CORRECTIONS - 0   | CLOSED TOPEN/CLOSED-   | NONTHLY TOTAL - 2    |
| 0000 SHER   | GLENN 1                 | 06/30/73<br>09/36/73         | 3 0000 SHE  | R BLENN  | 1 09/26/73           |
| 0000 SHER   | LEE                     | 70/34/75                     | 3 0000 SHE  | LEG  | 08/24/73             |

# CHILD CARE AND PLACEMENT INFORMATION SYSTEM Uncompleted Transfers

12.

This report is a listing by name of children closed with a transfer code by the agency receiving the report, who have not been opened by any other agency on CCPIS. This exception listing displays the load number of the worker who reported the child to CCPIS, the child's last and first name, the reason for closing the case, the closing date and the number of months which have passed since the case was closed for the purpose of transfer to another agency.

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| //3<br>TY USS                          |   |   | ATTACHMENT C  | PAGE 2<br>RPT. NO. 5-1   |  |
|--|---|---|---|--|--|
|  | <ul> <li>THE FOLLUWING CHI</li> <li>YOUR AGENCY FOR TH</li> </ul> | LUREN THAT HERE   |   |  |  |
| BHANCH COUE OO                         | ANOTHER AGENCY MAY  | E NOT VET BEEN O  | PENED IN CCPIS+   |  |  |
|  |   |   |   | 4  |  |
| NAME                                   | REASON FOR CLUSING  | CLOSING CODE  | CLOSING DATE  | NUNGER OF MONTHS   |  |
| ERNEST                                 | REFURN TO COURT   | 36  | 04/03/73  | <u>06</u>  |  |
| STEVEN                                 | RETURN TO COURT   | 30  | 04/15/73  | °6   |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
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|  | BHANCH COUE OO<br>Pleted thamspers<br>NAME                        | THE FOLLUNING CHI     THE FOLLUNING CHI     VOUR AGENCY FOR THE     NANCH COUE 00     ANOTHER AGENCY FOR     NAME     REASON FOR CLUSING     ERNEST REFURN TO COURT | THE FOLLWING CHILDREN THAT WERE     THE FOLLWING CHILDREN THAT WERE     YUUR AGENCY FOR THE PURPOSE OF TRA BHANCH COUE OO | THE FOLLUWING CHILDREN THAT WERE CLOSED FROM     TOUR AGENCY FUR THE PURPOSE OF TRANSFER TO     ANOTHER AGENCY HAVE NOT YET BEEN OPENED IN CCPIS*     WY THE NEW AGENCY.     NAME     REASON FOR CLUSING CLOSING CDDE CLOSING DATE     ERNEST RETURN TO COURT 36 04/03/73     STEVEN RETURN TO COURT 36 04/15/73 | • THE FOLLUWING CHILDREN THAT WERE CLOSED FROM •         • YOUR AGENCY TOR THE PURPOSE OF TRANSFER TO •         BRANCH COUE OO • ANOTHER AGENCY MAVE NOT YET BEEN OPENED IN CCPIS•         PLETED THANSFERS • BY THE NEW AGENCY.         • MAME         REASON FOR CLUSING         CLOSING DATE         NAME         REASON FOR CLUSING         CLOSING DATE         NAME         REIURN TO COURT         36         04/15/73         66 |

# CHILD CARE AND PLACEMENT INFORMATION SYSTEM Reason for CCPIS Closing by Plan

3

This report shows the number of cases closed during the month by the reason the case was closed and the long-range goal set for the case.

Information in this report affords a means of evaluating agency effectiveness by calculating long-range goals versus actual reasons for closing. Data on client outcomes should prove especially useful if compared with data from other agencies having similar demographic characteristics.

| AUENCY CULE 00087 BHANLA CULE 00<br>AVENCY CULE COURTY USS | CHILO CAKE<br>Reas                    | ON FOR  | COPIS CLUS                                   | VF. DRMATIUN-<br>Sing by Pla          | N AN                                  |   | AL +                                       |                       |                     | GE<br>T. NO. | 1                      |
|--|---------------------------------------|---------|--|---------------------------------------|---------------------------------------|---|--|-----------------------|---------------------|--------------|------------------------|
| AVENUE OFMARE CUURTE DOS                                   | AETUNN                                | PLACE   | CUMPLETE                                     | CUMPLETE                              | AUDYT                                 | ADUPT                                   | LONG-TERM                                  | INDEP                 | INSTIT              | STAT         | 191                    |
| SUCCESSFUL CUMPLETION OF PRUBATIUN/PARULE                  | PANENT_                               | KELAI_  |  | SUPERVIS                              |                                       | ATEN_                                   | FOSTER                                     | LIVING                | LIVING.             | PEND         |                        |
| PLACED WITH PARENTS RELATIVE UN GUARUSAN                   |                                       |         |  |                                       |                                       |   |  |                       |                     |              |                        |
| O=N RESPUNSIBILITY   |                                       |         | ·····  |                                       |                                       |   |  |                       |                     |              |                        |
| NEGLECT NEDUCED  | ·                                     |         | ······································       |                                       |                                       |   |  |                       | <u></u>             |              |                        |
| AUOPTION CONFIRMED   |                                       |         |  |                                       |                                       |   |  |                       |                     |              |                        |
| CLUSED TO YOUTH SERVICES BUREAU                            |                                       |         | · ·  |                                       |                                       |   | مانا میں دیار <b>نے کا اپنے مانی دی</b> ار |                       |                     |              |                        |
| CLUSED TO DES PROTECTIVE SERVICES                          |                                       |         |  | 0                                     |                                       | · _ · _ · _ · _ · · · · · · · · · · · · |  |                       |                     |              |                        |
| PETITIUN DISHISSED   |                                       |         |  |                                       |                                       |   |  |                       |                     |              |                        |
| OF AGE   |                                       |         |  |                                       |                                       |   |  |                       |                     |              |                        |
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| MILITARY SERVICE   |                                       |         |  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |   |  |                       |                     |              | <del>نىر ۋوت مىت</del> |
| DIED   |                                       |         |  |                                       |                                       |   |  |                       |                     |              |                        |
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| WALVER TU ADULI CUURT                                      |                                       |         | ······································       |                                       |                                       |   | <u></u>                                    |                       |                     |              |                        |
| JURISDICTION ASSUMED BY AUULT COURT                        | · · · · · · · · · · · · · · · · · · · |         |  | ····                                  |                                       |   |  |                       |                     |              |                        |
| NAN AWAY   | 7                                     |         |  |                                       |                                       |   |  |                       |                     |              | 7                      |
| NEGALIVE RESPONSE TO TREATMENT                             | ·····                                 |         |  |                                       |                                       |   |  |                       |                     |              |                        |
| AUUPTION PETITION WITHURAWN                                |                                       |         |  | ·                                     |                                       |   |  |                       |                     |              |                        |
| AUDPTION PETITION DENIED                                   |                                       |         |  | ······                                |                                       |   |  |                       |                     |              |                        |
| IN FACILITYS DISMISSED FRUH COURT                          |                                       |         | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                                       |                                       |   | P  |                       |                     |              |                        |
| REFERRED TO USS PRUTECIIVE SERVICES                        |                                       | ·····   |  |                                       |                                       |   |  |                       |                     |              | <u> </u>               |
| REFERRED TO COURT PRUCTECTIVE SERVICES                     |                                       |         | ······································       |                                       |                                       |   | 5  |                       |                     |              | 3                      |
| REFERRED TO PHIVATE AGENCY PROLTECTIVE SER                 |                                       |         |  |                                       |                                       |   |  |                       |                     |              |                        |
| THANSFER TO STATE - STATE WAND-CUMMIT.                     |                                       | <u></u> |  | ······                                |                                       |   |  | ، بسند، «بخر ده رسس». |                     |              |                        |
| TRANSFER/LUNNIT TU PRIVALE AGENCY                          | ······                                |         |  |                                       | ······                                |   |  | · · · · · · · · · · · | nai - Konsairan aka |              | . نېد م                |
| THANSFER/COMMIT PYTOAGENCY-OTHS STATE                      |                                       |         |  |                                       |                                       | <u></u>                                 |  |                       |                     |              |                        |
| RETURN TO COURT  |                                       |         |  |                                       |                                       |   |  |                       | ودواستوريت          |              |                        |

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How to check the accuracy and completeness of agency reporting using the Case Summary Report

I. Monitoring the Quantity of Reporting

- A. In the Report's Part I (Case Activity During the Month). Compare the month's total of successfully processed transactions ("A") with the Active Case count ("B"). In this report there were 911 transactions for 8033 cases, meaning that only 11% of the cases had any activity reported on them. This is undoubtedly too low. We would expect that, in general, somewhere between one-quarter and one-half of all cases would have reportable activity during any month.
- B. The total Active Case count itself ("B") may be an indication of under-reporting.

II. Monitoring the Quality of Reporting. Although the report presents data from a limited number of CCPIS data elements, these constitute most of the key elements in the system. The general quality of reporting can be determined at a glance.

In Part 2 (Characteristics):

"C" - Race-Ethnic Group "Unknown": This figure should be zero.

"D" - Handicaps: "Unknown" should be zero.

"E" - Types of Cases: This is derived from the Legal Status Codes, and is very important in reporting. The "Unknown" figure should be very small, if not zero.

In Part 3 - Status of Current Active Caseload:

Current Status:

4

"F" - Preliminary Intake: There should be no figures in any columns except the first. Preliminary Intake should only be used when the case is still new to the agency, before case planning and treatment have begun.

"G" - "Unknown" Current Status: This should be zero.

The "Continuing Service" line should legitimately reflect substantial numbers, but should not reflect a large majority, as this report does. There are 113 + 961 + 683 + 3111 = 5185 cases reporting Continuing Services, or 65% of the 8033 total. Most of the school-aged children are probably in school or working.

#### Living With

"H" and "I" - Detention and Jail: We hope that children are not being kept in such accommodations longer than one month. The figures in all columns except the first should be zero.

"J" - Unknown should be zero.

Long-Range Goal

CSS TIFTAL

"K" - Status Pending should have figures only in the first column, since it is to be used when a case is still in the very early stage in an agency. "L" - "Unknown" should be zero.

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| CA | SE_S | лымуча | REPURT   | AS-DF | .06/30 | /7.4 |  |

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| PART 1. CASE ACTIVI                      | ITY DUHING JUIE           |  |  |  |                                      |
|--|---------------------------|--|--|--|--------------------------------------|
| 0PE::ED= 14                              | T REUPENED 7 CHANGE       | D- 390 CONRECTED-                                | 49 CLOSED- 1   | 95 OPN/CLOSED- 3 UNC/OPEN  | - 38                                 |
| UNG-CLOSED                               | 12 MONTH JOIAL - AJ       | L TOTAL ACTIVE CASES                             |  |  |                                      |
| MPART 2. CHARACTERIS                     | TICS IN TURRENT ACTIVE CA | SEL DAD  |  |  |                                      |
|  |                           |  |  |  | (LECAL STATUS)                       |
| <u>AGE_CYRS</u><br>C= 11 34              | SEX                       | HITE # 4715                                      | HANDICAPS-   | \$1 \$2 TYPES OF GAS   | ES LEGAL SIMM                        |
|  | FEN.J. 3321               |  | NONE I<br>CORROPHYSEL  | 0747 CSD REPTHANSMIL   | 6734                                 |
| 5-121 211                                | 8                         | AMER.INDI 153                                    | PERM.PHYS.   | 204 31 ADOPTION I  |                                      |
| <u> </u>                                 |                           | SPANISH_1221                                     | ENOTIONAL  |  |                                      |
| 2 <u>0</u> +4                            | -                         | ALL OTH.1 230                                    | CORR.LRN.  | 106 36 UNKNOHN E   | <u>612</u>                           |
|  |                           | Q  |  | 375 87 5   |                                      |
|  | URRENT ACTIVE CASELOAD    |  |  |  |                                      |
| A. CURRENT                               | STATUS BY MONTHS          | 8. LIVING WITH                                   | 1 BY MONTHS<br>  |  | GOAL BY HONTHS                       |
| CURRENT STATUS                           | 1 2-3 4-6 7-12 13+        | LIVING WITH                                      | 1 2=3 4=6 7=12   | 134 LONG RANGE GOAL  | -+-+- HONTHS+ -+-+-+-                |
| HELIA INTAKE                             | 4. 95. 131 99104          | • PAREITS  | 35 327 445 - 1237  | 'RETURN PAR8   | 3 233567373 1325 -                   |
| MEDICAL EVALUATION<br>MEDICAL TREATMENT  |                           |  | 30 45 162 306  |  | 6 22 115 52 108                      |
| PSYCH. EVALUATION                        |                           |  | 26 105 197 103   | COMP. PROT   | 4 39131 2130<br>2 35 144 15 33       |
| PSYCH. TREAT ENT                         |                           | -FOSTER-HOME-10                                  | 8-245-509-1999   | ADOPT FREE 3   | 8-104-257-117-312-                   |
| CUMM. VOL. SERVICE                       | 1 2<br>318034416          | INDEPENDENT LIV.                                 | 20 42 106 195  |  | 8 30 87 26 65                        |
| JUS TRAINING                             | 3 9 25                    |  | 2 27 68 25   |  | 639185153 - 699<br>6 110 404 154 506 |
| EXPLOYED.                                | 1d                        | SHELTER CARE                                     | .7   | INST LIVING  | 1                                    |
| CONTINUING SERVICE<br>Reg. Foster home x | 113 317 961 683 3111      | HALFWAY HUUSE                                    | 9 28 38 25   | KISTAT. PEND. 3  | JIE EP 161 94 31D                    |
| FUSTER HONE PLACE                        | 17 59 130 32              |  | $   \begin{array}{c}     6 \\     \hline     12 \\     12 \\     13 \\     27 \\     3   \end{array} $ | UNKNOWN  | 5-198-35-25-148                      |
|  |                           | NAIL   | 7 4 20 10  |  |                                      |
| REG. NAT. AUCPT X<br>ADORT FAMILY CONS.  | 2 <u>0</u> 13             | MEDICAL INSTIT.                                  | 3 2 6 1  |  |                                      |
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| ADDPTIVE PLACEMENT                       | 21 176 55 138 4           |  | 21174  |  |                                      |
|  |                           | ADRIAN TRUG SCH.                                 | 2 10 67 30   |  |                                      |
| ,  |                           | - NoJ. MAKEY                                     | 2025143 62<br>5 13 46 23   |  |                                      |
| ***************************************  |                           | - WHITHORE L. REC                                | 2 2 10 3   |  |                                      |
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| OI SUCCESSFUL COMP.                      | unsius. Prinstaa          |  | 2  |  |                                      |
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| US DAN PESPONSIBILI                      | TY 1                      | 15 OTHER   | 3  | 32 TRANSFER TO STATE W   | ARD CONN.                            |
| US AJEMTION CONFIRM                      |                           | 20- HAIVEN TO ADULT COU                          | IRT  | 33 TRANSFER/CONNIT-TO-   |                                      |
|  |                           | 21 JURIS. ASSUMED BY A<br>22-RAN AHAY.           |  | 34 TRANSFER/CONSIT PVT<br>35 TRANSFER TO COURT   |                                      |
| OT CLUSED TO DSS PR                      | OTECTIVE SER 6            | 23 NEG RESPONSE TO TRE                           | ATHENT 3   | 36 RETURN TO COURT   | 1                                    |
| 10 PETITION DISKIGS                      | <u>E0</u> 12              | 24-ADDPT PETITION NIT                            | HOMANN   |  | H-JUY-CRT                            |
| 19 06 462                                |                           |  |  |  |                                      |
| 12.0F AGE<br>12.9494120                  | 29                        | 25 ADOPT• PETITION DEN<br>24-IN-FAG•-DINISSED-FR |  | 38 OTHER TRANSFER  |                                      |

15.

# Initial Placement of Newly Committed Delinquent State Wards

This monthly report lists newly committed delinquent state wards alphabetically, grouped by county and region. It is designed to show the first placement made in each case, temporary or permanent. However, children who are placed in temporary placements continue to appear on this roster until assigned a permanent type placement. In addition, the type of wardship, agency case number, commitment date, and placement date is given for each child. Thus, this report provides in easily accessible form the information needed to monitor the initial assignment of children to the various types of placement, and to identify temporary dispositions which may have become prolonged.

| REGION CODE 10                      |                     |                  | INITIAL                    | CHILD<br>PLACEN    | IENTS O         | F NEWL           | Y COMM          | INFORM         | ELINQUE     | YSTEM<br>NT STAT | 'E WARD    | )S         |              |            |             |              |          | PAG         | E 3<br>R 36                             |
|-------------------------------------|---------------------|------------------|----------------------------|--------------------|-----------------|------------------|-----------------|----------------|-------------|------------------|------------|------------|--------------|------------|-------------|--------------|----------|-------------|---|
| COUNTY CODE 93<br>COUNTY-NAME CABOT | 2                   |                  |                            |                    |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          |             |   |
| NAME                                | WAR                 |                  | COMMIT<br>DATE             | OWN<br>HOME        | REL             | FOST<br>HOME     | grp<br>Home     | H-WAY<br>HOUSE | TRNG<br>SCH | BTS<br>CAMP      | IND<br>LIV | M H<br>FAC | PRIV<br>INST | INT<br>OTH | PERM<br>OTH | DETN<br>TION | JAIL     | OTH/<br>UNK | DATE<br>PLACED                          |
| DELLA                               | GTS                 | 8999667 <b>A</b> | 09/14/74                   | X                  |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          |             | 11/17/74                                |
| TAL FOR CABOT                       |                     |                  | -1                         | 1                  | 0               | -0               | 0               | 0              |             | 0                | 0          | 0          | Ó –          | 0          | 0           | 0            | 0        | 0           |   |
| UNTY CODE 102<br>UNTY-NAME LEWIS    |                     |                  |                            |                    | <u> </u>        |                  |                 | <u></u>        |             |                  |            |            |              |            |             |              | ·<br>·   |             |   |
| ALICE                               | GTS                 | 8899553A         | 11/29/73                   | X                  |                 |                  |                 |                |             |                  |            |            | •            |            |             |              |          |             | 11/29/73                                |
| EDHARD                              | BTS                 | 8899025A         | 10/04/74                   |                    |                 |                  | X               |                |             |                  |            | <u>,</u>   |              |            |             |              |          |             | 11/13/74                                |
| LEWIS                               | BIS                 | 8899554A         | 08/23/74                   | X                  |                 |                  |                 |                |             |                  |            |            |              |            |             | <del></del>  | <u> </u> |             | -00/00/00                               |
| THOMAS                              | BTS                 | 8899331 <b>A</b> | 08/30/74                   | <u>X</u>           | <del></del>     |                  |                 |                |             | <u></u>          |            |            |              |            |             |              | ······   |             | 00/00/00                                |
| SUSAN                               | GTS                 | 8899445 <b>A</b> | 00/00/00                   |                    |                 | X                |                 |                |             |                  |            |            |              |            |             |              |          |             | 00/69/00                                |
| STANLEY                             | BTS                 | 8899346A         | 00/00/00                   |                    | ·····           |                  |                 |                |             |                  |            |            |              |            |             |              | -        |             | -00/00/00                               |
| AL FOR LEWIS                        |                     |                  | · 6                        | 4                  | 0               | 1                | 1               | 0              |             | 0                | 0          | 0          | 0            | 0          | 0           | 0            | 0        | 0           | میں |
| INTY CODE 110<br>Inty-name powell   |                     |                  | <u> </u>                   | - <u>.</u>         |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          | · · ·       |   |
| MARION                              | GTS                 | 8787656A         | 11/06/74                   | 6                  |                 | X                |                 |                |             |                  |            |            | •            |            |             |              |          |             | 11/06/74                                |
| PAUL                                | BTS                 | 8787616A         | 11/15/74                   | X                  |                 |                  |                 |                |             |                  |            |            |              |            |             | <u> </u>     |          |             | -11/15/74-                              |
| TAL FOR POWELL                      |                     |                  | 2                          | 1                  | 0               | <u>1</u>         | 0               | 0              | 0           | 0                | 0          | 0.         | 0            | 0.         | 0           | 0            | 0        | 0           |   |
| SION 10 TOTAL                       |                     | . 37             |                            | 14                 | 1               | 8                | 4               | 2              | 4           | 0                | 2          | 0          | 1            | 0          | 1           | 0            | 0        | 0           |   |
| TE PERM INCLUDE:<br>OTH             | ADOPTING<br>MEDICAL | BOARDING S       | SCHOOL, GROU<br>OUT OF STA | P INHE-<br>TE INST | PRIVAT<br>FACIL | E, OUT<br>ITY, O | OF ST<br>THER I | ATE FAM        | ILY RES     | IDENCE,          | OTHER      | FAMIL      | Y SUBST      | ITUTE,     | )           |              |          |             |   |
| •                                   | ·····               |                  |                            |                    |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          |             | <u></u>                                 |
|                                     |                     | •                |                            | · · ·              |                 |                  |                 |                |             |                  |            | •<br>• • • |              |            |             |              |          |             |   |
|                                     |                     | <u></u>          |                            |                    |                 |                  |                 | <u></u>        |             |                  |            |            | <u> </u>     |            |             |              |          |             |   |
| <u> </u>                            |                     | <u></u>          |                            |                    |                 |                  |                 |                | ·····       | <u> </u>         |            |            |              | <u> </u>   |             |              |          |             |   |
|                                     |                     |                  |                            |                    |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          |             |   |
|                                     |                     |                  |                            | - <u> </u>         |                 |                  |                 |                | <u> </u>    |                  |            |            |              |            |             |              |          |             |   |
|                                     |                     |                  | <u></u>                    |                    |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          |             |   |
|                                     |                     |                  |                            |                    |                 |                  |                 |                |             |                  |            |            |              |            |             |              |          |             |   |

# CHILD CARE AND PLACEMENT INFORMATION SYSTEM Critical Error Listing

A critical error listing is generated and sent to a worker when he has submitted a card with errors which make it impossible to process without corrections. Upon receipt of such a listing, the worker should check the information at the bottom of the sheet, which will tell him the exact code (or codes) that are holding up processing. He should then make the necessary corrections right on the critical error listing and return it to the Control Unit. Until he does this, he will not receive a card back on the particular Case.

Certain errors are commonly the cause of a critical error listing. Essential case information (codes 1-11) may have been ommitted or coded with invalid codes. Or the worker may have attempted to record an action on a case already closed on CCPIS, or one in the process of being transferred to another agency. He may have coded a closing code in item 1 and ommitted a reason for closing in item 34,or reported an adoption without supplying an adoption suffix. Whatever the reason, the worker is encouraged to call the Control Unit if he doesn't understand a critical error listing he has received. The run date, which is supplied in the top left hand corner, will help the staff there locate the information they need in order to be of assistance.

9

|                                      | DATE                               | : 11/04/                        | 74                                     |                                  |   |                      | CCP:   | IS CAL                           | TICAL | ERROR LI                       | STING                                     |                                |                           | •   | PAGE 17                         | 7                            |                          |
|--------------------------------------|------------------------------------|---------------------------------|--|----------------------------------|---|----------------------|--|----------------------------------|-------|--------------------------------|---|--------------------------------|---------------------------|---|---------------------------------|------------------------------|--------------------------|
| 0 0<br>5 2                           | ATE AG<br>7 9                      | ENCY 33<br>11<br>23<br>00 95 00 | LOAU N<br>1<br>5                       | 2                                | AST NAME                                      | FIRS1<br>3 3<br>5 6  | NAME :<br>4 /<br>5 /                           | I ID                             |       | DATE<br>OF BIRTH<br>5 6<br>5 0 | RAC<br>1 SEX ETH<br>6 6<br>1 2            |                                |                           | IPS SOURCE<br>2 REFERRAL<br>6 66<br>5 87                | REFERI<br>LEVEL<br>6 6<br>8 9   |                              | D # N # #<br>7<br>2<br>D |
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DATE OF BIRTH INVALID

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SEX IS INVALID CODE-NOT H OR F