

# CA / N-1 CODE SHEET

## NON-CA/N INCIDENT NUMBERS

CODE DESCRIPTION	
A	Newborn Crisis Assessment
F	Non-CA / N Fatality Referral (STAT only)
M	Mandated Reporter Referral
N	Non-caretaker Referral
P	Preventative Service Referral

## DELAYED CONTACT

CODE DESCRIPTION	
A	Victim not found within 24/72 hours (No. of attempted contacts in Comments)
B	Incorrect/incomplete address/directions
C	Lower Priority
D	Multidis, team member saw victim (prior to making report)
E	Child in protective custody
F	Conclusion, E, G, H, or I
G	Report on Educational Neglect only initiated within 72 hrs.
H	Family Assessment initiated in 24 hrs./Child seen in 72 hrs.
Z	Other (explain in Comments)

## HARASSMENT

CODE DESCRIPTION	
Y	Yes (leave blank if No)

## DELAYED CONCLUSION

CODE DESCRIPTION	
A	Critical psychological/medical report/school records
B	Juvenile Court investigation
C	Co-investigation with law enforcement
D	Family refused to cooperate, referred to juvenile court
E	Courtesy request to another county or state
F	Response change
G	Awaiting school action (OHI only)
H	Family assessment: critical family/collateral information

## OBSERVED FAMILY CHARACTERISTICS

CODE DESCRIPTION	
A	Amenable to services
B	Stable family relationships/household
C	Appropriate parenting skills
D	Adequate living conditions
E	Single parent household
F	Teen parent(s)
G	Lack of parenting skills
H	Role reversal
I	Recent loss/addition to household members
J	Domestic violence
K	New baby in home/pregnancy
L	Heavy continuous childcare responsibility
M	Marital problems
N	Loss of employment
O	Insufficient/misuse of income
P	Social isolation
Q	Recent/frequent relocation
R	Crowded living conditions
S	Lack of utilities
T	Homelessness
U	Incapacity due to physical handicap
V	Illness
W	Mental retardation
X	Alcohol-related problem(s)
Y	Other drug-related problem(s)
Z	Dangerous living conditions
1	Manages finances well
2	No history of violence
3	Appropriate child development knowledge
4	Stable marriage
5	Community/cultural support
6	Good physical/mental health
7	Positive childhood experiences
8	Extended family support system
9	Problem-solving skills

MO 886-0521 (4-04)

## FAMILY-CENTERED SERVICES

### ASSESSMENT STATUS

CODE DESCRIPTION	
Use only with Conclusions A or B	
B	Case already open
C	Victim(s) protected: case NOT opened
D	Victim(s) deceased, no child in home: case NOT opened
E	Case opened, refer for FCS
F	Closed case; reopen case I.D. No. _____ and refer for FCS assessment
G	Change open FCS case (Open Rsn. B, C, or D) to CA / N; Case I.D. No. _____
Use only with Conclusion C	
A	Case not opened for this incident - family declined
B	Case already opened
H	Case opened, refer for FCS
I	Case closed: reopen Case I.D. No. _____ for FCS
Use only with Conclusion J	
B	Case already open
J	Case opened, refer for FCS
K	Closed case; reopen Case I.D. No. _____ for FCS
Use only with Conclusions D, E, G, H, I, K, or L, M, N	
A	Case not opened for this incident
B	Case already open

## REPORTER OCCUPATION

CODE DESCRIPTION	
A	Physician
B	Medical examiner
C	Coroner
D	Dentist/dental hygienist
E	Chiropractor
F	Optometrist
G	Podiatrist
H	Resident
I	Intern
J	Nurse
K	Other hospital/clinic personnel
L	Other health practitioner
M	Psychologist
N	Mental health professional
O	Social worker
P	Day care center or other childcare worker
Q	Foster parents
R	Juvenile Officer
S	Probation or Parole Officer
T	Teacher
V	Principal or other school official
W	Jail/detention personnel
X	Minister
Y	Peace officer or law enforcement official
Z	Other person with responsibility for care of children
U	Unknown

## REPORTER ACTION

CODE DESCRIPTION	
A	Color photographs
B	Treated and released
C	Radiologic examination
D	Notification of coroner/medical examiner
E	24-hour protective custody
F	Hospitalized

## RACE

CODE DESCRIPTION	
1	White
2	Black/African American
4	American Indian/Alaska Native
5	Asian
6	Native Hawaiian/Pacific Islander
7	Multi-racial
U	Unable to determine

## SEX

CODE DESCRIPTION	
M	Male
F	Female
U	Unknown

## MANNER OF DEATH

CODE DESCRIPTION	
A	Homicide
B	Natural death
C	Accidental death
D	Suicide
E	Other or undetermined cause of death

## EMERGENCY

CODE DESCRIPTION	
Y	Yes
N	No

## REPORTER'S DESCRIPTION / WORKER SPECIFIC FINDINGS

CODE DESCRIPTION	
B	Bruises, welts, red marks
C	Abrasions, lacerations
D	Wounds, cuts, punctures
E	Sprains, dislocations
F	Internal injuries
G	Fractures (other than skull)
H	Skull fracture
I	Subdural hemorrhage/hematoma
J	Brain damage
K	Dismemberment
L	Exposure, freezing, heat exhaustion
M	Burns, scalding
N	Malnutrition (due to improper feeding)
O	Repeated ingestions
P	Poisoning
Q	Inappropriately giving drugs
T	Other physical abuse or injury
W	Locking in or out, expelling from home
AA	Abandonment
BB	Failure to thrive (due to neglect)
CC	Lack of supervision
JJ	Lack of food
KK	Lack of/inappropriate clothing
LL	Poor hygiene (health threatening)
MM	Lack of heat
NN	Unsafe/inadequate shelter
OO	Unsanitary living conditions
PP	Rejection through indifference
QQ	Blaming, verbal abuse, threatening
RR	Exploitation (non-sexual)
SS	Untreated illness/injury
TT	Severe untreated dental
VV	Failure to give medication
WW	Parents indifferent to educational needs
XX	Shaking
A1	Sexually transmitted disease
A2	Fondling/touching
A3	Oral sex, sodomy
A4	Digital penetration
A5	Intercourse
A6	Genital or anal bleeding
A7	Pornography
A8	Prostitution
A9	Other sexual abuse
Z	Other (explain in Comments)
B1	Child fatality (residence in-state)
B2	Child fatality (residence out-of-state)
B3	Hhld sibling of deceased child
C1	Failure to protect
W1	Home Schooling

**FAMILY ASSESSMENT FINDINGS  
AREA OF SERVICES NEEDED**

- CODE DESCRIPTION
- A Discipline
  - B Physical Environment
  - C Supervision
  - D Education
  - E Physical health
  - F Emotional/mental health
  - G No Area of Services identified
  - H Substance Abuse Treatment

**RELATIONSHIP**

- CODE DESCRIPTION
- A Spouse
  - B Paramour
  - C Parent/caretaker's paramour
  - F Natural parent
  - G Adoptive parent
  - H Step-parent
  - I Foster parent
  - J Grandparent
  - K Sibling
  - L Other relative
  - M Day care provider
  - N Institution/staff
  - O School/personnel
  - P Other (explain in Comments)
  - Q Self
  - U Unknown

**INFANT DRUG EXPOSURE**

- CODE DESCRIPTION
- A Positive drug screen/cocaine
  - B Positive drug screen/other drugs
  - C Drug withdrawal symptoms exhibited/cocaine
  - D Drug withdrawal symptoms exhibited/other drugs
  - E Positive drug screen/opiates (Heroin, Codeine, Morphine)
  - F Positive drug screen/cannoboids (Marijuana, Hashish)
  - G Positive drug screen (Amphetamines, Methamphetamines)
  - H Alcohol Intoxication (Mother at time of infant birth)
  - Y Unknown
  - Z None

**MOTHER OR DRUG EXPOSED INFANT  
(At time of infant birth)**

- CODE DESCRIPTION
- A Positive drug screen/cocaine
  - B Positive drug screen/other drugs
  - C Drug withdrawal symptoms exhibited/cocaine
  - D Drug withdrawal symptoms exhibited/other drugs
  - E Positive drug screen/opiates (Heroin, Codeine, Morphine)
  - F Positive drug screen/cannoboids (Marijuana, Hashish)
  - G Positive drug screen (Amphetamines, Methamphetamines)
  - H Alcohol Intoxication (Mother at time of infant birth)
  - Y Unknown
  - Z None

**LAW ENFORCEMENT INVOLVEMENT**

- CODE DESCRIPTION
- A Assist
  - C Co-investigate
  - N None

**WRITTEN DENIAL TO ASSIST RECEIVED**

- CODE DESCRIPTION
- Y Yes
  - N No

**CATEGORY OF ABUSE/NEGLECT**

- CODE DESCRIPTION
- 1 Physical abuse
  - 2 Neglect
  - 3 Emotional maltreatment
  - 4 Medical neglect
  - 5 Educational neglect
  - 6 Sexual maltreatment
  - 7 None - Home Schooling
  - 8 None

**SEVERITY**

- CODE DESCRIPTION
- A Mild
  - B Moderate
  - C Serious/severe
  - D Permanent damage
  - E Fatal
  - U Unknown

**CONCLUSION**

- CODE DESCRIPTION
- A Court adjudicated
  - B Probable cause
  - C Unsubstantiated-preventative services indicated
  - D Unsubstantiated
  - E Unable to locate
  - G Inappropriate report
  - H Located out-of-state
  - I Home Schooling
  - J Family assessment-services needed
  - K Family assessment-no services needed
  - L Family assessment-family uncooperative-child safe
  - M Family assessment-serviced needed-linked initial 30 days
  - N Family assessment-services needed-family declined
  - O Unsubstantiated by School Board
  - P Probable Cause by School Board
  - Q Juvenile/School personnel do not agree. Forward to Central Office/Prosecuting Atty

**RISK ASSESSMENT  
(INVESTIGATIONS ONLY)**

- CODE DESCRIPTION
- H High
  - I Intermediate
  - L Low
  - N No risk

**EMPLOYMENT**

- CODE DESCRIPTION
- 1 Unemployed
  - 2 Employed full-time
  - 3 Employed less than full-time
  - 4 Temporary employment
  - 5 Student, not employed
  - 6 Homemaker, not in labor force
  - 7 Disabled, not in labor force
  - 8 Other (explain in Comments)
  - U Unknown

**MARITAL STATUS**

- CODE DESCRIPTION
- A Single
  - B Married
  - C Separated
  - D Divorced
  - E Consensual union
  - F Widow/widower
  - U Unknown

**OBSERVED PERPETRATOR  
CHARACTERISTICS**

- CODE DESCRIPTION
- A Loss of control during discipline
  - B Unrealistic expectations of child
  - C Low self-esteem
  - D No one to call on in time of crisis
  - E Immaturity
  - F Alcohol related problem(s)
  - G Other drug-related problem(s)
  - H Mental/emotional disturbance
  - I Illness
  - J Incapacity due to physical handicap
  - K Mental retardation
  - L Unemployed
  - M Less than high school education
  - N Parental history of abuse/neglect as a child
  - O Pattern of violent behavior
  - P History of criminal behavior
  - Q High school education or higher
  - R Amenable to services
  - S Adequate support system
  - T No apparent mental/emotional disturbance
  - U Institutional report/unknown perpetrator

**COMPUTER CHECK STATUS CODES**

- CODE DESCRIPTION
- O Open
  - C Closed
  - R Rejected
  - A Applied