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INTAKE REPORT

Intake Name Gilbright		Intake Number 0000230-20	County	Secondary County
Date and Time Intake Received Thursday/2010 at 2:30	Program Type	Investigative Sub-Type	Provider Name Margaret Daschle	
Background Checks Required	Reason	Call Record Number	3 Hits Reviewed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
Worker Safety Concerns <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prior Involvement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Send Florida Administrative Message to Law Enforcement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A				
Response Time	Name – Worker Charlie McClain	Name – Supervisor		

I. Family Information

Name – Family Gilbright		Telephone Number – Home Cell – 221-0000		
Address – Street 340 ½ Slade Street NW	Unit Designator	City	State FL	Zip Code
Primary Language: English	Interpreter Needed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Directions to House

Go south 9 miles to Route 16. Take a right about a quarter of a mile past the Dairy Queen. The family resides on the lower level basement apartment of a green and white two-story home.

A. Participants

Name	ID Number	Role	Gender	DOB
JoAnne Gilbright		Mother	Female	2/13/1968
Est. Age	Ethnicity	Race	Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46				
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Device Needed:				
Jason Gilbright		Son	Male	5/15/2007
Est. Age	Ethnicity	Race	Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3				
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Device Needed:				
Davette Gilbright		Daughter	Female	6/10/2001
Est. Age	Ethnicity	Race	Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9				
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Device Needed:				
Est. Age	Ethnicity	Race	Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Device Needed:				
Est. Age	Ethnicity	Race	Disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Hearing Impaired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Access <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Device Needed:				



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Est. Age	Ethnicity	Race	Disability
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hearing Impaired:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24 Access	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Device Needed:			
Est. Age	Ethnicity	Race	Disability
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hearing Impaired:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24 Access	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Device Needed:			
Est. Age	Ethnicity	Race	Disability
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hearing Impaired:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24 Access	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Device Needed:			
Est. Age	Ethnicity	Race	Disability
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hearing Impaired:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24 Access	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Device Needed:			

AP = Alleged Perpetrator
CH = Child In Home
HM = Household Member
NM = Non-Household Member

PC = Parent/Caregiver
IN = Intake Name
SO = Significant Other
V = Victim

JS = Alleged Juvenile Sexual Offender
IC = Identified Child
RN = Referral Name / SC Referral Name

B. Address and Phone Information

Name	Type	Address	Telephone Number
JoAnne Gilbright	AP	340 ½ Slade Street NW	221-0000
Jason Gilbright	CH-V	340 ½ Slade Street NW	221-0000
Davette Gilbright	CH	340 ½ Slade Street NW	221-0000
Lynn Cochran	NM		



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C. Relationships		
Subject	Relationship	Subject
JoAnne Gilbright	Mother	Alleged Perpatrator
Jason Gilbright	Son	Alleged Child Victim
Davette Gilbright	Daughter	

D. Alleged Maltreatment	
Alleged Victim	Maltreatment Code
Jason Gilbright	Physical Abuse

E. Location of Incident				
Address – Street		Apt.	City	State Zip Code
Telephone Number – Home	Telephone Number – Work		Telephone Number - Cell	

II. Narratives

A. Allegation Narrative

WHAT IS

THE EXTENT OF THE MALTREATMENT?

The mother became angry at Jason this morning. She was yelling and trying to slap him. According to Jason, she hit him on the back and in the back of the head leaving a light reddish handprint on his shoulder. The counselor could not verify the slap mark. Jason indicated that the mark was “not really there anymore.” Jason also indicated that the mother threw a frying pan at him in the front yard when he was leaving for the school bus.



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WHAT ARE THE CIRCUMSTANCES SURROUNDING THE ALLEGED MALTREATMENT?

The reporter stated that Jason was visibly upset today. Jason told the reporter that he was not sure if he was afraid of his mother. He says he is "kind of afraid and worried at the same time." According to the reporter (based on her conversations with Jason), mom got angry because he didn't pick up his room. Jason stated that this is not the first time that the mother has hit him. He stated that his mother "will hit him or slap him in the face." There have never been any marks noticed by the reporter. He indicated to the reporter that two weeks ago the mother "punched" him in the stomach and "knocked the air out of him." Based on the reporter's conversation with Jason, she has concerns that the aggressiveness is not an isolated incident. Jason told her that his mother "is always yelling and throwing things" and that "she seems really angry all the time." There is also a concern how the mother interacts with the older child, Davette. Jason told the reporter that the mother either doesn't pay attention to her or she "keeps out of the way."

CHILD FUNCTIONING:

Jason is average height but thin for his age. His grades are inconsistent. He does well when he is in the classroom but he often fails to turn in homework. He gets along well with the other students but his teacher reports that he often acts up in class to get attention. He sometimes comes to school "unkempt" and on occasion his clothes are very "dirty." He is generally very easy to talk to and he is open to discuss how things are going outside of school. It appears that Jason is worried and perhaps even fearful about the home situation.

No information is known regarding the sibling.

ADULT FUNCTIONING

Reporter does not know much about the mother. The mother missed the last school conference. In the past when she has come to school, she has appeared tired and "stressed" but otherwise appropriate. The reporter is concerned based on her conversation with the child that the mother may be "agitated" and aggressive toward Jason.

PARENTING PRACTICES-GENERAL

Reporter does not have any information regarding parenting.

PARENTING PRACTICES-DISCIPLINE

Reporter does not have information about discipline other than this incident where the mother reportedly became physical with Jason because he did not do his chores.

Criminal record unknown by reporter. Family did have a previous report in 2008 for neglect (dirty house). The case was unsubstantiated. The mother may work part time in the afternoon. The reporter believed that the mother had a job at A and G grocery store but was not certain.

OTHER PEOPLE WITH INFORMATION REGARDING INCIDENT OR CHILD SAFETY:

Name: Lynn Cochran **Relationship:** "Aunt" but may be a close family friend

Address: Unknown to reporter

Phone: H 496-0876 W Cell:



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A. Provider Detail

B. Narrative for Worker Safety Concerns

III. Agency Response

A. Recommendation

System Screening Recommendation	Counselor Screening Recommendation	Counselor Screening Reason
Screen In	Screen In 24 Hour Response	Meets requirement
Counselor Name	Counselor Screening Date/Time	
Bob Smith		

Reason for Override:

System Response Priority Recommendation	Counselor Response Priority Recommendation	Date/Time Decision Made

Reason for Override:

B. Decision

Decision	Date/Time Decision Made	Reason
Screen In		
Worker:		
Explain:		

IV. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time



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Call Log

Called Out By	Called To