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INTAKE REPORT

Intake Name WALKER, CASSANDRA		Intake Number 2016-2223431	County Line	Secondary County
Date and Time Intake Received 10/10/2016 1:24 PM	Program Type Child Intake - Initial	Investigative Sub-Type In-Home	Provider Name N/A	
Background Checks Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reason	Call Record Number	3 Hits Reviewed <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 24 Hours	Name – Worker ROBINSON, MISTY	Name – Supervisor SMITH, KAREN		

I. Family Information

Name – Family WALKER, CASSANDRA		Telephone Number – Home		
Address – Street 315 FRONT STREET	Unit Designator	City Palmer	State FL	Zip Code 28227
Primary Language:	Interpreter Needed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Directions to House Current Location for Baby: Jackson Smith Memorial Hospital NICU Home Address: 315 Front Street Palmer Florida				

A. Participants

Name	ID Number	Role	Gender	DOB
WALKER, CASSANDRA	333-262-012	AP-IN-PC	Female	05/15/1977
Est. Age 39	Ethnicity Other	Race White	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:				
WALKER, SIMON	555-777-888	AP-PC	Male	06/10/1977
Est. Age 39	Ethnicity Eastern European	Race White	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:				
Unknown, Unknown		V		10/06/2016
Est. Age 0	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:				
Unknown, Unknown		V		
Est. Age 17	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:				
Unknown, Unknown		V		
Est. Age 16	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:				
Unknown, Unknown		V		



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Est. Age	Ethnicity	Race	Disability
14			<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:			
Unknown, Unknown			V
Est. Age	Ethnicity	Race	Disability
10			<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:			
Unknown, Unknown			V
Est. Age	Ethnicity	Race	Disability
8			<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 PC = Parent/Caregiver JS = Alleged Juvenile Sexual Offender
 CH = Child In Home IN = Intake Name IC = Identified Child
 HM = Household Member SO = Significant Other RN = Referral Name / SC Referral Name
 NM = Non-Household Member V = Victim

B. Address and Phone Information

Name	Type	Address	Telephone Number
WALKER, CASSANDRA	Primary Residence	315 Front Street Palmer, FL 28227	
WALKER, SIMON	Primary Residence	Unknown	
Unknown, Unknown	Primary Residence	Unknown	
Unknown, Unknown	Primary Residence		
Unknown, Unknown	Primary Residence		
Unknown, Unknown	Primary Residence		
Unknown, Unknown	Primary Residence		
Unknown, Unknown	Primary Residence		

C. Relationships

Subject	Relationship	Subject
WALKER, CASSANDRA	Mother	Unknown, Unknown
WALKER, CASSANDRA	Mother	Unknown, Unknown
WALKER, CASSANDRA	Mother	Unknown, Unknown
WALKER, CASSANDRA	Mother	Unknown, Unknown
WALKER, CASSANDRA	Mother	Unknown, Unknown
WALKER, CASSANDRA	Mother	Unknown, Unknown
WALKER, SIMON	Unknown	Unknown, Unknown



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WALKER, SIMON	Unknown	Unknown, Unknown
WALKER, SIMON	Unknown	Unknown, Unknown
WALKER, SIMON	Unknown	Unknown, Unknown
WALKER, SIMON	Unknown	Unknown, Unknown
WALKER, SIMON	Father	Unknown, Unknown

D. Alleged Maltreatment

Alleged Victim	Maltreatment Code
Unknown, Unknown	Substance Misuse - Illicit Drugs
Unknown, Unknown	Substance Misuse - Illicit Drugs
Unknown, Unknown	Substance Misuse - Illicit Drugs
Unknown, Unknown	Substance Misuse - Illicit Drugs
Unknown, Unknown	Substance Misuse - Illicit Drugs
Unknown, Unknown	Substance Misuse - Illicit Drugs

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

The baby boy was born on 10/06/16 and was transferred to the NICU on 10/08/16 for signs and symptoms of withdrawal. The mother and baby were both positive for methadone. The mother has a prescription for methadone. The mother did not visit the hospital from 10/08/16 until today 10/10/2016. There is an arrest affidavit for the mother on 10/09/10 for possession of cocaine, heroin with intent to sale and possession of paraphernalia. It is believed the father was in the hospital parking lot shooting up drugs. The mother was in the hospital in March 2016 for heroin use. The mother has other children. The baby is having tremors and breathing fast. He has hyper tonics or muscle tone. The baby is now on a morphine drip.

A. Provider Detail

B. Narrative for Worker Safety Concerns

III. Agency Response

A. Recommendation

System Screening Recommendation	Counselor Screening Recommendation	Counselor Screening Reason
	Pending	
Counselor Name	Counselor Screening Date/Time	



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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	10/10/2016 1:54 PM	Screen In - Accepted for Services/Investigation
Worker:	SMITH, KAREN	
Explain:		

IV. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time

Call Log

Called Out By	Called To
SMITH, KAREN	