OMB Control Number 0985-0054

Expiration Date: 02/29/2020

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**AGENCY COMPONENT DATA**

February 28, 2017

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 13 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

*The Agency Component data will be entered directly onto an online form on the NAMRS website. Once entered, the state can update information annually. The reporting period is the federal fiscal year (October–September).*

**Table 1–General Information**

| **Element No.** | **Element Name** | **Element Description** | **Required** | **Field Entry Format** |
| --- | --- | --- | --- | --- |
| Agency 1.1 | Agency Name 1 | Department or agency name | Yes | Text - 100 characters |
| Agency 1.2 | Agency Name 2 | Branch or unit name | No | Text - 100 characters |
| Agency 2.1 | Street 1 | First line street address of agency physical address | Yes | Text - 100 characters |
| Agency 2.2 | Street 2 | Second line street address of agency physical address | No | Text - 100 characters |
| Agency 2.3 | City | City of agency physical address | Yes | Text - 100 characters |
| Agency 2.4 | State | State of agency physical address | Yes | Select from list of states/territories  |
| Agency 2.5 | ZIP | ZIP of agency physical address | Yes | ##### or #####-#### |
| Agency 3.1 | Street 1 | First line street address of agency mailing address | Yes | Text - 100 characters |
| Agency 3.2 | Street 2 | Second line street address of agency physical address | No | Text - 100 characters |
| Agency 3.3 | City | City of agency physical address | Yes | Text - 100 characters |
| Agency 3.4 | State | State of agency physical address | Yes | Select from list of states/territories  |
| Agency 3.5 | ZIP | ZIP of agency physical address | Yes | ##### or #####-#### |
| Multiple contact names and associated information can be entered. |
| Agency4.1 | Name | Contact name | Yes | Text - 100 characters |
| Agency 4.2 | Title  | Contact title | Yes | Text - 100 characters |
| Agency 4.3 | E-mail  | Contact e-mail | Yes | E-mail address format |
| Agency 4.4 | Phone  | Contact telephone | Yes | Text - 50 characters |
| Agency 4.5 | Contact’s role in agency  | Contact’s role in agency*Selection List:* * Case manager
* Data coordinator/manager
* Field coordinator
* Intake manager/supervisor
* Investigator
* IT/data specialist
* Manager/director/supervisor
* Policy specialist
* Regional supervisor
* Social worker
* Training coordinator/specialist
 | No | Select one from list |

**Table 2–Agency Profile**

| **Element No.** | **Element Name** | **Element Description** | **Required** | **Field Entry Format** |
| --- | --- | --- | --- | --- |
| Agency 5 | Data Sources | The sources of information used to submit data this year to NAMRS.*Selection List:* * APS agency only
* APS and other agencies
 | No | Select one from list |
| Agency 5.1 | Comment | Provide names of other agencies that provided data. | No | Text – 5,000 characters |
| Agency 6 | Population Served | Provide the citation in state statute or regulation, or agency policy, regarding the population your APS agency is mandated to serve. | No | Text – 5,000 characters |
| Agency 6.1 | Population served: setting | If your agency investigates allegations in residential care communities and/or nursing homes, please indicate whether or not your agency would conduct an investigation if the allegation does not pertain to a specific resident, but rather to the residents in general. | No | Text – 5,000 characters |
| Agency 7 | Investigator FTEs filled | Number of filled APS FTEs responsible for the hotline and/or conducting investigations. | No | Numeric – 10 integers |
| Agency 7.1 | Supervisor FTEs filled | Number of filled APS FTEs responsible for supervision. | No | Numeric – 10 integers |
| Agency 7.2 | Comment | Provide additional information as to whether the numbers in 7 and 7.1 were the annual total or total for a given day. | No | Text – 5,000 characters |
| Agency 8 | Intake | Centralized or localized intake of APS reports.*Selection List:* * Centralized at a statewide hotline or call in number
* Combination of both statewide and local hotlines or call in numbers
* Local at county or regional hotlines or call in numbers
* Other
 | No | Select one from list |
| Agency 8.1 | Comment | Provide additional information on your state’s definition of intake. | No | Text – 5,000 characters |
| Agency 9 | Reports Accepted for Investigation | Number of reports accepted for investigation during the reporting period. | No | Numeric – 10 integers |
| Agency 9.1 | Reports Not Accepted, or Resolved Through I&R/I&RA | Number of reports that were either not accepted by APS for investigation, or were resolved through Information & Referral (I&R)/Information & Referral Assistance (I&RA). | No | Numeric – 10 integers |
| Agency 9.2 | Comment | Please confirm that the sum of 9 and 9.1 is the total number of investigations received during the reporting period. Please provide additional information regarding policy for accepting reports and not accepting reports, or resolving through I&R/I&RA. | No | Text – 5,000 characters |
| Agency 10 | Response Time | The length of time (hours) from receipt of call or notice of alleged maltreatment to face-to-face contact with the client by the APS worker, based on the standard set by policy or practice. | No | Numeric – 3 integers |

| **Element No.** | **Element Name** | **Element Description** | **Required** | **Field Entry Format** |
| --- | --- | --- | --- | --- |
| Agency 10.1 | Comment | Provide additional information on the definition of response time to allegations of maltreatment. If different types of allegations are given different priorities in terms of response time, please provide additional information. | No | Text – 5,000 characters |
| Agency 11 | Investigation Completion Time | The length of time (days) from investigation start to investigation completion, based on the standard set by policy or practice. | No | Numeric – 3 integers |
| Agency 11.1 | Comment | Provide additional information on the definition of start of investigation and completion of an investigation.  | No | Text – 5,000 characters |
| Agency 12 | Types of Maltreatment | Indicate which types of maltreatment are investigated by APS.*Selection List:* * Abandonment
* Emotional abuse
* Exploitation (non-specific)
* Financial exploitation
* Other exploitation
* Neglect
* Physical abuse
* Sexual abuse
* Suspicious death
* Self-neglect
* Other
 | No | Select one or more from list |
| Agency 12.1 | Comment | Provide citation or URL in state law, regulations, or program guidance for maltreatment types investigated by APS. | No | Text – 5,000 characters |
| Agency 13 | Standard of Evidence | Standard used for substantiating an allegation of maltreatment.*Selection List:* * Clear and convincing
* Credible, reasonable, or probable cause
* Different standards based on type of perpetrator
* No state standard
* Preponderance
* Other
 | No | Select one from list |
| Agency 13.1 | Comment | Provide citation or URL of state law, regulations, or program guidance. Include discussion of definitions of perpetrator if relevant. | No | Text – 5,000 characters |
| Agency14 | Assessment Tools | Indicate whether APS personnel use standard assessment tools throughout the state, such as client safety, at risk factors, or behavioral conditions.*Selection List:* * No, assessment instruments are determined by each county or left to the worker’s discretion
* Yes, use common instrument or tool throughout the state
 | No | Select one from list |
| Agency 14.1 | Comment | Provide the name and reference (i.e., URL) for each standardized tool that is used. | No | Text – 5,000 characters |

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| --- | --- | --- | --- | --- |
| **Element No.** | **Element Name** | **Element Description** | **Required** | **Field Entry Format** |
| Agency 15 | Service Gaps | Indicate which services are not available or accessible in the state.*Selection List:* * Care/Case Management Services
* Caregiver Support Services
* Community Day Services
* Education, Employment, and Training Services
* Emergency Assistance and Material Aid Services
* Financial Planning Services
* Housing and Relocation Services
* In-home Assistance Services
* Legal Services
* Medical and Dental Services
* Medical Rehabilitation Services
* Mental Health Services
* Nutrition
* Public Assistance Benefits
* Substance Use Services
* Transportation
* Victim Services
* Other Services
 | No | Select one or more from list |
| Agency 15.1 | Comment | Provide additional information on how gaps in services were identified, if possible. | No | Text – 5,000 characters |
| Agency 16 | Perpetrators | Does APS collect person-specific data on persons found to be perpetrators of substantiated maltreatment? Does your information system collect unique IDs and demographic characteristics of such persons? If there is specific state statute or regulation, or agency policy on such data, please provide the citation.  | No | Text – 5,000 characters |