

1. Intake

1.0 PURPOSE: The following procedures apply to the receipt of reports, the assessing of these reports, and the handling and registering of reports for community diversion and/or further agency assessment. Procedures also apply to the varied types of case openings and inquiries.

1.1 AUTHORITY:

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| A. | 45 CFR 1340.14 | Reporting by mandated and non-mandated persons to a child protective agency or constituted authority |
| B. | 45 CFR 1340.15 | Reporting of medical neglect including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition |
| C. | CHAP 346-14,
HRS | Establishment and administering of programs, standards and adoption of rules for protection of abused and neglected children |
| D. | CHAP 350-1, HRS | Review of who must report, how reports are to be submitted, confidentiality of reports |
| E. | CHAP 350-2, HRS | Action on reporting |
| F. | CHAP 350-3, HRS | Immunity from liability |
| G. | CHAP 587-21,
HRS | Investigative process |
| H. | CHAP 587-22,
HRS | Protective Custody by police officers without a court order |
| I. | CHAP 587-23,
HRS | Authorization for color photographs, x-rays and radiological exam |
| J. | CHAP 587-24,
HRS | Temporary foster custody without court order |
| K. | ACT 302, SLH '96 | Child protective and diversion services |
| L. | ACT 369, SLH '97 | Child death review process |
| M. | HAR 920.1-7 | Authorization for services |

- N. [HAR 920.1-8](#) Confidentiality
- O. [HAR 920.1-11](#) Verification of reports
- P. [HAR 920.1-12](#) Registration of reports
- Q. [HAR 920.1-15](#) Social assessment
- R. [HAR 920.1-16](#) Disposition
- S. [HAR 920.1-17](#) Foster custody
- T. [HAR 920.1-18](#) Casework services
- U. [HAR 920.1-21](#) Risk assessment

1.2 CHILD ABUSE/NEGLECT REPORT

1.2.1 Reporter

Individuals mandated to report child abuse or neglect by Chapter 350, HRS, should use the departmental reporting form [DHS 1516](#), "Mandated Reporter Checklist for Suspected Child Abuse and Neglect." If DHS 1516 is not provided, verbal reports will also be accepted. Upon receipt of a report from a mandated reporter, the intake worker will review, assess and/or assign the report for further assessment.

Referrals from all reporters should also be assessed using the criteria contained in the Child Risk Assessment Summary (DHS 1517) and Family Safety Assessment, (DHS 1518), to determine whether the intake is appropriate for further review and/or investigation or diversion to community resources for follow-up support services.

- A. Guidelines to assess credibility and validity of the report include:
 - 1. The reporter's willingness to give name, address and phone number;
 - 2. The reporter's relationship to the victim and the victim's family - relative, friend, neighbor or employer;

3. The reporters reason for picking this particular occasion to report;
4. Reporter's willingness to personally meet with the CWS intake worker;
5. The reporter has made prior reports that have not been assigned for further investigation;
6. The reporter represents another agency and has been involved with the family;
7. The emotional state of the reporter (i.e., intoxicated, irrational, angry);
8. Reporter's willingness to provide the names of other individuals who are willing to share additional information on the matter;
9. Reporter's willingness to be involved beyond the initial call as requested by the social worker.

B. Response to reporter:

1. Thank the reporter for his/her interest in and concern for the child's safety.
2. Assure reporter that every effort shall be made to protect the identity of the reporter. Inform the caller that there may be situations where the reported person will identify the reporter no matter what measures are taken to preserve anonymity; remind the reporter of immunity from liability when reporting in good faith.
3. Inform the reporter whether or not the report will be followed up with, and in which of the following ways, depending on the assessment of the risk of harm to the child or children:
 - a. The report will be documented only: a CPS case will not be opened (cases in the low to moderate risk category based on ***the workers assessment of the risk to the child, the safety of the family***, the CWS social worker's evaluation,

collateral contacts, etc). If contact with the family is made during the course of the assessment and it appears the family can benefit from non-protective services, the family will be referred to community resources or assisted with referrals for other services needed from DHS, e.g. BESSD, or MED-QUEST.

- b. Report accepted and assigned for investigation: a case will be opened for departmental assessment, investigation and services as needed.

1.2.2 Collateral contacts

Obtain information from collateral sources of information, such as the police, other professionals and agencies, and departmental records not held in the CPSS to verify the information provided by the reporter and to assess the family situation when responding to a report.

1.2.3 Prior child abuse/neglect history

Do a search in CPSS to see if there are prior reports of abuse and/or neglect to the child on file and/or if there is already an active child welfare services case.

1.2.4 HAWI check

Although a family may not have an active social services case, they may be receiving financial assistance (Temporary Assistance to Needy Families), food stamps or medical assistance from the department. A check into the HAWI system will determine whether or not there is an active status in any of these income maintenance programs:

- A. If active, check if the demographic information obtained matches that of the income maintenance or MED-QUEST worker;
- B. Where necessary, notify the income maintenance or MED-QUEST worker of the child abuse/neglect report and request assistance in locating family if whereabouts are unknown.

1.3 NON-ACCEPTANCE OF REPORT

Reports are not accepted for investigation based on the lack of evidence that would demonstrate the child or children who are the subject of the report have been harmed, or are threatened with harm.

1.3.1 Child abuse/neglect report accepted for diversion or community support services only

A. Low or moderate risk:

For child abuse/neglect reports assessed as ***low or moderate risk based on the DHS 1517, "Child Risk Assessment Summary" and the DHS1518, "Family Safety Assessment,"*** the CWS social worker may divert these reports to community support services. The report need not be entered into an ongoing child protective service case if the social worker assesses the level of harm to be low based on the matrix. ***Those cases will be classified as registered not assigned (R/NA) and processed as follows:***

B. Case Diversion:

1. ***Inform the family via letter (DHS 1500, "Notice of Diversion Services," and telephone contact, of the child abuse/neglect report received and of a referral to a community resource(s) for further assessment and assistance. Provide a copy of the DHS 1500 to the provider the family is referred to;***
2. Document in the CPSS IA52 screen the varied kinds of interventions the community resource is willing to provide in addressing child protection;
3. The "diverted" reports are purged from the intake subsystem 90 days from the receipt of the report; maintaining these reports helps to assess the success of these interventions if, within 90 days, no subsequent referral of child abuse or neglect is received.
4. In the event a report is not accepted for investigation, dispose of the report using one of the following three CPSS screens to dispose of the diverted intake report:
 - a. Non-CPS, Services Required: **IU56**
(For those reports which involve harm or threat of harm but the harm or threat of harm is low or

moderate and the family is in need of services within the DHS, i.e., BESSD, MED-QUEST);

- b. Non-CPS, Services Not Required: **IU58**
(For those reports which involve harm or threat of harm but the harm or threat of harm is low or moderate and family has resolved matter appropriately with or without treatment or services from the community);
- c. Non-CPS, Referred: **IU60**
(For those reports which involve harm or threat of harm, but the harm or threat of harm is low or moderate and the CWS social worker assesses diversion or community services to be appropriate for the family).

C. Diverted reports:

If there is a question whether adequate information has been gathered and utilized in determining the appropriate departmental response to the report, reports "diverted" or not opened as a child protective service case shall be reviewed by the intake supervisor. After the intake supervisor reviews a report, the supervisor shall either approve or reverse the CWS social workers decision **on the day it is reviewed**. If the report is accepted for assessment investigation, the report shall be entered into the CPSS system and routed to an assessment unit for follow-up.

D. **Supervisory documentation of diverted reports.**

To document supervisory review of the reports which are registered not accepted (R/NA) and diverted, the intake supervisor completes the following:

1. **Review of the R/NA report via CPSS.**
2. **If supervisor concurs with intake social worker disposition, the intake is closed In the CPSS via the IU56, IU58 or IU60 depending on the disposition of the R/NA report.**
3. **The supervisor provides comments and sign off on the R/NA intake disposition screen (IU56, IU58 or**

IU60) in the CPSS system using the supervisors PIN #. The supervisor then prints and signs a copy of the intake disposition screen, which is filed and maintained, with the copy of the DHS1517.and DHS1518 until the report is expunged.

4. The supervisor must also conduct a weekly search of the ISO2 screen to ensure that all R/NA intakes are reviewed and appropriate action is taken.

1.4 ACCEPTANCE OF REPORT

Reports are accepted based on whether the child, under eighteen (18) years of age, has been harmed, is subject to imminent harm, or is threatened with harm by a family member as defined by chapter 587-2, HRS. ***A Child Risk Assessment Summary (DHS 1517) and a Family Safety Assessment (DHS 1518) for each report accepted for further action by the department will be completed as part of the intake process.*** A determination will be made for all reports as to whether:

- a case will be opened, registered and referred internally for further assessment or,
- a report can be referred to community resources for outreach, short-term counseling and/or support services, in which case the report will be referred and disposed of as a referred non-CPS case using the IU60 screen in the CPSS.

The following are examples of reports that would be considered for acceptance depending on the level of harm reported to the CWS intake worker:

- A. A report that a parent or caregiver with whom the child lives has abused/neglected the child;
- B. A report that a relative has abused/neglected the child. This would include an individual related by blood living in or out of the family home of the child;
- C. A report that someone in the family's home has abused/neglected the child. This is an individual who lives in the same home as the child and who assumes a caregiver role, e.g., mother's boyfriend, father's girlfriend. This excludes neighbors, schoolteachers or friends, as they are not

responsible for the child's care;

- D. A report that a licensed foster parent has abused/neglected the foster child placed in his/her home;
- E. A report is received that a staff employed by a licensed group home has abused/neglected the foster child placed in that facility;
- F. A report that a licensed child daycare provider has abused/neglected a child placed in the home/daycare facility.

1.5 REPORT/CASE OPENING

Refer to Chapter III, Section 11: **RECORD MAINTENANCE, DOCUMENTATION AND FILING** for the specifics on case labeling, and filing.

Enter information obtained from a reporter into the Child Protective Services System (CPSS) on the date the report referral is received, or the next work day if the report is received after work hours and there is no immediate CPSS access.

1.5.1 Child abuse/neglect report on child not active or previously known case with DHS-SSD

- A. Do a thorough name search in CPSS to determine if there is an active or closed case with DHS-SSD. Input the following codes:
NS02, NS14, NS01, NS10, NS04 and RS40.
- B. Enter appropriate information onto the following CPSS screens (this information becomes the department's Central Registry):
 - IA14 General Case Data
 - IA18 Complainant Information
 - IA20 Complainant Information - Narrative
 - IA40 Adult Data
 - IA22 Child Data
 - IA36 Victim Data
 - IA52 Log of contacts
 - IU61 Disposition of Intake Report
 - IA06 New Case Registration
 - CX10 or CR10 Print All Intake

1.5.2 Child abuse/neglect report on an active protective services case

- A. Do a thorough name search in CPSS to determine if there is an active or closed case with DHS-SSD. Input the following codes: NS02, NS14, NS01, NS10, NS04 and RS40.
- B. Follow the procedures specified in Chapter III, Section 7, Reports of Harm, Serious Harm and Death in Active Cases.

1.5.3 Child abuse/neglect report on an active payment only case

- A. Do a thorough name search in CPSS to determine if there is an active or closed case with DHS-SSD. Input the following codes: NS02, NS14, NS01, NS10, NS04 and RS40.
- B. After completing a name search, enter appropriate information onto the following CPSS screens:

IA60 Copy General Case Date from Existing Case
 IA18 Complainant Info - Add
 IA20 Complainant Info - Narrative - Add
 IA41 Copy Adult Info (Maltreater)
 IA23 Copy Child Info (Victim)
 IA36 Victim Data
 IU08 Add Intake to Existing Open Case
 CA52 Log of Contacts - Add
 CU14 General Case Data - Update
 CX10 or CR10 Print All Intake

1.5.4 Child abuse/neglect report on closed case

- A. Do a thorough name search in CPSS to determine if there is a closed case with DHS-SSD. Enter the following codes: NS02, NS14, NS01, NS10, NS04 and RS40.
- B. After completing the name search, enter appropriate information onto the following CPSS screens:

IA60 Copy General Case Data from the closed case
 IA18 Complainant Information
 IA20 Complainant Narrative
 IA40/41 Adult Data
 IA22/23 Child Data

IA36 Victim Data

IU06 Reopen closed Case/Add a New Intake

CA52 Log of Contacts

CU14 General Data (Update Approval Date on Reopened Cases only)

CX10 or CR10 Print all Intake

C. To retrieve the closed record from closed files:

1. Complete DSSH 1539, "Request for Closed Case Record."
2. Send original to Closed Files. Retain copy of form until record is retrieved then discard.

D. Re-open closed case per Part I, 1.5 instructions.

1.5.5 Report of death or serious abuse on a case closed within the last 90 days

- A. Do a thorough name search in CPSS to determine if there is an active or closed case with DHS-SSD. Input the following codes: NS02, NS14, NS01, NS10, NS04 and RS40.
- B. Follow the procedures specified in Chapter III, Section 7, **REPORTS OF HARM, SERIOUS HARM AND DEATH IN ACTIVE CASES.**

1.5.6 Institutional abuse/neglect report: (the caregiver name is registered as the case name, e.g., foster parent/childcare provider)

Focus is on the foster parent/childcare provider and his/her ability to provide a safe and protective environment for the children in their care.

- A. Do a thorough name search in CPSS to determine if there is an active or closed case with DHS-SSD. Input the following codes: NS02, NS14, NS01, NS10, NS04 and RS40.
- B. Complete the following CPSS screens (this information becomes the department's Control Registry):

IA14 General Case Data

IA18 Complainant Information

IA20 Complainant Information - Narrative
IA40 Adult Data
IA22 Child Data
IA36 Victim Data
IA52 Log of contacts
IA06 New Case Registration
CX10 or CR10 Print All Intake

- C. Notify the active CWS social worker and foster care licensing worker of the report.

1.5.7 Child abuse/neglect report on departmental employees

A. Intake Social Worker:

For reports of abuse/neglect of their children by departmental employees, complete the following actions:

1. Enter case registration information into the Child Protective Services System (CPSS)-see Chapter III, Section 01: Subsection 1.5;
2. If the report is assessed as "high" or "severe" according to the matrices, or involves severe harm or death, call 911 or contact the local police in accordance to procedures between the police and the section, to contact the police pursuant to chapter 350, HRS. If the report is assessed as low or moderate, refer to appropriate neighborhood place or community diversion service. **Provide a copy of the intake to the police. (Refer to Chapter III, Sections 1.8.1 and 1.8.2).**
3. If alleged offender is an employee of the DHS-Social Services Division (SSD) and the report is assessed as high or severe, to maintain objectivity and confidentiality to the extent possible, route to the section administrator for assignment.
4. If alleged offender is employed in a division other than SSD, assign in the usual manner.

B. Section Administrator:

1. Discuss with supervisor whether or not intake should be assigned to him/her if there is no other assessment unit

to assign the intake to.

2. If supervisor believes that objectivity may be compromised, request courtesy assessment services from another section.
3. Discuss request with counterpart section administrator if on same island. If consensus is reached, route intake to appropriate section administrator who will assign to unit for assessment.
4. If there is no other section on island:
 - a. Discuss intake with appropriate section administrator;
 - b. Request assistance of social worker to do off island assessment and the approximate time needed;
 - c. Provide appropriate airfare coupons and on-island transportation;
 - d. Notify branch administrator of arrangement.
5. Assign to assessment unit other than where the employee is located.
6. Assign to self if report is related to a supervisory level staff. Otherwise, route to unit for assignment. Refer to the assignment guide below.
7. Maintain hard record file in supervisors locked desk.
8. Complete CPSS screens per subsection 1.5.
9. Route for transfer/closing by completing appropriate case documentation and CPSS screens.

C. Assessment Supervisor:

1. Refer the case to be assigned to a level higher than the employee named in the report:

<u>Employee</u>	<u>Assign to</u>
Aides and Assistants	Social Worker III or IV
Social Workers I-IV	SW III-IV, Supervisor other than the Unit Supervisor
Supervisor	Section Administrator

Section Administrator Branch Administrator

2. Maintain hard record file In supervisor's locked desk;
3. Complete CPSS screens per subsection 1.5;
4. Route for transfer/closing by completing appropriate case documentation and CPSS screens

1.5.8 Child abuse/neglect report on child of child parent for whom Department has permanent custody

- A. Maintain services in accordance with the permanent plan for the child parent;
- B. The Unit responsible for permanent custody case shall include teen and baby in same case, same foster home (if child parent is IV-E and has child in same foster home, then able to support child with IV-E funds; if child parent is not IV-E, support of child parent's child is not paid by IV-E). Use the same family member number for child parent. Use a higher family member number for baby beginning with #30-49.

Complete the following CPSS screens:

IA60 Copy General Case Data
IA18 Complainant Info - Add
IA20 Complainant Info - Narrative
IA23 Copy Child Info
IA36 Victim Data - Add
IA52 Log of Contacts
IU08 Add Intake to Existing Case
Status: Active

1.5.9 Child abuse/neglect report on child parent's child when child parent is not active with DHS

- A. Do a thorough name search in CPSS to ensure there is no active or closed case with DHS-SSD. Enter the following codes: NS02, NS14, NS01, NS10, NS04, RS40.
- B. Open a new case with client #02 or 01 assigned to the legal/nuclear adult parents or caregivers. Assign family member number #20-29 to child parent. To visually identify child parent/child relationship, assign child parent's child a

higher family member number beginning with #30-49. If father of the newborn child is an adult, use code 03 or 04. If father of the child is not an adult, use code #50.

C. Complete the following CPSS screens:

- IA14 General Case Data
- IA18 Complainant Information
- IA20 Complainant Information - Narrative
- IA40 Adult Data or IA41 Copy if not active but previously known
- IA22 Child Data or IA23 Copy if not active but previously known
- IA36 Victim Data
- IA52 Log of contacts
- IA06 New Case Registration
- CX10 or CR10 Print All Intake

1.6 REPORTS AFTER HOURS

When responding to after-hours reports of abuse or neglect coordination with the respective law enforcement/police is necessary to cross-check if families are active with the Department, to insure timely law enforcement and departmental response to reports of abuse/neglect, and to reduce duplication and unnecessary paperwork.

1.6.1 Social worker availability

Social workers assigned to work the "after-hours" shift or who are "on call," shall provide their office phone and pager numbers to all parties (police, service providers, etc.) involved with the child when:

- A. The child is taken into protective custody after hours;
- B. The child is re-abused/re-neglected and reported after hours;
- C. The child's situation changes such as the death of a parent and/or child or the child is severely harmed and the CWS intake worker is contacted after hours.

1.6.2 After-hours coverage

After-hours coverage must be provided; coverage may be provided through:

- A. Separate shift assigned to cover 8 hours with all staff rotating "on call" duty for those hours not covered by a separate shift;
- B. Purchase of service contract to cover "after hours" including weekends and holidays;
- C. Agreement with law enforcement to contact the section for a coordinated child abuse/neglect response as needed with the "after hours" calls going to the law enforcement agency;
- D. All staff rotating "on call" assignment after hours.

1.7 Acceptance of a Report

The Intake Unit shall send the intake to the appropriate section/unit within 4 business hours of the time the report is accepted for CWS investigation.

The Intake Unit shall send the intake to the appropriate Voluntary Case Management (VCM) or Family Strengthening Services (FSS) provider by 11:45am the next business day from the date the report is accepted for VCM or FSS intervention.

1.8 LAW ENFORCEMENT/POLICE NOTIFICATION

1.8.1 For all Reports of Child Deaths and Serious Harm

- A. Call 911 to request that a beat officer be dispatched to the DHS office so that a formal police report can be made which will allow the police to register and open a case. When the police officer arrives to take the report, provide the name of the unit and CWS social worker assigned to the report and the unit/workers phone and pager number if known;
- B. Within one hour of receipt of the report or as soon as possible after the report is received - including intakes where the complainant is law enforcement, FAX a copy of the CPSS intake report to law enforcement/police. Delete the complainants name on the CPSS "Intake" hard copy unless the reporter has agreed to share his/her identity. When possible, the supervisor should review before FAXing to law enforcement/police. The location of where to FAX the copy of the intake will be determined by section and/or agreements with the respective law enforcement agency;
- C. Send the hard copy of the child abuse/neglect report via courier mail to law enforcement/police.

- D. Should the law enforcement/police request the name of a reporter or complainant:
 - 1. If the reporter has requested confidentiality, the information may only be released with the consent of the caller or through a court order per Chapter 350-2(b).
 - 2. If the reporter has not requested confidentiality, release the information to the law enforcement agency or police.

1.8.2 Other Reports (Moderate or Low Severity)

- A. Make a copy of the intake for the Police.
 - 1. If the reporter has requested confidentiality, delete reporter's name from the intake hard copy form.
 - 2. If the reporter has not requested confidentiality or if the reporter has agreed to share his/her identity, do not delete the reporters name from the intake hard copy provided to law enforcement/police.
- B. Send hard copy via courier mail of all child abuse or neglect reports accepted for further assessment to law enforcement/police by the following work day to meet the cross reporting requirements of chapter 350, HRS.

1.9 REPORTS OF MEDICAL NEGLECT OF DISABLED INFANTS

1.9.1 Response to a report of medical neglect of a disabled infant

The Child Abuse Prevention and Treatment Act, P.L. 104-235, defines "medical neglect" as the withholding of medically indicated treatment from an infant with life-threatening conditions which, in the treating physician's reasonable medical judgment will be most likely to be effective in correcting such conditions.

If a report of medical neglect of a disabled infant is received:

- A. Determine whether the report is exempted from the act and does not constitute abuse or neglect.

Exceptions include circumstances in which:

1. The child is irreversibly and chronically comatose;
2. The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all the infant's life-threatening conditions, or otherwise be futile in terms of the infant's survival; or
3. The provision of such treatment would be virtually futile in terms of the infant's survival and that treatment itself under such circumstances would be inhumane.

If the report is not an exception to the above listed circumstances, do not accept the intake for investigation.

1.9.2 Procedures to respond to a report of medical neglect

If the report is not an exception, initiate the following procedures

- A. The CWS social worker shall contact the designated hospital liaison to assist in gathering relevant information to determine whether or not the matter requires further assessment/investigation, if the designated hospital liaison is not available (see the reference section), the chief of staff should be contacted for further information, which may include:
 1. Whether or not the infant is at the hospital;
 2. Whether or not the infant has a life-threatening condition; whether this condition calls for immediate intervention; the nature of the infant's handicap;
 3. Whether or not the parents have refused to consent to treatment;
 4. What the treating physician's name is; whether the treating physician has recommended that treatment be provided;
 5. Whether the hospital has a review committee, whether the committee reviewed this case and what the committee's recommendation is. If no review has occurred, see if one can be arranged immediately;

6. If the hospital does not have a review committee, see if a second medical opinion such as another physician has been obtained or if the Hawaii Medical Association's Infant Care Review Committee has been consulted. If so, determine what treatment has been recommended;
7. Check what treatment is said to be necessary for the infant's life or health;
8. Establish that a determination has been made that:
 - a. The child is irreversibly and chronically comatose;
 - b. Provision of such treatment would prolong dying and would not be effective in ameliorating or correcting all the infants life-threatening conditions, or otherwise be futile in terms of the infant's survival; or
 - c. Provision of such treatment would be virtually futile in terms of the infants survival and that treatment itself under such circumstances would be inhumane;
9. Check if the treating physician recommended treatment and whether the parents refused to consent. If the parents obtained a second medical evaluation/opinion, were the parents presented with all treatment options and were still refusing consent.

1.9.3 Status of Report

- A. Make a determination based on the above considerations whether to accept or not accept the report for further assessment/ investigation;
- B. Upon request, inform the caller/complainant of decision.

1.10 REPORTS OF SERIOUS ABUSE/SERIOUS NEGLECT INVOLVING CHILDREN TRANSPORTED TO OAHU FOR SPECIALIZED MEDICAL TREATMENT

For reports involving children who are transported from a neighbor island to Oahu:

1.10.1 Courtesy supervision for children transported to Oahu

Neighbor Island section is to complete an intake on the child and provide to Oahu section at the time a request for supervision is made.

Oahu section to provide courtesy supervision while the child is hospitalized.

Neighbor Island CWS social worker shall be verbally notified immediately, all medical information available during the child's hospitalization shall be gathered by the Oahu section with the assistance of the MDT.

1.11 INQUIRY

Inquiries are often requested to determine whether or not the family being reported has had prior child welfare protective services' involvement or is currently active with the Department. This information prompts the need for further assessment depending on the purpose of the inquiry, e.g., foster home application, daycare application, report of child abuse, neglect in another state. Refer to Chapter I, Section 2: **CONFIDENTIALITY**, for procedures on the release of information.

1.11.1 Child abuse/neglect history check

- A. Do a name search to determine if family may have already been registered in CPSS. Enter the following codes: NS02, NS14, NS01, NS10.
- B. If the case is active; the information received must be shared immediately for the active worker's follow up.

If there is a new report on child abuse/neglect, follow subsection 1.5.

- C. If case is not active, but has a CPS or social service history, document information in CPSS Intake Screen IA20/IU20, Complainant Narrative.

1.11.2 Requests from other States for Child abuse/neglect history on prospective foster or adoptive homes

Comply with any request made by another State for child abuse and neglect information on any prospective foster or adoptive parent and on any other adult living in the home of such a prospective parent and on any such prospective parent or other adult who has resided in the preceding 5

years, before the prospective foster or adoptive parent may be finally approved for placement of a child, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child under the State plan under this part;

1.11.3 Request for Information on closed record

Numerous in-state and out-of-state requests for child abuse/neglect information are received. When requests are specific to a family member:

- A. Identify who the requestor is and what information is being requested. Refer to Chapter 1. Section 2: CONFIDENTIALITY;
- B. Use CPSS screens to retrieve information; if appropriate, retrieve closed case record (refer to above instructions);
- C. Respond to request;
- D. Return closed case record to closed files.

1.11.4 Inter-Island reports of abuse or neglect

There are times when a reporter calls in a report of abuse or neglect that has happened on a different island. Regardless of the origin of the call, action must be taken to ensure that appropriate action will be taken.

When reports are made to intake for harm that has occurred on an island other than the island where the report has been made, the following procedure applies:

- A. **Refer the reporter to the appropriate intake for that island. Transfer the call if possible, or provide a number to the reporter and encourage them to call in their report to the island where the child is physically present.**
- B. **If the reporter declines to call in their report elsewhere, or if the intake worker assesses the situation to be serious:**
 - 1. **Accept the intake and enter into the intake subsystem. Do not assign the intake.**

2. **Print a copy of the completed intake and FAX to the appropriate island for action.**