AX CA ESSENTIAL RECORDS

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06/06/2017

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

Caseload Management

Central Registry 4PA30

Statistical Reports

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

Storage of Information

Retrieval of Information

1. Local Office

2. Law Enforcement Agency

54.60 SUSPECTED KNOWING FAILURE TO REPORT

CHAPTER 54 - CHILD PROTECTIVE SERVICES

The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjunction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction; confidentiality; program philosophy; professional role and responsibility; and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: Switchboard Operator, Receptionist, Mail Clerk, or Entry or Ongoing Service Worker.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source.

   a. Referral From Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. However, it may be advisable to discuss the possibility of court testimony with the complainant.

   b. Referral From Relatives or Parents

      When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

   c. Referral From Professional Persons

      Privately practicing professional persons, e.g., doctors, nurses, clergymen and attorneys, who make referrals based on their professional knowledge, should be asked to tell the parents of the facts of the report, if they can do so.

In the case of a CPS referral about an expectant mother allegedly harming or endangering her unborn:

(1) The referring professional should have discussed the injurious act, situation or condition with the expectant mother;

(2) The expectant mother must have demonstrated unwillingness, inability or failure to use pertinent available resources and services.

(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be expected to discuss the referral with the parents.

Also see Item c. regarding the unborn child.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the LO.

If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service.

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources, either recommended by complainant or who would appear to have reason to know of the facts in a given situation,

Screen the case for appropriateness for CPS in light of the new information,

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

If complaint now appears appropriate for CPS, initiate 4PA30, Sec. A (see form instructions). A carbon copy of this form and a locally used complaint form will be retained in the service record. The 14PA11 (SF 5812), or other form to notify master files of the opening, and the 6PA10 (SF 5822-C) may be initiated at this point.

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

Interview family - the following may be accomplished in the first interview or over a series of interviews:

Present self as a helping person,

Explain complaint, purpose of contact and role of worker and agency,

Enlist cooperation of family and compare facets of complaints with what family reports, shows or demonstrates and what worker observes.

Assess:

(1) validity of the complaint;
(2) the child's state or condition, including the danger to the child;
(3) the act, incident, and/or contributing factors which resulted in the state or condition;
(4) the parent (or parental surrogate) attitudes and responses to (2) and (3).

Decide what initial action is needed and take the action, cooperatively with the family, if possible.

If additional collateral information (evidence) is needed to determine the need for CPS or other services, additional sources of information may be contacted. The family will be notified of this need and will be invited to name sources of such information. Inquiries will not be limited to sources named by the family.

54.24 ENTRY PHASE - CONCLUSION - ROUTING OF FORMS

Worker makes final decision on further follow-up cooperatively with family, if possible.

Decision point:

There is a need for ongoing service - open case according to local procedure; or

There is no need for ongoing service - open and close case according to local procedure.

Complete or route for completion, forms for entry phase and submit to appropriate control points, according to local procedure: written complaint 4PA30, Section A and Section B (if information is available); 14PA11 (SF 5812); 6PA10 (SF 5822-C).

Worker will report back to referral source that CPS will or will not be providing service; and if service is to be provided, determine willingness of referral source to appear in court, if necessary and if not already determined. Outline any further need for contact with referral source.

Initial recording is to be done at this point (see Recording Guide, 54.52).

54.28 ONGOING SERVICE PHASE

Use casework process (See Manual G, Section 10.44, on contract).

Use other DSHS Services (See corresponding sections for referral procedures):

Homemaker Services (Chapter 70);
Child Care Services (Chapter 50);
Foster Homes (Chapter 62);
Volunteer Service (Chapter 90);
S.S.A. Service;
Other DSHS Services as indicated by individual case situation.

Use non-DSHS Services:

Juvenile Court (Chapter 74)
Other community services as indicated by individual case situations.

Complete 4PA30, Section B, and submit to control point, according to local procedure, if not already done.

Termination decision:

Present and potential danger reduced to point of safety to child, or no resolution possible. (See Manual H, Section 54.14, Termination Criteria).

(Note: See time schedule for recording requirements)

54.32 TERMINATION PHASE

Use casework process (See Manual H, Section 54.14, Termination Criteria)

Use DSHS/non-DSHS Services: terminate in CPS but refer if indicated by individual case situations.

Complete forms:

6PA10 (SF 5822-C);
Other as per LO.

Close case or transfer to other service within LO.

Report termination to control point for form 4PA18 (SF 5027-P), Monthly Report.

(Note: Recording Point)

54.36 TIME PHASES

Caseload Management

Each case situation shall be evaluated by CPS worker and supervisor within 90 days as to advisability of case remaining in CPS.

During the Ongoing Child Protective Service Phase, record assessment of movement and direction of service as needed by no longer than 90 day intervals.

Central Registry - Form 4PA30

Up to but no longer than 45 days after Part A is completed, Part B is completed and submitted to Office of Program Analysis.

Statistical Reports

4PA18 (SF 5027-P) must be received in the Office of Program Analysis by the 7th working day of the month for the previous month. This should include protective service cases carried by other service workers.

Other local office reports as required by locally determined deadlines.

54.48 CASE RECORD

In addition to the general requirements for the content of case records, the CPS record must contain any written complaint and the 4PA30.

54.52 RECORDING GUIDE

(Section deleted; See Chapter 99, Forms 15PA42 and 15PA43)

54.56 CENTRAL REGISTRY

Storage of Information

Reports of non-accidentally inflicted death, physical injury (abuse), physical neglect and sexual abuse are written up on Form 4PA30. The storage of information in the Central Registry is accomplished by completion and submission of the form 4PA30 to Office of Program Analysis.

LO staff must differentiate between a request for service and a storage of information, especially if the 4PA30 is completed by persons who are not employees of the Department or designated as CPS staff.

Retrieval of Information

1. Local Office - Office of Program Analysis will automatically report back to local office sending in a 4PA30 report, all instances of previous

reports from different local offices. A local office worker should review the case record for previous 4PA30 reports from that office, but may contact the Central Registry as a backup procedure.

2. Law Enforcement - All information on Form 4PA30 will be available to a law enforcement agency, which is defined in RCW 26.44.020 as the police department, the prosecuting attorney, or the office of the sheriff.

Following is the procedure:

If the telephone is used, a return telephone call should always be made to verify that this is a bona fide law enforcement agency before releasing information.

A law enforcement agency may contact the protective service worker of the local office in person, by telephone or letter to request information. The local office contacts the central registry in the Office of Program Analysis, secures the information and transmits it to the law enforcement agency.

Or a law enforcement agency may contact the central registry in the research and statistics section directly, request and receive the information.

54.60 SUSPECTED KNOWING FAILURE TO REPORT

(See Manual H, 54.16 regarding mandatory reporting.)

The procedure to follow in cases of suspected knowing failure to report non-accidentally inflicted death, physical injury, physical neglect or sexual abuse is the following: (1) Worker - review facts with supervisor; (2) Supervisor - request consultation with an Assistant Attorney General on the next steps to be taken, if any.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Manual G - Revision 27

This revision reissues Chapter 54 and amends the following sections:

1. Chapter 54 - Table of Contents is up-dated.

2. 54.08 - Clarifies agency procedures for professional/agency referral of the unborn child.

3. 54.12 - Changes "validity" to "appropriateness".

4. 54.36 - Clarifies 4PA18 time phase; previous revision left out the words "7th working day of the".

5. 54.52 - Deletes the recording guide, and refers to recording forms instead.

6. 54.60 - Adds new section and material about suspected knowing failure to report child abuse/neglect.

7. In several sections Research Statistics Section (RSS) is referred to by the current designation of Office of Program Analysis.

Complementary changes are being issued in Manual H, Revision No. 12.

File the revision promptly and note date entered on Revision Control Sheet.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

MANUAL G REVISION 56

This revision changes the routing procedure for Child Protective Service complaints on active cases, and brings it into compliance with Manual G, 54.08. The changes to 10.48, and 14.24 lay the groundwork for tighter control of these complaints by directing them to the Child Protective Service staff.

Section 54.10 is added to clarify procedures and controls when a Child Protective Service complaint is received about an active case.

On the Control Sheet note the date Revision 56 was entered.

10.44 SUMMARY OF ONGOING SERVICES

Ongoing services will use the socialization model primarily, be client advocate when needed, clarify rights and responsibilities, help the client to use community resources and to know and use social systems including the Agency system. This unit provides all services other than brief services given in Entry, utilizing the following concepts:

1. Contractual Service.

Ongoing services will develop a time-limited contract with the applicant stating a specific area or problem which will be given attention by the worker and the client. This contract shall be entered into the case record as soon as it has been developed. Contracts may vary in length of time, but most should be completed in one or two months. In unusual cases they may extend to 90 days or be re-negotiated for a longer period. In the area of specialized services, the contract may be completed in one or two interviews.

There need be no specific pattern of contacts, e.g., one client may be seen once every two weeks for twelve weeks and terminated for service, another might be seen every working day for six contacts and terminated, still another could be seen weekly for eight weeks. Contacts may be scheduled as agreed upon by worker and client in office, home, school, etc. The caseworker and supervisor should be aware of the interrelationship between number of contacts and time limit. It will require practice to put available casework time to best use. An average, meaningful contact requires approximately two hours. This allows for preparation, travel, note taking and dictation. Number of cases per se is not so important as scheduling within the individual contracts. The goal is to maximize use of total contact time available.

The worker and the client will review and evaluate what has transpired at the end of the time indicated in the contract. At this point, the case may be terminated for services or the contract re-negotiated.

When the case is terminated, the case record will be returned to Ongoing service control. It is essential that in the termination interview, the caseworker review the agency system with the recipient so he is aware as to how he may request services in the future.

2. Specialized Services

Specialized services are to be provided by Ongoing service on a contractual basis. No case (except protective service cases) will be opened unless there is a contract for action and the case will be terminated for service when the activities are completed and evaluated.

The purpose of creating specialized work loads is to protect the time-limited contractual casework in the Ongoing section, to free Entry services to do crisis intervention and the very short-term contacts, to make possible specialized training, to protect certain caseloads to provide a basis for evaluation of services and to provide data for establishing workload standards.

10.48 DIRECT REFERRAL TO ONGOING FROM RECEPTION OR TELEPHONE

Cases such as the following shall be referred directly to specialty units in Ongoing service:

1. Protective service
2. Foster home finding
3. Adoptive home finding
4. Day care home finding
5. Adult alternate care placement
6. Homemaker service

Except for complaints alleging abuse, neglect and exploitation of children, complaints relating to cases assigned to an ongoing service worker will be referred directly to the service worker. For procedures relating to handling of complaints see Chapter 14.

10.52 RELATIONSHIP WITH FINANCIAL SECTION

1. Refer to financial section clients who have been receiving service only but who wish to apply for financial assistance or non-grant medical care.

2. Receipt of financial information by Ongoing workers should be handled as follows:

   a. explain to the client how to contact the financial section and advise him to do so; or

   b. if client cannot or will not take the recommended action, the Ongoing worker shall use himself as role-model in showing client exactly how this is done. This may include going with him to the office or helping him complete the 14PA02 (Change of Circumstance form); or

   c. inform client that it is a responsibility of the worker to report this information if the client will not, and that he will send a memo to the financial section with the appropriate information.

Service workers in both the entry and ongoing service units shall notify the appropriate control sections when a case is transferred from the bank to ongoing service and from ongoing service to the bank.

10.56 DESCRIPTION OF SERVICE DELIVERY

The Ongoing service worker conducts service-oriented interviews with clients in which the worker:

(2) If service needed can be provided by DSHS, discuss service length of time needed.

a. If service need(s) can be met in Entry, contract is to be made with client, and service provided. Appropriate service recording form completed to show problem, service need(s), initial contract, and action initiated. When service is completed, summary of contract, action taken and resolution is recorded in the case record. Return to Entry Control for routing to files.

b. If service need(s) require longer service or a specialized service not available in Entry, case is referred to Ongoing through Entry Control.

14.24 COMPLAINTS

(1) Complaints regarding financial matters.

Pertinent financial information will be forwarded to the appropriate person in Financial Service via the RFIS-13.

(2) Except for Protective Services, complaints on cases assigned to an Ongoing Service worker will be referred to the worker.

(3) Protective service complaints:

a. Neglect or abuse of children alleged. The complaint will be transferred directly to the Child Protective Services Section or worker. See Chapter 54, especially sections 54.05, 54.08 and 54.10.

b. Mentally Retarded Adult

1. Route the original and triplicate to person responsible for compiling monthly report of Protective Service cases.
2. The duplicate 4PA30 will be forwarded with recording of complaint and RFIS-13 to Ongoing Control for assignment.

(4) Complaint on a Case in the Bank

Entry worker receiving compliant will record the complaint. Recording will be routed to Entry Control. Copies will be routed according to LO procedure so that a control is maintained to see that the complaint is acted upon.

(5) Complaints Concerning a Non-recipient

General community complaints not concerning a recipient or protective services will be verbally referred to the appropriate community resource, e.g., police department, bar association, health dept. etc., by the receiving worker.

14.28 ACTION ON SERVICE COMPLAINTS ASSIGNED TO ENTRY

(1) Assess service need from as many of the following sources as needed:

a. Case Record
b. Contact with Client
c. Contact with Collateral such as schools and other agencies.

(2) Take Appropriate Action

a. Terminate for service if no need exists or taken care of in one contact.
b. Retain in entry for service
c. Refer to Ongoing through Entry Control.
d. Refer to appropriate community resource.

14.32 ENTRY INTERVIEW

Each client must have a service-orientated interview. This interview may be held in the office on the day the client first requested assistance, or be scheduled for a later date either in the office or in the client's home.

This service oriented interview should include any of the following which is not provided during the reception process and/or financial interview:

(1) Determine what circumstances brought the applicant to the agency and what he wants.

(2) Discuss problems applicant may be having and what he would like to do about them. (Service needs)

(3) Relate his problems to services provided by the department and those provided by other community agencies.

(4) Explain mandatory services pertinent to applicant.

a. The client has the right to determine whether he wants to utilize the services offered by the department. The client must be informed that there are certain program requirements that must be met if he is to receive financial assistance.

1. AFDC-E or non-grant categorically related employable applicants must be referred to Employment Security if not currently registered there for work.

2. AFDC-R recipients must be referred to Pre-Referral Screening Committee to determine appropriateness for WIN referral.

3. Unless a doctor's statement containing diagnosis, prognosis and length of time client is expected to be incapacitated can be obtained, GAU applicants must have an employability exam and referral to screening team to evaluate. This does not apply to individuals in school or training per Chapter 86.

4. DA applicants must cooperate in providing medical and social data. Applicants 18 or over who have a disability which is anticipated to last over 12 months must be referred to the local Social Security Office for potential OASI benefits.

5. When parent or parents are absent from the home and refuse to pay support or do not pay adequate support for a minor child, form 18PA42 must be completed in full detail for

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

Caseload Management

Central Registry 4PA30

Statistical Reports

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

Storage of Information

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54.60 SUSPECTED KNOWING FAILURE TO REPORT

CHAPTER 54 - CHILD PROTECTIVE SERVICES

The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjunction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction; confidentiality; program philosophy; professional role and responsibility; and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: Switchboard Operator, Receptionist, Mail Clerk, or Entry or Ongoing Service Worker.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source.

   a. Referral From Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. However, it may be advisable to discuss the possibility of court testimony with the complainant.

   b. Referral From Relatives or Parents

      When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

   c. Referral From Professional Persons

      Privately practicing professional persons, e.g., doctors, nurses, clergymen and attorneys, who make referrals based on their professional knowledge, should be asked to tell the parents of the facts of the report, if they can do so.

In the case of a CPS referral about an expectant mother allegedly harming or endangering her unborn:

(1) The referring professional should have discussed the injurious act, situation or condition with the expectant mother;

(2) The expectant mother must have demonstrated unwillingness, inability or failure to use pertinent available resources and services.

(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be expected to discuss the referral with the parents.

Also see Item c. regarding the unborn child.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the LO.

   If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service.

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

If the family is already assigned to a service worker, the CPS Worker and/or Supervisor, upon receiving the CPS complaint, should discuss the situation with the Service Worker and/or his Supervisor. Actions to be taken, in response to the complaint, must be decided, including who has responsibility for follow-up. Typically, a CPS complaint will be directed to the CPS staff. When the CPS complaint comes directly to the Service Worker, however, that Worker must make certain the situation is appropriately reviewed, as above, and reported to controls. One type of control to be maintained is a list of cases, case numbers and whether the family is being served by a CPS or non-CPS worker.

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources, either recommended by complainant or who would appear to have reason to know of the facts in a given situation,

Screen the case for appropriateness for CPS in light of the new information,

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

If complaint now appears appropriate for CPS, initiate 4PA30, Sec. A (see form instructions). A carbon copy of this form and a locally used complaint form will be retained in the service record. The 14PA11 (SF 5812), or other form to notify master files of the opening, and the 6PA10 (SF 5822-C) may be initiated at this point.

(Text continued on next page)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington

Manual G - Revision 89

This revision to Chapters 54 and 99:

Updates the Table of Contents.

Adds a statement about oral and written reports to 54.04.

Adds a statement to 54.08, item 1, about confidentiality of the complaint.

Adds a termination statement to 54.08, item 2, a new item 3 regarding (surrogate) parent abuse, third party abuse and cross references.

Adds to 54.10, new items 2, 3, 4 and 5, which outline procedures for "active" cases of various kinds.

Adds to 54.16 references to use of new forms DSHS 4-88, DSHS 4-114 and DSHS 2-142; clarifies use of the DSHS 6-10, DSHS 14-11 and DSHS 15-42, and provides for establishing a third party abuse file.

Adds to 54.20 the expectation of Entry Phase activities.

Adds new Section 54.22 on "Notification and Substantiation."

Adds new Section 54.23, Entry Phase--Special Situations.

Deletes references to old Central Registry form 4PA30 in 54.24 and substitutes forms DSHS 4-88, DSHS 4-114 and DSHS 2-142.

Clarifies use of DSHS 15-42 in 54.24.

Deletes reference to 4PA30 in 54.28 and adds statement about local service directories.

Adds reference to recording form by number and deletes reference to recording in 54.32.

Clarifies caseload management reference to 90 days in 54.36.

Adds time phase for new Central Registry, form DSHS 2-142.

Clarifies content of CPS case records and adds statement about expungement in 54.48.

Deletes all old central registry procedures in 54.56 and substitutes new procedures.

Eliminates the form 4PA30, Report of Abuse or Neglect of Child or Mentally Retarded Adult.

Introduces the substitute for the 4PA30, DSHS 2-142, Child Abuse Register Report. This is a McBee Keyport card.

Introduces the form DSHS 4-88, Information regarding Suspected Abuse or Neglect of Child or Mentally Retarded Adult. This form was designed for use by persons wishing to file a written report of abuse or neglect.

Introduces the DSHS 4-114, Child Protective Services Complaint Form. This form was designed for use by Child Protective Services staff as a working document to record CPS complaints.

ADD	DELETE	REPLACE
Form DSHS 2-142	Form 4PA30	Chapter 54
Form DSHS 4-88		Forms Listing, p. 1
Form DSHS 4-114		

On the Revision Control Sheet:

(1) Note the date this change was entered.

(2) Cross off Revision 54. It will not be issued.

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.22 ENTRY PHASE - NOTIFICATION, SUBSTANTIATION

54.23 ENTRY PHASE - SPECIAL SITUATIONS

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

A. Caseload Management

B. Central Registry DSHS 2-142

C. Statistical Reports

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

A. Local Office Requires Information

B. Other Agency/Professional Requires Information

C. Release of Information

D. Maintenance of Records

E. Retention of Records

F. Complaints Directed to Central Registry

54.60 SUSPECTED KNOWING FAILURE TO REPORT

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The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjunction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction, confidentiality, program philosophy, professional role and responsibility and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: switchboard operator, receptionist, mail clerk, or entry or ongoing service worker.

Typically, mandated oral reports will be made by telephone and mandated written reports through use of the DSHS 4-88, letter, or copies of that professional's/agency's records.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source. The identity of the person making the report to the department shall not be revealed unless that person has given permission to do so; however, keep in mind the following:

   a. Referral From Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. However, it may be advisable to discuss the possibility of court testimony with the complainant.

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      When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

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(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be expected to discuss the referral with the parents.

Also see Item c. regarding the unborn child.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the LO.

If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service. If there are no service needs of any kind, terminate the procedure.

3. Differentiates between a. and b.:

a. Parent or surrogate parent who allegedly abuses, neglects or exploits the child. These situations are clearly appropriate for CPS intervention.

b. Third party who allegedly abuses, neglects or exploits a child. Ordinarily, these situations will already have been investigated by law enforcement or the institution's or agency's administration. If they have not already been involved, law enforcement or the institution's or agency's administration (and law enforcement if a crime may have been committed) should be called in immediately.

Typically, the parents will already have been involved. They must be notified as to what has happened unless they have been permanently deprived. Ordinarily, this is done by the one who has the facts or is administratively responsible for the institution or agency. The exact role of CPS is negotiable.

Also see Sections 54.10, 54.22, 54.23 and Manual H, 54.12, item C.

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

Regardless of case status, many of these situations are reportable to the Central Registry. See Sections 54.22, 54.56, and Manual H, 54.12 and 54.26.

1. Service Case

If the family is already assigned to a service worker, the CPS worker and/or supervisor, upon receiving the CPS complaint, should discuss the situation with the service worker and/or his supervisor. Actions to be taken, in response to the complaint, must be decided, including who has responsibility for follow-up. Typically, a CPS complaint will be directed to the CPS staff. When the CPS complaint comes directly to the service worker, however, that worker must make certain the situation is appropriately reviewed, as above, and reported to controls. One type of control to be maintained is a list of cases, case numbers and whether the family is being served by a CPS or non-CPS worker.

2. DSHS Foster or Adoptive Family Care

A complaint alleging abuse or neglect by foster or adoptive family parents must be brought to the attention of CPS, the child's worker and the licensing worker. As with an assigned service case (see item 1. above), a case conference should be held and actions to be taken in response to the complaint and who has responsibility for those actions must be decided. In addition, the situation may require action on behalf of other children in the home and in relation to licensing. If the child's own parent was not the complainant and if the complaint involves a foster parent and is substantiated, the child's own parent must be fully informed as to what occurred unless they have been deprived. If the child is a ward of the juvenile court, the court must be fully informed also.

The matter is to be tallied as a CPS case regardless of who carries the service responsibility.

3. DSHS Family Day Care

The ramifications of a complaint alleging abuse or neglect by family day care parents are the same as those listed in item 2. above about a DSHS foster family, except the matter is not tallied as a CPS case, unless the entry/ongoing phases of service are handled by a CPS worker.

Family day care is ordinarily considered to be a special case of "third-party abuse and neglect." See Manual H, 54.12, item C.

4. Other Agency Foster or Adoptive Family Care

The agency supervising the child and foster or adoptive home must be notified. Although investigation by DSHS-CPS is required, this should be done cooperatively with staff from the other agency, if possible. In addition to notifying appropriate LO staff of the complaint and results of the entry phase, the LO must also notify the Services to Child Care Agencies Unit in the SO. If the alleged abuse or neglect is substantiated, the parents of the child in question, unless they have been deprived, and/or juvenile court having wardship must be fully informed as to what occurred.

5. Group Care Facilities for Children

Complaints alleging abuse or neglect by staff of a group child caring facility, licensed or certified as meeting licensing requirements are to be directed to the administrator or director of that facility and to the services to Child Care Agencies Unit in the state office. If the alleged abuse or neglect is substantiated, the parents of the child in question, unless they have been deprived, and/or juvenile court having wardship must be fully informed as to what occurred.

The nature of the CPS activity may be negotiated to be one of information and referral consultation and/or direct service including investigation.

6. Abuse or Neglect by DSHS Employees or Volunteers

(Policy and Procedure are being formulated at the time of this writing and will be issued as a policy statement and subsequently manualized. Questions in the interim may be directed to the Child Protective Services Specialist - SO.)

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources, either recommended by complainant or who would appear to have reason to know of the facts in a given situation,

Screen the case for appropriateness for CPS in light of the new information,

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

1. Regular Service Record

If complaint now appears appropriate for CPS, initiate DSHS 4-114(X) Complaint Form which will be retained in the service record. The DSHS 14-11 (SF 5812), or other form to notify master files of the opening, and the DSHS 6-10 (SF 5822-C) may be initiated at this point. The DSHS 6-10 must be completed as soon as the needed information is available. The DSHS 2-142 may be submitted at this point if the matter is substantiated as per Section 54.22.

2. Third-Party Incidents

Unless there is a contact with the child and/or his family, the LO has the option to either set up individual third-party folders or establish a file of "Third-Party Child Abuse Incidents," or both where indicated and necessary.

The third-party folders would contain the DSHS 4-88 or DSHS 4-114 and any attachments, but would not contain or require the DSHS 6-10 and DSHS 15-42. The third-party incident file contains essentially the same information but is not restricted to individual case files. The grouping could be alphabetical or chronological, for example. Under either method, the DSHS 14-11 or other form to notify master file that a third-party report is on file must be initiated. Careful crossfiling by name of alleged perpetrator and "abused" child must be maintained.

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

Interview family - the following may be accomplished in the first interview or over a series of interviews:

Present self as a helping person,

Explain complaint, purpose of contact and role of worker and agency,

Enlist cooperation of family and compare facets of complaints with what family reports, shows or demonstrates and what worker observes.

Assess:

(1) validity of the complaint;

(2) the child's state or condition, including the danger to the child;

(3) the act, incident, and/or contributing factors which resulted in the state or condition;

(4) the parent (or parental surrogate) attitudes and responses to (2) and (3).

Decide what initial action is needed and take the action, cooperatively with the family, if possible.

If additional collateral information (evidence) is needed to determine the need for CPS or other services, additional sources of information may be contacted. The family will be notified of this need and will be invited to name sources of such information. Inquiries will not be limited to sources named by the family.

The worker must at least have determined whether the child lacks adequate care and is being harmed. If the child is abused, neglected or exploited, service must be continued either in his own home or elsewhere. (Also see Manual H, 54.14, Termination Criteria.)

54.22 ENTRY PHASE - NOTIFICATION, SUBSTANTIATION

The parent or parent surrogate or other suspected/alleged perpetrator of abuse, neglect or exploitation, shall be provided the opportunity to supply information about the allegation and his situation. The response about the allegation and his situation, including a written statement, if any, shall be a part of the local office case record.

All reports which are, after investigation, in the worker's opinion, reasonably factual and accurate as to the act(s) or incident(s), the suspected perpetrator(s), and the state or condition of the child(ren) are to be considered substantiated. That is, the facts support the conclusion(s). A report made out of professional experience and competence should be accepted as substantiated, e.g., a physician's report. Reports from nonprofessional sources, e.g., neighbors or relatives, and from the general public will typically require a field interview with the family to achieve substantiation.

Staff who act as both reporter and substantiator in a case should request supervisory assistance to insure proper agency action on behalf of the family. The supervisor may request legal clarification from an Assistant Attorney General or the CPS Specialist as to whether or not proper substantiation has been achieved.

Service may continue, if the report is not substantiated; however, the above process of substantiation shall be conducted prior to any reports being forwarded to the Central Registry.

Third-Party Abuse (Also, see Manual H, 54.12, item C.) Typically, law enforcement or the institution's or agency's administration will have investigated and substantiated the third-party "abuse" incident prior to sending any information to the LO. If charges have been filed against the alleged third-party abuser, this is ordinarily sufficient substantiation for including the report in the Central Registry. The LO must in all these instances, however, screen the report as to whether the facts presented reasonably support the conclusions.

In all instances, the LO must notify the alleged abuser that the report is on file at the LO or the LO and Central Registry. The notification can be made in person or by certified mail at the last known address.

Use LO letterhead and send by "Certified Mail."

_____

_____

_____

Dear _____:

This is to notify you that a report has been made to the Department of Social and Health Services alleging that you were involved in an incident reportable under the provisions of RCW 26.44, Report of Child Abuse law. The report is on file at the _____ Local Office _____
Address

_____. The Department also wants you to be aware that you have a right
Telephone

to supply information about that allegation and your situation.

The Department is required by law to maintain a file of such information; however, this is intended to aid in helping parents and other child abusers and children, not in punishing them. Often such people find themselves in an "up tight" or "distressed" condition and our agency has been able to help. If the Department can be of some help to you or you wish to supply information, please contact us at _____.

Sincerely,

_____

54.23 ENTRY PHASE - SPECIAL SITUATIONS

1. ABUSE OR NEGLECT OF STUDENTS BY SCHOOL EMPLOYEES

DSHS will not investigate:

a. Possible criminal violations for criminal prosecution - this is the role of law enforcement;

b. Possible violations of the school system's statutary code, Administrative Code or other statements regarding discipline - this is the role of the schools.

If a report alleging abuse or neglect of students is made to DSHS for reasons other than storage of information in the central registry, then the following steps should be followed:

a. Advise the parents to contact the schools and depending upon the severity or nature of the matter talk it out with the alleged perpetrator or school administrator (principal or superintendent). If a crime may have been committed, advise them that law enforcement must be notified;

b. If the parents seem "unable" to take action to "protect" their child (neglect by parents) or if the parents have sought redress through the local school system and it appears the child continues to be endangered (including from retaliation), the LO should be prepared to the following actions:

(1) Offer to "counsel" and/or refer the parent and "abused" child for appropriate service, including encouraging the parents to take (additional) protective action;

(2) Offer to participate in meetings held between the parents and school officials;

(3) Offer to consult with and provide technical assistance to school and/or law enforcement personnel who would be investigating or otherwise taking action about the allegation of abuse.

c. In all instances, where it is deemed reasonable and appropriate to do so, provide aggressive follow-up to determine the outcomes of meetings, conferences, referrals, consultation, technical assistance, etc. DSHS, according to these procedures, would not be conducting an investigation in the usual sense of the word. Substantiated cases of "abuse" of students by school personnel are reportable to the central registry (see Sections 54.22 and 54.56).

54.24 ENTRY PHASE - CONCLUSION - ROUTING OF FORMS

Worker makes final decision on further follow-up cooperatively with family, if possible.

Decision point:

There is a need for ongoing service - open case according to local procedure; or

There is no need for ongoing service - open and close case according to local procedure.

Complete or route for completion (if not already accomplished) forms for entry phase and submit to appropriate control points, according to local procedure: DSHS 4-114, DSHS 14-11 (SF 5812), DSHS 6-10 (SF 5822-C) and DSHS 2-142, if appropriate.

Worker will report back to referral source that CPS will or will not be providing service; and if service is to be provided, determine willingness of referral source to appear in court, if necessary and if not already determined. Outline any further need for contact with referral source.

Initial recording may be completed throughout this phase but must be completed by this point (see Chapter 99, form DSHS 15-42).

54.28 ONGOING SERVICE PHASE

Use casework process (see Section 10.44, on contract).

Use other DSHS services (see corresponding sections for referral procedures):

Homemaker Services (Chapter 70);
Child Care Services (Chapter 50);
Foster Homes (Chapter 62);
Volunteer Service (Chapter 90);
S.S.A. Service;
Other DSHS services as indicated by individual case situation.

Use non-DSHS services:

Juvenile Court (Chapter 74);
Other community services as indicated by individual case situations.

Most communities now have directories of local services which list kinds of service, eligibility requirements and fees, if any.

Termination decision:

Present and potential danger reduced to point of safety to child, or no resolution possible. (See Manual H, Section 54.14, Termination Criteria.)

(Note: See time schedule for recording requirements)

54.32 TERMINATION PHASE

Use casework process (see Manual H, Section 54.14, Termination Criteria).

Use DSHS/non-DSHS Services: terminate in CPS but refer if indicated by individual case situation.

Complete forms:

DSHS 6-10 (SF 5822-C);
DSHS 15-43, if appropriate;
Other as per LO.

Close case or transfer to other service within LO.

Report termination to control point for form DSHS 4-18 (SF 5027-P), Monthly Report.

54.36 TIME PHASES

A. Caseload Management

Each case situation shall be evaluated by CPS worker and supervisor within 90 days as to advisability of case remaining in CPS. A case may continue to be assigned to a CPS worker longer than 90 days with supervisory approval. Also see Manual H, 54.14, Termination Criteria.

During the Ongoing Child Protective Service Phase, record assessment of movement and direction of service as needed by no longer than 90-day intervals.

B. Central Registry - DSHS 2-142

Up to but no longer than (3) working days after substantiating a report or receiving a substantiated report, the DSHS 2-142 is completed in duplicate and submitted to Administrative Services.

C. Statistical Reports

DSHS 4-18 (SF 5027-P) must be received in the Office of Program Analysis by the seventh working day of the month for the previous month. This should include protective service cases carried by other service workers.

Other local office reports as required by locally determined deadlines.

54.48 CASE RECORD

Also see Section 54.16. In addition to the general requirements for the content of case records, the CPS record must contain the following:

DSHS 14-24	Face Sheet
DSHS 4-88	Information Form or DSHS 4-114 Complaint Form, with attached reports, if any
DSHS 6-10	CWS Report
DSHS 15-42	Initial CPS Form Recording Form
DSHS 15-43	Interim CPS Form Recording Form (use after DSHS 15-42 only)

Other forms as needed

Correspondence, special reports and documents.

Local offices will be notified by the Central Registry as to which substantiated CPS records are scheduled to be expunged. Ordinarily, this procedure takes place annually and for any one record follows the retention schedule of six years after the date of the last filed report.

52.52 RECORDING GUIDE

(Section deleted; See Chapter 99, forms DSHS 15-42 and 15-43.)

54.56 CENTRAL REGISTRY

(Also see Manual H, 54.26.)

A. Local Office Requires Information

1. If a local office requires information from the Central Registry, it calls the Central Registry (SCAN 234-1194, non-SCAN (206) 753-1194) if there is a previous report on file.

2. The Central Registry takes caller's name, name of office/agency, phone number and name of suspected "abused," and tells caller that he will return call after searching the files. The first step is to verify caller's name, office and phone number as an eligible inquirer. If the caller is verified as a noneligible inquirer, the Central Registry returns the call indicating that the information cannot be released and terminates the procedure.

3. If the caller is verified as an eligible inquirer, the Central Registry searches the files and returns the call indicating:

   (a) "there is no previous report"; or

   (b) "there is a report under investigation at _____ local office"; or

   (c) "there is a 'substantiated' report with detailed information located at _____ local office."

4. If this inquiry is based upon a new report of abuse or neglect, the Central Registry completes a pending card indicating: name of the suspected "abused", name of the local office, name of inquirer; and files the card alphabetically by name of "abused" in the pending file. The Central Registry will call the inquirer, if after 45 days the local office has not:

   (a) sent the DSHS 2-142 to the Central Registry (substantiated cases only); or

   (b) notified the Central Registry that the case is not substantiated.

5. If a pending card has been made and the matter is subsequently reported by the local office as being not substantiated, the Central Registry pulls the pending card from the pending file, destroys the card and terminates the procedure.

6. The local office completes and sends form DSHS 2-142 to the Central Registry for substantiated cases only of nonaccidentally inflicted death, physical injury (abuse), physical neglect or sexual abuse. See Section 54.36, Time Phases. All DSHS 2-142s must be screened by the CPS supervisor to insure that the reports have been properly substantiated.

7. The Central Registry upon receipt of form DSHS 2-142, searches the file for previous reports. If there are previous reports the Central Registry calls the local office reporting the new incident and tells which local office(s) have detailed information.

8. The Central Registry punches the expungement date (year) on all new DSHS 2-142 reports, and punches this same date on other (old) 2-142s pertaining to this same suspected "abused." All new and previous reports (2-142) are subsequently filed by alphabetic order of name of "abused" in the file.

B. Other Agency or Professional Requires Information

1. The Central Registry is available to prosecuting attorneys, county sheriffs, local police departments, coroners or medical examiners, and the following if treating or commencing to treat the child and/or family: departmental local offices, physicians, licensed hospitals, and out-of-state child protective service agencies.

   In addition, any other professional person, agency or organization approved by the Secretary with a demonstrated need and who agrees to abide by the confidentiality provisions of RCW 26.44.070 will also be eligible to receive central registry information.

2. If one of the above listed eligible agencies and professionals contacts the local office requesting information about previous incidents, the local office may contact the Central Registry for the inquirer or may refer the inquirer directly to the Central Registry.

(a) If the local office contacts the Central Registry for the inquirer, the local office takes the caller's name, name of office/agency, phone number, address and name of the suspected "abused," and tells caller that he will return the call after searching the files. The first step is to verify caller's name, office, phone number and address as an eligible inquirer.

(1) If the caller is verified as a noneligible inquirer, the local office returns the call indicating the information cannot be released and terminates the inquiry procedure.

(2) If the caller is verified as an eligible inquirer, the local office contacts the Central Registry for inquirer. The procedures under "A, Local Office Requires Information" are to be followed.

The local office upon receiving an answer from the Central Registry subsequently reports to the inquirer:

(i) "there is no previous report"; or

(ii) "there is a report under investigation at _____ local office"; or

(iii) "there is a 'substantiated' report with detailed information located at _____ local office." Offer to obtain and release information as outlined in Section 54.56, item C, Release of Central Registry information. Information shared orally must be followed by a report in writing showing what information was provided and to whom. A signed release is not required.

(b) If the inquirer contacts the Central Registry directly, steps A.1. through 3. are followed. The Central Registry, in addition, contacts the local office where the records are kept and asks them to contact inquirer. The local office contacts the inquirer following the procedures under (a) above, particularly (a), (iii), if the previous report is substantiated.

Subsequently, steps A.4. through 8. are followed.

C. Release of Central Registry Information

The Central Registry per se has limited information. However, the remainder of the information which may be released to these who have access to the Central Registry can be found in the local office case record. This information is the following, if known:

1. The name, address, and age of the child;

2. The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;

3. The nature and extent of the child's injury or injuries;

4. The nature and extent of the child's physical neglect;

5. The nature and extent of the sexual abuse;

6. Any evidence of previous injuries, including their nature and extent; and

7. Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the perpetrator or perpetrators.

Release of other information from the department's records is governed by the provisions of WAC 388-43-010 - 100, Safeguarding Information.

D. Maintenance of Central Registry Records

If case records are transferred between local offices, the master file clerk of the office transferring the record notifies the Central Registry of the transfer and office where the record is to be located. The Central Registry, five working days later, will call the master file clerk of the new office asking for a new case number. The Central Registry will subsequently update its files.

E. Retention of Central Registry Records

1. Expungement may occur under the following circumstances:

   (a) Routine. Annually, the Central Registry sorts through the file to pull record cards which designate the records to be expunged at the conclusion of the previous calendar year. The Central Registry notifies the local office where detailed information is kept to expunge information from the case record pertaining to the incident(s) and send to _____ for sealing. The Central Registry subsequently destroys its record card.

   (b) Local Office Requests. Reports may be expunged and sealed upon the written request of the reporting local office. If expungement and sealing of all records is requested, there must be concurrence of all other reporting local offices, if any. Reports sent in error may be expunged and destroyed upon the written request of that local office.

2. Sealed records may be revived if there is a subsequent report after expungement. The request for unsealing a sealed record may come from a local office administrator only. The request must be in writing and have the subsequent report attached. Sealed records about the state or condition of the child which contain no reference to the person responsible for the abuse may also be revived for purposes of treating the child.

F. Complaints Directed to Central Registry

In those instances when a complainant telephones the Central Registry directly to report a situation of abuse or neglect, the Central Registry will:

1. Accept the caller's name, name of office/agency, home number, address and name of the "abused"; and

2. Offer to have the appropriate local offices CPS staff call the complainant to obtain details (and subsequently notify the local office of this report and request followup); or

3. Provide the caller with the phone number and address of the local office nearest the caller and let the caller follow up.

54.60 SUSPECTED KNOWING FAILURE TO REPORT

(See Manual H, 54.16 regarding mandatory reporting.)

The procedure to follow in cases of suspected knowing failure to report nonaccidentally inflicted death, physical injury, physical neglect or sexual abuse is the following: (1) Worker - review facts with supervisor; (2) Supervisor - request consultation with an Assistant Attorney General on the next steps to be taken, if any.

CHAPTER 99 - FORMS LISTING

FORM NO.	FORM NAME	Mentioned in or Used in connection with procedures described in Chapter
2PA12	Employment and Training Control Card	86
2PA21	Master File Card	34 & all
2PA26	Routing Slip - Memo	all
2PA27	Foster Child Card	62
2PA42	Caseworker's Card	38 & all
2PA45	Work Schedule of Nursing Home Staff	78
2PA69	Nursing Staff Schedule	78
DSHS 2-142(X)	Child Abuse Register Report	54
DSHS 4-03(X)	Quarterly Title XIX Status Report	38
DSHS 4-04(X)	Aged Person 65 or Older in Alternate Care	38
4PA18	Monthly Report of Protective Services for Children	54
DSHS 4-82(X)	WIN Work/Training Evaluation - Part A	86
DSHS 4-82(X)	WIN Work/Training Evaluation - Part B	86
DSHS 4-88(X)	Information Regarding Suspected Abuse or Neglect	54
DSHS 4-114(X)	Child Protective Services Complaint Form	54
DSHS-05	Case Narrative Summary	44
5PA10	Policy Exception Request	26
5PA40	Contractual Process Form	26
6PA10	CWS Case Report and Payment Authorization	All Child Services
DSHS 6-15(X)	Child in Foster Care-Change in Status Report	62
6PA17	Nursing Home Statement	78
6PA24	Vendor Claim for Correction in Payment	78
6PA28	Medical Coupon Booklet	78
6PA40	Authorization for Vouchers Signature	78
6PA44	Authorization for Vouchers Signature Intermediate Care	38 & 78

FORM NO.	FORM NAME	CHAPTER(S)
6PA59	Child Care and Transportation Costs and Certification of Child Care Information	50
7PA02	Warrant Clearance Slip	26
7PA13F	Authorization of Non-Continuing Payment	46 & Others
9PA04S	Consent to Place a Child in Foster Care	62
DSHS 9-09(X)	Agreement With Intermediate Care Facility	38
9PA53	Preplacement Report	34
9PA54	Waiver of Notice of Further Hearing	34
9PA56	Acknowledgement of Notice of Further Hearing and Intent Not to Appear	34
10PA07	Foster Home Card	62
10PA09	Foster Parent Adoption Report	34
10PA10	Foster Home License	62
DSHS 10-11(X)	Application for a License or Renewal of License for Foster Family Home or Family Day Care Home	50 & 62
10PA14	Application for Classification of Nursing Home	78
10PA15	Application to Maintain Family Home for Adults	38
10PA19	Agreement	78
10PA20	Licensing and Approval of Homes, Foster Family-Day Care-Adoptive-Adult Personal Care	38 & 62
10PA22S	Explanation of Agreement	38 & 78
10PA23	Application for Approval for Payment ICF	38
10PA26	Certification Document for Skilled Nursing Home	78
10PA29	Referral of Adoptive Home to ARENA	34
10PA30	Referral of Adoptive Child to ARENA	34
10PA31	Questionnaire for Indian Child Referred to ARENA	34
10PA33	Adoption Application	34
10PA34	Birth Record	34
10PA40	Permanent Care Agreement	62

CHILD PROTECTIVE SERVICES
CHILD ABUSE REGISTER REPORT DSHS 2-142(X)

Instructions - The local office completes DSHS 2-142 and sends it to the Central Registry for substantiated cases only of nonaccidentally inflicted death and physical injury (physical abuse), physical neglect or sexual abuse.

The DSHS 2-142 must be typed; handwritten forms will be returned to the local office for typing.

The DSHS 2-142 must be submitted up to but no longer than three (3) working days after substantiating a report or receiving a substantiated report.

One form (original and carbon copy) is to be used for each "abused" individual in each incident and a separate form (original and carbon copy) must be completed for each new substantiated incident.

The local office is responsible for establishing controls to insure that all substantiated cases are reported and that all reported cases have been properly substantiated.

See Section 54.56 for processing details.

TRANSMITTAL OF DSHS 2-142

1. Both copies of the DSHS 2-142 must be placed in a sealed envelope marked "confidential."

2. The sealed envelope may be used to transmit one or several forms.

3. The sealed envelope containing the DSHS 2-142 may be sent via regular U.S. mail or through any of the state's various mail delivery systems; and may be sent separately or be included in a bulk mailing.

4. If the sealed envelope is sent separately by regular U.S. mail, use the following address:

   Central Registry of Child Abuse M.S. 50-2
   Administrative Services Division
   Department of Social and Health Services
   P.O. Box 1788
   Olympia, WA 98504

5. If the sealed envelope is sent by way of state mail delivery systems, or is included in a bulk mailing to the state office, use the following address:

   Central Registry of Child Abuse M.S. 50-2
   Administrative Services Division
   Olympia

DSHS 2-142(X)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

LITTON ABS. - SEATTLE T56088X

NAME OF ABUSED

CHILD ABUSE REGISTER REPORT

DSHS 2-142 (11-73)

SOCIAL SERVICE CASE NUMBER

BIRTHDATE

PLACE OF BIRTH

IS ABUSED MENTALLY RETARDED? ☐ YES ☐ NO

DATE OF INCIDENT

LOCAL OFFICE WHERE FILE IS ON RECORD

LOCAL OFFICE NUMBER

TITLE OF PERSON IN LOCAL OFFICE TO CONTACT

PHONE NO.

TYPE OF ABUSE

1. ☐ PHYSICAL INJURY
2. ☐ PHYSICAL NEGLECT
3. ☐ SEXUAL ABUSE
4. ☐ DEATH

LOCAL OFFICE: PLEASE COMPLETE ALL ITEMS ABOVE THIS LINE ▼

TYPE OF ABUSE: 1 2 3 4

93 92 91 90 89 88

FOR CENTRAL REGISTRY USE ONLY

LOCAL OFFICE NUMBER: 0 10 20 30 40 50 60 70 80 90 | 0 1 2 3 4 5 6 7 8 9

YEAR OF DESTRUCTION: 75 76 77 78 79 80 81 82 83 84 85 86 87

CHILD PROTECTIVE SERVICES
INFORMATION REGARDING SUSPECTED ABUSE OR
NEGLECT OF CHILD OR MENTALLY RETARDED ADULT DSHS 4-88(X)

Instructions - General - This form was designed for use by persons who are submitting a written report of neglect or abuse. (DSHS 4-114(X) is used by those receiving an oral report.) The person reporting to DSHS, if he is required to report in writing, may use the DSHS 4-88(X) or may supply the required information in some other manner, e.g., letter, photocopies of records and reports, etc.

Additional pages may be attached if needed. The DSHS 4-88(X) and additional pages, if any, are to be filed in the case record.

The front of the form provides space for the informant to list the information required by law and certain other information. In addition, there are items for DSHS use. The back of the form presents certain excerpts from the "reporting law" and provides space for the LO to print or stamp its name, address and telephone number.

Upper Section - DSHS Use Only

Case Status at Date of Complaint - This information is available at Master Files.

Case Name - Print name as it appears or is to be listed in Master Files.

Report Date - Date this form is completed by informant.

Full Case Number - Enter number as it appears in or is assigned by Master Files.

Middle Section - For Informant Use Only

If the Informant checks "yes" - he is willing to be identified as the source of the report, you may mention his name in your discussions with the client and other professionals and agencies. You must not, however, if he checks "no." See Section 54.08.

Lower Section - For DSHS Office Use Only

See Section 54.22 for clarification about substantiation.

Local Office Processing - Completion is optional, based on local/regional requirements.

DSHS 4-88(X)

DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
CHILD PROTECTIVE SERVICES

INFORMATION REGARDING SUSPECTED ABUSE OR NEGLECT OF CHILD OR MENTALLY RETARDED ADULT

☐ NO RECORD ☐ OPEN—OTHER (SECTION/WKR)*
☐ CLOSED
☐ OPEN—CPS ☐ OTHER

DSHS USE ONLY

REPORT DATE Mo. Day Yr.

FULL CASE NUMBER

FOR INFORMATION USE ONLY

PLEASE FORWARD THIS INFORMATION TO THE APPROPRIATE OFFICE OF THE DEPARTMENT OF COMMUNITY AND HEALTH SERVICES (SEE BACK)

NAME OF CHILD/MENTALLY RETARDED ADULT PHONE ADDRESS (INCLUDE DIRECTIONS IF RURAL)

NAMES OF PARENTS/SPOUSE, IF MARRIED ADULT PHONE ADDRESS (INCLUDE DIRECTIONS IF RURAL)

DESCRIBE BRIEFLY THE DATE, NATURE AND EXTENT OF THE ABUSE OR NEGLECT; IF FATAL, SPECIFY CAUSE OF DEATH.

ANY EVIDENCE OF PREVIOUS ABUSE/NEGLECT?

PARENTAL (OR ALLEGED "THIRD PARTY ABUSER") RESPONSE AND ATTITUDE TOWARD ABUSE/NEGLECT AND SITUATION.

OTHER INFORMATION WHICH MAY ESTABLISH CAUSE OR IDENTITY OF PERPETRATOR.

YOUR NAME (PRINT) PHONE NUMBER ADDRESS

ARE YOU WILLING TO BE IDENTIFIED AS THE SOURCE OF THIS REPORT?

☐ YES ☐ NO

SIGNATURE TITLE, IF REPORTING IN AN OFFICIAL CAPACITY

FOR DSHS OFFICE USE ONLY

IDENTITY OF ALLEGED PERPETRATOR	ALLEGATION OF ABUSE/NEGLECT	*POSSIBLE FRAUD	L.O. PROCESSING	DATE ASSIGNED	MO.	DAY	YR.
☐ SUBSTANTIATED	☐ SUBSTANTIATED	☐ SEE ATTACHED DSHS 15-07	☐ CARD ☐ DSHS 6-10	ASSIGNED TO:			

EXCERPTS—RCW CHAPTER 26.44—REPORT OF CHILD ABUSE

26.44.010 DECLARATION OF PURPOSE. In order to protect children and the mentally retarded whose health and welfare may be adversely affected through the infliction, by other than accidental means of death, physical injury and/or physical neglect, or sexual abuse, the Washington state legislature hereby provides for the reporting of such cases to the appropriate public authorities. It is the intent of the legislature that, as a result of such reports, protective services shall be made available in an effort to prevent further abuses, and to safeguard and enhance the general welfare of such children.

26.44.030 REPORTS—BY WHOM MADE. (1) When any practitioner, professional school personnel, registered nurse, social worker, psychologist, pharmacist, clergyman, or employee of the department of social and health services has reasonable cause to believe that a child has died or has had physical injury or injuries inflicted upon him, other than by accidental means, or is found to be suffering from physical neglect, or sexual abuse, he shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department of social and health services as provided in RCW 26.44.040.

(2) When a practitioner, professional school personnel, registered nurse, social worker, psychologist, pharmacist, clergyman, or employee of the department of social and health services is attending a child as part of his regular duties and has cause to believe that such child has died or has had physical injury or injuries inflicted upon him other than by accidental means, or who is found to be suffering from physical neglect, or sexual abuse, he shall notify the person in charge of the institution, organization, school, or the department or his designated representative, who shall report the incident or cause such reporting to be made as provided in RCW 26.44.040.

26.44.040 . . . . . ORAL, WRITTEN—CONTENTS. An immediate oral report shall be made by telephone or otherwise to the proper law enforcement agency or the department of social and health services and shall be followed by a report in writing. Such reports shall contain the following information, if known:

(1) The name, address, and age of the child;

(2) The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;

(3) The nature and extent of the child's injury or injuries;

(4) The nature and extent of the child's physical neglect;

(5) The nature and extent of the sexual abuse;

(6) Any evidence of previous injuries, including their nature and extent; and

(7) Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the perpetrator or perpetrators.

26.44.060 IMMUNITY FROM CIVIL LIABILITY — PATIENT-PHYSICIAN CONFIDENCE. Any person participating in the making of a report pursuant to this chapter or participating in a judicial proceeding resulting therefrom shall in so doing be immune from any civil liability that might otherwise be incurred or imposed. That the provisions of this chapter heretofore provided shall not be deemed violation of the patient-physician relationship or confidence.

26.44.080 VIOLATION—PENALTY. Every person who is required to make, or to cause to be made, a report pursuant to RCW 26.44.030 and 26.44.040, and who knowingly fails to make, or fails to cause to be made, such report, shall be guilty of a misdemeanor.

YOUR LOCAL OFFICE

CHILD PROTECTIVE SERVICES COMPLAINT FORM DSHS 4-114(X)

Instructions - General

This form is to be completed by those DSHS staff receiving a CPS complaint, unless the complaint is already in writing on a DSHS 4-88(X).

Information may be continued on the back of form or additional pages may be attached if needed. The DSHS 4-114(X) and additional pages, if any, are to be filed in the case record.

This form is a working document on which the information essential to initiating CPS is to be listed. See Sections 54.04 through 54.24 and Manual H, 54.04 through 54.20.

Distribution for copies other than the original, if any, is a local decision.

Many offices have found that a duplicate copy filed at a control point has been useful. Also see Section 56.16 (2), Third-Party Incidents. If a complaint is about a situation in another local office's jurisdiction the original is to be sent to that office, ATTN: CPS.

Case Status at Date of Complaint - This information is available at Master Files.

Case Name - Print name as it appears or is to be listed in Master Files.

Report Date - Date and time the complaint is received.

Full Case Number - Enter number as it appears in or is assigned by Master Files.

Names of Parents, etc. - Refers to the child's own and/or surrogate parents.

Relationship - Specific relationship to abused/neglected child(ren).

Other - Other relevant information.

Names of Children - List all children in family including those residing elsewhere.

Resides With - Refers to location of child and/or relationship.

School - List the name of the school and grade placement.

Other - Other relevant information.

Source of Complaint, etc. - Information from here must correspond with Item A. on the DSHS 15-42, Initial Recording Form.

Keep Name Confidential - See Section 54.08. If the complainant says he is willing to be identified as the source of the report, you may mention his name in your discussions with the client and other professionals and agencies. You must not use his name, however, if he says he wants the agency to "Keep (his) Name Confidential."

Information Taken By, etc. - List information about yourself as recipient of the complaint information.

Complaint Information - Exactly what happened: Obtain specific facts, including dates(s), who did or failed to do what to whom and how the complainant happened to have this information.

Possible Fraud - Appropriate for financial assistance and food stamp or commodity applicant/recipients only.

Other Information - List any other pertinent information.

Identity of Alleged and Allegation of Abuse/Neglect - Perpetrator - See Section 54.22.

Local Office Processing - Optional items depending upon local or regional requirements.

Date Assigned and Assigned to - Self-explanatory.

ORIGINAL:
DUPLICATE:
[illegible]IAL:

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILD PROTECTIVE SERVICES—COMPLAINT FORM

[illegible]TATUS AT DATE OF COMPLAINT:

☐ NO RECORD ☐ OPEN—OTHER (SECTION/WKR)*
☐ CLOSED
☐ OPEN—CPS ☐ OTHER

CASE NAME (LAST, FIRST, MIDDLE)

REPORT DATE Mo. Day Yr

FULL CASE NUMBER

NAMES OF PARENTS, ETC.	RELATIONSHIP	PHONE	ADDRESS	OTHER

NAMES OF CHILDREN	BIRTHDATE	SEX	RESIDES WITH	SCHOOL	OTHER

SOURCE OF COMPLAINT (WHO CONTACTED AGENCY)	ADDRESS	PHONE	RELATIONSHIP	KEEP NAME CONFIDENTIAL
				☐ YES ☐ NO

[illegible]TION TAKEN BY	UNIT	LOCAL OFFICE	BRANCH

COMPLAINT INFORMATION

OTHER INFORMATION (COLLATERAL, WORK HOURS, ETC.)

IDENTITY OF ALLEGED PERPETRATOR	ALLEGATION OF ABUSE/NEGLECT	*POSSIBLE FRAUD	L.O. PROCESING	DATE ASSIGNED	MO. DAY YR.
☐ SUBSTANTIATED	☐ SUBSTANTIATED ☐ UNSUBSTANTIATED	☐ SEE ATTACHED	☐ CARD ☐ DSHS 6-10	ASSIGNED TO:	

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.18 ENTRY PHASE - FUNDING SOURCE ELIGIBILITY DETERMINATION

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.22 ENTRY PHASE - NOTIFICATION, SUBSTANTIATION

54.23 ENTRY PHASE - SPECIAL SITUATIONS

A. Abuse or Neglect by School Employees

B. Medical Neglect (Dental)

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

A. Caseload Management

B. Central Registry DSHS 2-142(X)

C. Statistical Reports

54.38 INTEROFFICE COORDINATION

A. Complaint or Request for Services - Family Residing Elsewhere

B. Complaint or Request for Services - Family Residing in Washington

C. Runaways

D. Interstate Compacts

E. Local Agreements for Coordinated Service Delivery

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

A. ESSO Requires Information

B. Other Agency/Professional Require Information

C. Release of Information

D. Maintenance of Records

E. Retention of Records

F. Complaints Directed to Central Registry

54.60 SUSPECTED KNOWING FAILURE TO REPORT CHILD "ABUSE" TO DSHS OR LAW ENFORCEMENT

CHAPTER 54 - CHILD PROTECTIVE SERVICES

The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjuction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction, confidentiality, program philosophy, professional role and responsibility and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: switchboard operator, receptionist, mail clerk, or entry or ongoing service worker.

Typically, mandated oral reports will be made by telephone and requested written reports through use of the DSHS 4-88(X), letter, or copies of that professional's/agency's records.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source. The identity of the person making the report to the department shall not be revealed unless that person has given permission to do so; however, keep in mind the following:

   a. Referral from Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. The informant should be told that in spite of this clients are sometimes able to guess who made the report. Ordinarily, the informant's involvement ends with the report, however, the worker should discuss the possibility of court testimony.

      The informant should also be told that any person who reports or testifies in good faith has immunity under the provisions of RCW 26.44.060.

b. Referral From Relatives or Parents

When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

c. Referral From Professional Persons

Privately practicing professional persons, e.g., doctors, nurses, clergymen and attorneys, who make referrals based on their professional knowledge, should be asked to tell the parents of the facts of the report, if they can do so.

In the case of a CPS referral about an expectant mother allegedly harming or endangering her unborn:

(1) The referring professional should have discussed the injurious act, situation or condition with the expectant mother;

(2) The expectant mother must have demonstrated unwillingness, inability or failure to use pertinent available resources and services.

(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be exected to discuss the referral with the parents.

Also see Item c. above regarding the unborn child.

e. Referral From DSHS Employees and Volunteers

DSHS employees and specified volunteers are mandated by state law and by rules and regulations to report child abuse and neglect.

When employees "find" such a situation during the course of their official duties, they will ordinarily be expected to discuss the referral with the parents as in c. and d. above. Also see Section 54.10. Depending upon case needs, employees may wish to discuss the matter with their supervisors and CPS staff first.

DSHS volunteers will ordinarily not be expected to discuss their findings/report/referral with the parents directly, but may choose to do so. If the volunteer choses to do so, CPS staff should help him/her with what is shared and how.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the ESSO.

   If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service. If there are not service needs of any kind, terminate the procedure.

3. Differentiates between a. and b:

   a. Parent or surrogate parent who allegedly abuses, neglects or exploits the child; these situations are clearly appropriate for CPS intervention.

   b. Third party who allegedly abuses, neglects or exploits a child; ordinarily, these situations will already have been investigated by law enforcement or the institution's or agency's administration. If they have not already been involved, law enforcement or the institution's or agency's administration (and law enforcement if a crime may have been committed) should be called in immediately.

      Typically, the parents will already have been involved. They must be notified as to what has happened unless they have been permanently deprived. Ordinarily, this is done by the one who has the facts or is administratively responsible for the institution or agency. The exact role of CPS is negotiable.

      Also see Sections 54.10, 54.22, 54.23 and Manual H, 54.12, item C.

54.10 ENTRY PHASE - CPS COMPLAINT ON ACTIVE CASE

Primary clearances are to be made at the ESSO's master file and the Central Registry. Secondary clearances are to be made with service delivery units of other DSHS Bureaus or other agencies. Regardless of case status, many of these situations are reportable to the Central Registry. See Sections 54.22, 54,56, and Manual H, 54.12, and 54.26.

1. Family and Children's Services Service Case

   If the family is already assigned to a service worker, the CPS worker and/or supervisor, upon receiving the CPS complaint, should discuss the situation with the service worker and/or his supervisor. Actions to be taken in response to the complaint, must be decided, including who has responsibility for follow-up. Typically, a CPS complaint will be directed to the CPS staff. When the CPS complaint comes directly to the service worker, however, that worker must make certain the situation is appropriately reviewed, as above, and reported to controls. One type of control to be maintained is a list of cases, case numbers and whether the family is being served by a CPS or non-CPS worker.

   CPS staff have primary responsibility for the entry and ongoing phases of services related to the CPS problems.

2. DSHS Foster or Adoptive Family Care

A complaint alleging abuse or neglect by foster or adoptive family parents must be brought to the attention of CPS, the child's worker and the licensing worker. As with an assigned service case (see item 1. above), a case conference should be held and actions to be taken in response to the complaint and who has responsibility for those actions must be decided. In addition, the situation may require action on behalf of other children in the home and in relation to licensing. If the child's own parent was not the complainant and if the complaint involves a foster parent and is substantiated, the child's own parents must be fully informed as to what occurred unless they have been deprived. If the complaint involves an adoptive family and is substantiated, the other ESSO involved and the Adoption Specialist (State Office) must be notified to coordinate planning for the child. (The adoption worker has primary responsibility for this phase; see Chapter 34, especially 34.63, if removal is necessary.) If the child is a ward of the juvenile court, the court must be fully informed also.

CPS staff have primary responsibility for the entry and ongoing phases of services related to the CPS problem. The matter is to be tallied as a CPS case regardless of who carries the actual service responsibility.

3. DSHS Family Day Care

The ramifications of a complaint alleging abuse or neglect by family day care parents are the same as those listed in item 2. above about a DSHS foster family, except the matter is not tallied as a CPS case, unless the entry/ongoing phases of service are handled by a CPS worker. CPS staff have primary responsibility for the entry and ongoing phases of service related to the CPS problems.

Family day care is ordinarily considered to be a special case of "third-party abuse and neglect." See Manual H, 54.12, item C.

4. Other Agency Foster or Adoptive Family Care

The agency supervising the child and foster or adoptive home must be notified. Although investigation by DSHS-CPS is required, this should be done cooperatively with staff from the other agency, if possible. In addition to notifying appropriate ESSO staff of the complaint and results of the entry phase, the ESSO must also notify the Services to Child Care Agencies Unit in the SO. If the alleged abuse or neglect is substantiated, the parents of the child in question, unless they have been deprived, and/or juvenile court having wardship must be fully informed as to what occurred.

5. Group Care Facilities for Children

Complaints alleging abuse or neglect by staff of a group child caring facility, licensed or certified as meeting licensing requirements, are to be directed to the administrator or director of that facility and to the Services to Child Care Agencies Unit in the State Office. If the alleged abuse or neglect is substantiated, the parents of the child in question, unless they have been deprived, and/or juvenile court having wardship must be fully informed as to what occurred.

CPS staff have primary responsibility for the entry and ongoing phases of service related to the CPS problem.

The nature of the CPS activity may be negotiated to be one of information and referral, consultation and/or direct service including investigation.

6. Other DSHS Service Case

Even if the family or child is active with other DSHS staff than in the subsections above, CPS staff have primary responsibility for the entry and ongoing phases of service related to the CPS problems. Careful coordination and cooperation must be effected with the other DSHS staff.

7. Abuse or Neglect by DSHS Employees or Volunteers

(Also see Personnel Policy 540 (Amd 10-1-74) Personnel Conduct Reports.)

The following is the text of Personnel Policy 541.3 issued 9-1-74.

"This policy applies in all instances of "child abuse" in which the alleged perpetrator is an employee of or volunteer for DSHS and the alleged incident occurred while the employee or volunteer was on duty or attending to the clients, patients or residents of any DSHS program or facility.

DEFINITIONS

1. "Child abuse" refers to nonaccidentally inflicted death or physical injury, physical neglect or sexual abuse.

2. Child means any person under the age of 18 or the mentally retarded regardless of age.

3. Law enforcement means prosecuring attorney, police department or office of the sheriff.

4. Substantiate means the facts reasonably support the conclusion that the alleged perpetrator abused/neglected the child in question. If criminal charges are filed, this is to be considered substantiation unless the charges are subsequently dropped or the person is found not guilty of this or a lesser charge.

PROCEDURES

1. All allegations of "child abuse" shall be brought to the attention of the immediate supervisor of the alleged perpetrator or responsible DSHS person acting in his place.

2. The immediate supervisor or responsible DSHS person receiving the report shall review the facts of the matter with the appropriate administrator; namely, ESSO Administrator; Superintendent; or Area Juvenile Parole Supervisor.

3. If there is a question as to whether or not a crime may have been committed, the administrator, before taking additional action, shall consult with his appropriate Assistant Attorney General.

4. If any crime may have been committed, that administrator shall immediately report the matter to the appropriate law enforcement agency for investigation. The review of facts thus far by DSHS must not in any way jeopardize the investigation and possible prosecution by law enforcement.

5. Whether or not a crime may have been committed, the administrator shall notify his superior; namely, the Regional Office Administrator; or Chief, Office of Juvenile Rehabilitation/Developmental Disabilitie Mental Health.

6. If the incident of abuse/neglect is noncriminal in nature, the investigation shall be conducted administratively. Child Protective Services staff will be available if needed in this process.

7. When an employee is involved:

   a. If there are sufficient grounds for immediate disciplinary action, such action would be taken following normal disciplinary procedures.

   b. If further investigation is required, the employee should be removed from his or her duty assignment, but continue on pay status, during the investigation. The employee must be notified that an investigation is underway and be given the reason for the investigation.

8. If a volunteer is involved:

   a. He or she should be immediately placed on inactive status and informed of the reason.

9. If the report is substantiated, the administrator shall:

   a. Report the situation to the nearest ESSO Child Protective Services Supervisor for inclusion in the Central Registry of Child Abuse;

b. Include a statement of facts in the employee's personnel file or the (corresponding) volunteer's file;

c. Notify the employee or volunteer of the substantiation and of a. and b.;

d. Notify the parents, substitute parents, guardian and/or Juvenile Court holding wardship as to what has happened.

10. If the matter is not substantiated, there will be no report to the Central Registry and no statement in the employee's or volunteer's personnel file. If the matter is first thought to be substantiated but is later found to be unsubstantiated, all reference in the Central Registry and personnel files shall be expunged."

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources either recommended by complainant or who would appear to have reason to know of the facts in a given situation. The intent here is to gather only necessary information to permit a constructive intervention and to do so as discreetly as possible. File clearances as per Section 54.10 apply here.

Screen the case for appropriateness for CPS in light of the new information.

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16. Also see Manual H, 54.14.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

1. Regular Service Record

If complaint now appears appropriate for CPS, initiate DSHS 4-114(X) Complaint Form whch will be retained in the service record. The DSHS 14-11(X) (SF 5812), or other form to notify master file of the opening, and the DSHS 6-10(X) (SF 5822-C) may be initiated at this point. The DSHS 6-10(X) must be completed as soon as the needed information is available. The DSHS 2-142(X) may be submitted at this point if the matter is substantiated as per Section 54.22.

Initiate the DSHS 14-139(X) and 14-152(X) as per instructions issued elsewhere (numbered memoranda and Manual G, Chapter 99).

2. No Client Contact File and Folders

Unless there is an existing record and unless there is a contact with the child and/or his family, the ESSO hs the option to either set up individual "No Client Contact" folders or establish a file of "No Client Contact Child Abuse Incidents," or both where indicated and necessary.

The no client contact folders would contain the DSHS 4-88(X) or DSHS 4-114(X) and any attachments, but would not contain or require the DSHS 6-10(X) and DSHS 15-42(X). The no client contact incident file contains essentially the same information but is not restricted to individual case files. The grouping could be alphabetical or chronological, for example. Under either method, the DSHS 14-11(X) or other form to notify master file that a report is on file must be initiated. Careful crossfiling by name of alleged perpetrator, "abused" child and his/her family must be maintained.

If the DSHS 6-10(X) and the DSHS 15-42(X) are used or a memo, letter (other than the notification letter of Section 54.22, Item 2.) or social summary is written by the ESO, an individual case record must be set up.

3. Third Party Incident Records

See Manual H, 54.12, C for definitions of third party and non-third party incidents. Clear to determine if case records already exist.

a. No contact with child-victim, his/her parents and alleged perpetrator; use "No Client Contact File or Folders" as per Section 2. above. Carefully crossfile at Master Files.

b. Contact with child-victim and/or his/her parents, no contact with alleged perpetrator: ordinarily place information into the child/family record, unless there is a special need to establish a record for the alleged perpetrator or one already exists. Carefully crossfile at Master Files.

c. Contact with child-victim, his/he parents and alleged perpetrators: if records already exist use them; if service is delivered to the alleged perpetrator open a separate record for him/her. Carefully crossfile at Master File.

4. Records under Title XX

The preferred method for CPS is to open one family record in which all relevant materials will be housed, including a full set of SSRS forms: one DSHS 14-139(X) for the family, and a 14-152(X) for each child-primary recipient. By definition the child for whom service is provided is the primary recipient. See Manual G.

Chapters 10 and 99. If a child is out of its own home (e.g., foster care), a separate case record must be established for that child. Depending upon the nature of the incident and the ESSO's relationship to the participants in a third-party incident, the ESSO may also wish to establish a separate file folder for the third party. See Section 54.16, 3, above.

54.18 ENTRY PHASE - FUNDING SOURCE ELIGIBILITY DETERMINATION

Use the DSHS 14-139(X) to determine under which funding source the family is eligible to receive CPS and supportive services. See Manual G, Chapter 99 and numbered memoranda for the form instructions. Also see Manual G, 54.08 and Manual H, 58.12, 1.

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

Interview family - the following may be accomplished in the first interview or over a series of interviews:

Present self as a helping person;

Explain complaint, purpose of contact and role of worker and agency;

Enlist cooperation of family and compare facets of complaints with what family reports, shows or demonstrates and what worker observes.

Assess:

(1) Validity of the complaint;

(2) The child's state or condition, including the danger to the child;

(3) The state, condition or danger to other children in the home;

(4) The act, incident, and/or contributing factors which resulted in the state or condition;

(5) The parent (or parental surrogate) attitudes and responses to (2), (3) and (4).

Decide what initial action is needed and take the action, cooperatively with the family, if possible.

If additional collateral information (evidence) is needed to determine the need for CPS or other services, additional sources of information may be contacted. The family will be notified of this need and will be invited to name sources of such information. Inquiries will not be limited to sources named by the family.

The worker must at least have determined whether the reported child and other children in the same care lack adequate care and are being harmed.
If a child is abused, neglected or exploited, service must be continued either in his own home or elsewhere. (Also see Manual H, 54.14, Termination Criteria.)

54.22 ENTRY PHASE - NOTIFICATION, SUBSTANTIATION

1. General

The following material covers sensitive legal areas and is the result of extensive consultation with legal counsel. Questions may be directed to the Regional Social Services Coordinator, CPS Specialist or an assigned Assistant Attorney General. ("Abuse" in quotation marks will be used here in a general sense to refer to nonaccidentally inflicted death, injury, neglect or sexual abuse. Use of the terms alleged "abuser" in quotation marks refers to those who allegedly perpetrate or cause these conditions.)

2. Notification

Initially, there are four discreet kinds of notification which may apply when CPS receives a report alleging abuse/neglect. The ESSO notifies the parent (or the alleged "abuser") that:

a. A report has been received and offer social services;

b. Information is on file at the ESSO and the parent (or other alleged "abuser") has a right to supply information about the allegation and his situation;

c. In addition to b., information is also on file at the Central Registry;

d. The person has a right to a fair hearing, as per WAC 388-08.

Under b. or b. and c. above, the parent or parent surrogate or other suspected/alleged perpetrator of abuse, neglect or exploitation, shall be provided the opportunity to supply information about the allegation and his situation, unless:

a. The report is for informational purposes only because the situation has been resolved by law enforcement and/or by the Courts; and

b. The ESSO is not providing services (including CPS).

(The intent here is to eliminate unnecessary duplication of effort not to block communication nor deprive the person of his right to tell his side of the story.) The response about the allegation and his situation, including a written statement, if any, shall be a part of the ESSO case record.

The notification can be made in person or by certified mail at the last known address using ESSO letterhead. The following is a suggested sample of a notification letter. Suggested substitute wording is provided for those instances in which information about a "known" or "suspected" abuse is sent to the Central Registry. Pamphlets describing the program or fair hearing may be enclosed.

Dear _____:

This is to notify you that a report has been made to the Department of Social and Health Services alleging that (name of child) was involved in an incident reportable under the provisions of RCW 26.44, Report of Child Abuse law. The report further states the person suspected of having committed the acts or omissions is (unknown) or (suspected to be (name of person))

* . . . . . .

. . . . . .

The Department is required by law to maintain a file of such information. However, this is intended to aid in helping parents and children, not in punishing them. Often people find themselves in a crisis and our agency has been able to help. If the Department can be of some help to you or you wish to supply information, please contact us at _____.

Sincerely,

*(Alternative wording below for notification letter)

The information is on file at the _____ Economic and Social Service Office _____ _____. The Department
Address Telephone

wants you to be aware that you have a right to supply information about the allegation and your situation.

OR (See next page)

The information is on file at the _____ Economic and Social Service Office _____ _____, and the Department's
Address Telephone

Central Registry of Child Abuse. The Department wants you to be aware that you have a right to supply information about the allegation and your situation and a right to file for a fair hearing within thirty (30) days of the date of this letter in accordance with Chapter 388-08 WAC.

3. Substantiation

The caeworker must record the facts of substantiation, if any, in the case record and whether or not substantiation was achieved. Use the form recording forms or attached pages as needed. (Also see Manual H, 54.26, D. and E.). Service may continue, if the report is not substantiated; however, the following process of substantiation shall be conducted prior to any reports being forwarded to the Central Registry.

CPS staff shall consider the state or condition of the child as a separate issue from the identity of the alleged "abuser."

The CPS worker shall screen all report regardless of the source to determine if:

a. The reported facts about the state or condition of the child amount to child "abuse."

(1) In addition, if the CPS Supervisor concurs that the situation amounts to child abuse and it is reported by any person under a mandatory duty to report, that report shall be considered substantiated and reported to the Central Registry.

(2) Regardless of reporting source, if the situation amounts to child abuse in the worker's judgment or after investigation is found to be considered substantiated and reported to the Central Registry.

b. The facts support the conclusion that a specific person(s) was responsible for the state or condition of the child either through an act(s) or a failure to act, and whether that person is "known", "suspected" or "unknown." See Manual H, 54.26. E. for definitions.

Staff who act both as reporter (complainant) and substantiator in a case shall request assistance from the CPS Supervisor (or designee) to insure proper agency action on behalf of the family. The Supervisor may request consultation from the Regional Social Services Coordinator, the CPS Specialist or an assigned Assistant Attorney General as to whether or not proper substantiation has been achieved.

Third-Party Abuse (Also, see Manual H. 54.12, item C.) Often law enforcement or the institution's or agency's administration will have investigated and substantiated the third-party "abuse" incident prior to sending any information to the ESSO. If not, apply above procedures.

54.23 ENTRY PHASE - SPECIAL SITUATIONS

A. ABUSE OR NEGLECT OF STUDENTS BY SCHOOL EMPLOYEES

1. If a report alleging abuse or neglect of students is made to DSHS for reasons other than storage of information in the Central Registry, then these steps should be followed:

   a. Advise the parents to contact the schools and depending upon the severity or nature of the matter talk it out with the alleged perpetrator or school administrator (principal or superintendent). If a crime may have been committed, advise them that law enforcement must be notified;

   b. If the parents seem "unable" to take action to "protect" their child (neglect by parents) or if the parents have sought redress through the local school system and it appears the child continues to be endangered (including from retaliation), the ESSO should be prepared to take the following actions:

      (1) Offer to "counsel" and/or refer the parent and "abused" child for appopriate service, including encouraging the parents to take (additional) protective action;

      (2) Offer to participate in meeting held between the parents and school officials;

      (3) Offer to consult with and rovide technical assistance to school and/or law enforcement personnel who would be investigating or otherwise taking action about the allegation of abuse or neglect.

   c. In all instances where it is deemed reasonable and appropriate to do so, provide aggressive follow-up to determine the outcomes of meetings, conferences, referrals, consultation, technical assistance, etc. DSHS, according to these

procedures, would not be conducting an investigation in the usual sense of the word. Substantiated cases of "abuse" of students by school personnel are reportable to the Central Registry (see Sections 54.22 and 54.56).

d. The ESSO CPS Supervisor or Social Service Supervisor may request consultation from the CPS Specialist for possible additional actions which may be appropriate when an incident has occurred and constructive resolution through the above procedures is not possible.

2. DSHS will not investigate:

a. Possible criminal violations for criminal prosecution - this is the role of law enforcement. See Manual H, 54.20, item 5.

b. Possible violations per se of the school system's statutory code, Administrative Code or other statements regarding discipline for the purpose of determining whether a violation has occurred - this is the role of the school's administration. At the outset, the school's administration should be advised that such discovery could occur, or later, if such discovery has occurred during the procedure in 1. above that there may be such a violation.

B. MEDICAL NEGLECT (SECTION ALSO APPLIES TO DENTAL NEGLECT)

1. If a child is alleged to be neglected as to medical care or is found by the worker to be neglected as to medical care, the following steps should be followed:

a. Advise parents of the report (as in Section 54.20) or of worker's concern and determine whether the child's need is acute/emergent or routine.

b. Explore with the parents and child the symptoms, duration, remedies sought/used.

c. Determine when parents could reasonably obtain the medical care of their choice. Their choice should reasonably follow the condition to be diagnosed, treated or prevented.

d. Explore whether the parents have the necessary transportation and financial resources to obtain such care. Determine if there are other possible barriers such as: uninformed as to available resources or how to utilize them; ill, frightened or unmotivated parents; religious or philosophical reasons.

e. If payment for care is at issue, explore alternatives such as: payment on a private patient basis (including reduced fees); insurance; free clinics including those at local health departments and certain hospitals; application for

medical only. Payment for medical exams or care cannot be authorized on the DSHS 6-10(X) for CWS medical except for psychological, psychtric and preplacement physical exams, and general CWS medical care all when the child is out of his own home, e.g., in foster care.

See instructions for the DSHS 6-10(X) in Manual G, Chapter 99.

2. When the parents fail to provide the needed care, after notification of the apparent need and with reasonable assistance as outlined above and the child continues to be in need, refer the matter to the Juvenile Court for neglect as to medical care. The Court may be asked:

   a. To reinforce the social plan to seek a medical diagnosis to determine if the child is ill.

   b. To authorize accepted/necessary preventative medical care.

   c. To authorize medical treatment in life-threatening situations.

Also see Manual H, 54.26, E. 3. d.

54.24 ENTRY PHASE - CONCLUSION - ROUTING OF FORMS

Worker makes final decision on further follow-up cooperatively with family, if possible.

Decision point:

There is a need for ongoing service - open case according to local procedure; or

There is no need for ongoing service - open and close case according to local procedure.

Complete or route for completion (if not already accomplished) forms for entry phase and submit to appropriate control points, according to local procedure: DSHS 4-114(X), DSHS 14-11(X) (SF 5812), DSHS 6-10(X) (SF 5822-C) and DSHS 2-142(X), if appropriate.

Worker must report back to referral source that CPS will or will not be providing service; and if service is to be provided, determine willingness of referral source to appear in court, if necessary and if not already determined. Outline any further need for contact with referral source.

Initial recording may be completed throughout this phase but must be completed by this point (see Chapter 99, form DSHS 15-42(X)).

Also see instructions for Title XX forms DSHS 14-139(X), and 14-152(X) in Manual G, Chapter 99 and numbered memoranda.

54.28 ONGOING SERVICE PHASE

Use casework process.

Use other DSHS services (see corresponding sections for referral procedures):

Homemaker Services (Chapter 70);
Child Care Services (Chapter 50);
Foster Homes (Chapter 62);
Volunteer Service (Chapter 90);
S.S.A. Service;
Other DSHS services as indicated by individual case situation.
See Manual G, Chapter 10 for Services under Title XX.

Use non-DSHS services (See Manual H, 54.20, 3.).

Parents Anonymous and other self-help groups;
Bar Association referral service, legal aid society;
Local schools (classes for parenting, child care, home and family life education);
Juvenile Court (Chapter 74);
Other community services as indicated by individual case situations.

Most communities now have directories of local services which list kinds of service, eligibility requirements and fees, if any.

In all referrals act as a client advocate - for both parent and child - seeking the most appropriate and effective resource possible.

Termination decision:

Present and potential danger reduced to point of safety to child, or no resolution possible. (See Manaul H, Section 54.14, Termination Criteria.)

(NOTE: See time schedule for recording requirements)

54.32 TERMINATION PHASE

Use casework process (see Manual H, Secion 54.14, Termination Criteria).

Use DSHS/non-DSHS Services: terminate in CPS but refer if indicated by individual case situation.

Complete forms:

DSHS 6-10(X) (SF 5822-C);
DSHS 15-43(X), if appropriate;
Other as per ESSO.

Close case or transfer to other service within ESSO.

Report termination to control point for form DSHS 4-18(X) (SF 5027-P), Monthly Report.

See instruction for Title XX forms DSHS 14-139(X), and 14-152(X) in Manual G, Chapter 99 and numbered memoranda.

54.36 TIME PHASES

A. Caseload Management

Each case situation shall be evaluated by CPS worker and supervisor within 90 days as to advisability of case remaining in CPS. A case may continue to be assigned to a CPS worker longer than 90 days with supervisory approval. Also see Manual H, 54.14, Termination Criteria.

During the Ongoing Child Protective Service Phase, record assessment of movement and direction of service as needed by no longer than 90-day intervals. Progress should be reviewed by the worker and supervisor at these intervals. A CPS case should continue with CPS staff. Staff should attempt to cycle these intervals to coincide with eligibility periods as per DSHS 14-139(X).

B. Central Registry - DSHS 2-142(X)

Up to but no longer than five (5) working days after substantiating a report or receiving a substantiated report, the DSHS 2-142(X) is completed in duplicate and submitted to Administrative Services.

C. Statistical Reports

DSHS 4-18(X) (SF 5027-P) must be received in the Office of Program Analysis by the seventh working day of the month for the previous month. This should include protective service cases carried by other service workers.

Other RO and ESSO reports as required by regionally and locally determined deadlines.

54.38 INTEROFFICE COORDINATION

A. Complaint or Request for Services - Family Residing Elsewhere

1. Explore the "complaint" with the informant to determine whether the situation could be possible child abuse/neglect. If it does not appear to be, and some other service is needed, refer the informant to that other service. If the situation might be one of child abuse/neglect, offer complainant choice of contacting the other agency directly himself/herself, or having his/her infor-

mation forwarded in a report from your ESSO. It is important to get the best information possible to the other agency. The worker's report to the other agency should contain specific facts as presented, his/her evaluation of the facts and the complainant, and the exact nature of the request to the other agency.

2. Information transmitted orally by the ESSO should be followed by a report in writing. Unless requested, copies of such intrastate correspondence need not be shared with the State Office. However, copies of such interstate correspondence are to be sent to the CPS Specialist, State Office. Also see WAC 388-71 on Interstate Compact for Dependents; DSHS is also party to compacts on delinquent adults and children.

3. Directories, e.g., the American Public Welfare Association Directory, which list agencies, also list the suggested contact points for certain programs. Utilize those whenever possible. In emergencies when it is not possible to utilize them, however, communicate directly with the office or level within the office which must take the emergency action. Routine channels can be notified simultaneously with a copy of a written emergency request or by a report in writing which follows an emergent telephone call.

4. The exact address of the child and its family (or other caretakers) is important, but it may be possible to find a family through one of the following:

   a. Specific alert - notification to the specific CPS office involved indicating the family may be in their locality, with or without subsequent notification to other possible contact points, for example: public health nursing, schools, law enforcement, income maintenance or food stamps intake.

   b. Mini alert - notification to a pattern of offices, for example: Puget Sound area, Inland Empire, Columbia Basin, along Interstate 90, Oregon Coast, Northern Idaho, etc.

   c. General alert - major portion of, or an entire state, or several states.

   d. Utilization of known addresses of relatives and friends, descriptions of persons and vehicles, employment patterns, etc.

   e. Written alerts may be distributed from the ESSO as in 1. b., or the Regional or State Office. Please route copies of interstate correspondence to the CPS Specialist.

B. Complaint or Request for Service - Family Residing in Washington

1. Such complaints or requests may come directly to the ESSO or through any one of several entry points in the agency and should be handled like any other complaint or request.

2. Copies of any such interstate correspondence coming directly to the ESSO are to be sent to the CPS Specialist with a copy of the ESSO's reply.

C. Runaways

(Written procedures are being developed at the time of this revision. In the interim the Foster Care or Juvenile Court Specialist may be contacted for details. It will be helpful in such discussions to know whether the child is a resident of the same county, another county or another state, and whether the child is a Juvenile Court Ward of the same county, another county or another state.)

Runaways (according to Manual H, Section 54.12) who are in clear and present danger of abuse, neglect or exploitation are eligible for emergency shelter paid for as a protective service. In such instances the matter would be opened as a CPS case.

D. Interstate Compact

The interstate movement of children by agencies is strictly governed by agreements known as interstate compacts.

1. Dependent children - See Manual A, WAC 388-71. The Office of Family, Children and Adult Services administers this compact (Interstate Movement of Children) and should be contacted for details.

2. Delinquent children - See DSHS Directory for Compact Administrator, Interstate Compact on Juveniles, Bureau of Juvenile Rehabilitation, who should be contacted for details.

E. Local Agreements for Coordinated Service Delivery

One of the Title XX Objectives has to do with developing local agreements. A local agreement may have to deal with non-CPS matters and therefore consultation may be appropriate from the Juvenile Court and Foster Care Specialists, for example, as well as the CPS Specialist. At the time of this revision a fill-in-the-blanks agreement is not available.

For the interim, the following is suggested for ESSO's consideration:

1. Higher priority should be given to the delivery of services unless the lack of such agreement is hindering such delivery.

2. Identify those persons/agencies which are involved in emergent CPS cases, for example: law enforcement, Juvenile Court, hospital emergency rooms, etc.

   (Persons/agencies who are typically involved in less emergent cases may also be identified but contacted on a priority or interest basis later.)

3. Initiate contact and explain CPS program and roles and responsibilities; or reinitiate contact utilizing law, program or staffing changes as the immediate reason for contact. The goal (or ultimate reason), effective, efficient and coordinated delivery of an array of services, is powerfully persuasive.

4. Discuss who has responsibility for or can reasonably perform which activity at what point in the process, problem solving around the myriad of ways such children and their families are "found," reported and subsequently served.

5. Reach a common understanding (hopefully to be eventually reduced to writing) as to:

   a. The fact that an agreement amng the participants is being sought as to the roles and responsibilities of each in instances of child abuse and neglect.

   b. Definition of what those roles and responsibilities are under respective laws, policies, programs and professional and disciplinary competence. In short, who does what, with whom, when and under what sanction.

   c. Steps to be followed (services to be provided) under various presenting problems. For example, child left alone, parents whereabouts known/unknown.

   d. Common understanding regarding amending and/or terminating such an agreement, and how binding certain portions are.

6. Written agreements should be reviewed by the CPS Specialist (and other specialists in their impacted specialties) and the assigned Assistant Attorney General as to form and content. Such agreements are not in force until approved and signed by the ESSO Administrator or his/her designee.

54.48 CASE RECORD

Also see Section 54.16. In addition to the general requirements for the content of case records, the CPS record must contain the following:

DSHS 14-24(X)	Face Sheet (complete items according to case and service delivery needs)
DSHS 4-88(X)	Information Form or DSHS 4-114(X) Complaint Form, with attached reports, if any
DSHS 6-10(X)	CWS Report
DSHS 15-42(X)	Initial CPS Form Recording Form
DSHS 15-43(X)	Interim CPS Form Recording Form (use after DSHS 15-42 only)
DSHS 14-139(X)	Social Service Application
DSHS 14-152(X)	Primary Recipient Service Record Form.

Other forms as needed

Correspondence, special report and documents.

ESSOs will be notified by the Central Registry as to which substantiated CPS records are scheduled to be expunged. Ordinarily, this procedure takes place annually and for any one record follows the retention schedule of six years after the date of the last filed report. The ESSO-CPS Supervisor should decide whether a particular case record should be retained in spite of this procedure or the procedure in Manual E, 53.15.

54.52 RECORDING GUIDE

(Section deleted; See Chapter 99, forms DSHS 15-42(X) and 15-43(X).)

54.56 CENTRAL REGISTRY

(See Chapter 99 for instructions on the DSHS 2-142(X). Also see Manual H, 54.26.)

A. ESSO Requires Information

1. If an ESSO requires information from the Central Registry, it calls the Central Registry (SCAN 234-3453, non-SCAN (206) 753-3453) to determine if there is a previous report on file.

2. The Central Registry takes caller's name, name of office/agency, phone number, and name of alleged "abused" and alleged "abuser," and tells caller that he will return call after searching the files. The first step is to verify caller's name, office and phone number as an eligible inquirer. If the caller is verified as a ineligible inquirer, the Central Registry returns the call indicating that information cannot be released and terminates this procedure.

3. If the caller is verified as an eligible inquirer, the Central Registry searches the files and returns the call indicating:

   (a) "there is no previous report"; or

   (b) "there is a report under investigation at _____ ESSO"; or

   (c) "there is a 'substantiated' report with detailed information located at _____ ESSO."

4. If this inquiry is based upon a new report of abuse or neglect, the Central Registry completes a pending card indicating: name of the alleged "abused" and alleged "abuser," name of the ESSO, name of inquirer; and files the card alphabetically by name of alleged "abused" and alleged "abuser" in the pending file. The Central Registry will call the inquirer, if after 45 days the ESSO has not:

   (a) sent the DSHS 2-142(X) to the Central Registry (substantiated cases only); or

   (b) notified the Central Registry that the case is not substantiated.

5. If a pending card has been made and the matter is subsequently reported by the ESSO as being not substantiated, the Central Registry pulls the pending card from the pending file, destroys the card and terminates this procedure.

6. The ESSO completes and sends form DSHS 2-142(X) to the Central Registry for substantiated cases only of nonaccidentally inflicted death, physical injury (abuse), physical neglect, sexual abuse or mental injury. See Section 54.36, Time Phases. All forms, DSHS 2-142(X), must be screened by the CPS supervisor to insure that the reports have been properly substantiated. A new card must be submitted if previously reported information is incomplete, incorrect or otherwise requires updating.

7. The Central Registry upon receipt of form DSHS 2-142(X) searches the file for previous reports. If there are previous reports the Central Registry calls the ESSO reporting the new incident and tells which ESSO(s) have detailed information.

8. The Central Registry punches the expungement date (year) on all new DSHS 2-142(X) reports, and punches this same date on other (old) DSHS 2-142(X) forms pertaining to this same suspected "abused." All new and previous reports (DSHS 2-142(X) are subsequently filed by alphabetic order of name of "abused" in the file.

B. Other Agency or Professional Requires Information

1. According to RCW 26.44.070 and WAC 388-16-525, the Central Registry is available to:

   (a) Law enforcement agencies (police department, prosecuting attorney, state patrol, director of public safety, office of the sheriff) in the course of an investigation of alleged child abuse or neglect;

   (b) Child protective service workers or juvenile court personnel who are investigating reported incidents of child abuse or neglect;

   (c) Physicans who are treating the child or family;

   (d) Any child named in the registry who is alleged to be abused or neglected or his or her guardian ad litem and/or attorney;

   (e) A parent, guardian, or other person legally responsible for the welfare and safety of the child named in the registry;

   (f) Any person engaged in a bonafide research purpose, as determined by the department, according to rules and regulations, provided that information identifying the persons of the registry shall remain privileged. See WAC 388-16-545. The CPS Specialist may be contacted for details.

   (g) Any individual whose name appears on the registry shall have access to his own records.

   (h) Others who have a court order authorizing access to the registry.

2. If one of the above listed eligible agencies or persons contacts the ESSO requesting information about previous incidents, the ESSO may contact the Central Registry for the inquirer or may refer the inquirer directly to the Central Registry;

   (a) If the ESSO contacts the Central Registry for the inquirer, the ESSO takes the caller's name, name of office/agency, phone number, address and name of the alleged "abused" and alleged "abuser," and tells caller that he will return the call after searching the files. The first step is to verify caller's name, office, phone number and address as an eligible inquirer.

(1) If the caller is verified as a noneligible inquirer, the ESSO returns the call indicating the information cannot be released and terminates the inquiry procedure.

(2) If the caller is verified as an eligible inquirer, the ESSO contacts the Central Registry for inquirer. The procedures under "A., ESSO Requires Information" are to be followed.

The ESSO upon receiving an answer from the Central Registry subsequently reports to the inquirer:

(i) "there is no previous report"; or

(ii) "there is a report under investigation at _____ ESSO"; or

(iii) "there is a 'substantiated' report with detailed information located at _____ ESSO." Offer to obtain and release information as outlined in Section 54.56, item C., Release of Central Registry Information. Information shared orally must be followed by a report in writing to the inquirer. A signed release is not required.

(b) If the inquirer contacts the Central Registry directly, steps A.1. through 3. are followed. The Central Registry, in addition, contacts the ESSO where the records are kept and asks them to contact inquirer. The ESSO contacts the inquirer following the procedures under (a) above, particularly (a) (2) (iii), if the previous report is substantiated.

Subsequently, steps A. 4. through 8. are follows.

C. Release of Central Registry Information

The Central Registry per se has limited information. However, the remainder of the information which may be released to those who have access to the Central Registry can be found in the ESSO case record. This information is the following, if known:

1. The name, address and age of the child;

2. The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;

3. The nature and extent of the child's injury or injuries;

4. The nature and extent of the neglect of the child;

5. The nature and extent of the sexual abuse;

6. Any evidence of previous injuries, including their nature and extent; and

7. Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the perpetrator or perpetrators.

Release of other information from the department's records is governed by the provisions of WAC 388-48-010 - 100, Safeguarding Information.

D. Maintenance of Central Registry Records

If case records are transferred between ESSOs, the master file clerk of the office transferring the record notifies the Central Registry of the transfer and office where the record is to be located. The Central Registry, five working days later, will call the master file clerk of the new office asking for a new case number. The Central Registry will subsequently update its files.

E. Retention of Central Registry Records

1. Expungement may occur under the following circumstances:

   (a) Routine. Annually, the Central Registry sorts through the file to pull record cards which designate the records to be expunged at the conclusion of the previous calendar year. The Central Registry notifies the ESSO where detailed information is kept to expunge information from the case record pertaining to the incident(s) and send it to Archives for sealing. The Central Registry subsequently destroys its record card.

   (b) ESSO Request. Record cards may be expunged and destroyed upon the written request of the reporting ESSO. If expungement and sealing of all records is requested, there must be concurrence of all other reporting ESSOs, if any. Reports sent in error may be expunged and destroyed upon the written request of that ESSO.

2. Sealed records may be revived if there is a subsequent report after expungement. The request for unsealing a sealed record may come from an ESSO administrator only. The request must be in writing and have the subsequent report attached. Sealed records about the state or condition of the child which contain no reference to the person responsible for the abuse may also be revived for purposes of treating the child.

F. Complaints Directed to Central Registry

In those instances when a complainant telephones the Central Registry directly to report a situation of abuse or neglect, the Central Registry will:

1. Provide the caller with the phone number and address of the ESSO nearest the caller and let the caller follow-up; or

2. Offer to have the appropriate ESSO CPS staff call the complainant to obtain details (and subsequently notify the ESSO of this report and request follow-up); or

3. Accept the caller's name, name of office/agency, phone number, address and name of the alleged "abused" and alleged "abuser" and subsequently notify the ESSO of this report and request follow-up.

54.60 SUSPECTED KNOWING FAILURE TO REPORT CHILD "ABUSE" TO DSHS OR LAW ENFORCEMENT

(See Manual H, 54.16 regarding mandatory reporting and RCW 26.44.080.)

The procedure to follow in cases of suspected knowing failure to report nonaccidentally inflicted death, physical injury, physical neglect, sexual abuse or mental injury is the following: (1) Worker - review facts with supervisor; (2) Supervisor - request consultation with an Assistant Attorney General on the next steps to be taken, if any; (3) Supervisor - notification to ESSO chain of command regarding actions planned or requested.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OLYMPIA, WASHINGTON

Manual G - Revision 125

Manual G, Chapter 54 is being revised with the following general changes.

1. Child Protective Services under Title XX.

2. Central Registry changes, including placing the name of the suspected or known "abuser" into the system.

3. Program and procedure changes corresponding with amendments to RCW 26.44 (manualizes Memorandum No. 75-221).

4. Miscellaneous - many clarifications to numerous to itemize.

Instructions	Remove	Insert
Chapter 54	Entire chapter	New chapter
Chapter 99		DSHS 2-142(x) and instructions

On the Control Sheet note the date Revision 125 was entered.

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.18 ENTRY PHASE - FUNDING SOURCE ELIGIBILITY DETERMINATION

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.22 ENTRY PHASE - NOTIFICATION, SUBSTANTIATION

54.23 ENTRY PHASE - SPECIAL SITUATIONS

A. Abuse or Neglect by School Employees

B. Medical Neglect (Dental)

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

A. Caseload Management

B. Central Registry DSHS 2-142(X)

C. Statistical Reports

54.38 INTEROFFICE COORDINATION

A. Complaint or Request for Services - Family Residing Elsewhere

B. Complaint or Request for Services - Family Residing in Washington

C. Runaways

D. Interstate Compacts

E. Local Agreements for Coordinated Service Delivery

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

A. ESSO Requires Information

B. Other Agency/Professional Require Information

C. Release of Information

D. Maintenance of Records

E. Retention of Records

F. Complaints Directed to Central Registry

54.60 SUSPECTED KNOWING FAILURE TO REPORT CHILD "ABUSE" TO DSHS OR LAW ENFORCEMENT

CHAPTER 54 - CHILD PROTECTIVE SERVICES

The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjuction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction, confidentiality, program philosophy, professional role and responsibility and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: switchboard operator, receptionist, mail clerk, or entry or ongoing service worker.

Typically, mandated oral reports will be made by telephone and requested written reports through use of the DSHS 4-88(X), letter, or copies of that professional's/agency's records.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source. The identity of the person making the report to the department shall not be revealed unless that person has given permission to do so; however, keep in mind the following:

   a. Referral from Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. The informant should be told that in spite of this clients are sometimes able to guess who made the report. Ordinarily, the informant's involvement ends with the report, however, the worker should discuss the possibility of court testimony.

      The informant should also be told that any person who reports ~~or testifies in good faith has immunity under the provisions of RCW~~ 26.44.060.

b. Referral From Relatives or Parents

When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

c. Referral From Professional Persons

Privately practicing professional persons, e.g., doctors, nurses, clergymen and attorneys, who make referrals based on their professional knowledge, should be asked to tell the parents of the facts of the report, if they can do so.

In the case of a CPS referral about an expectant mother allegedly harming or endangering her unborn:

(1) The referring professional should have discussed the injurious act, situation or condition with the expectant mother;

(2) The expectant mother must have demonstrated unwillingness, inability or failure to use pertinent available resources and services.

(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be exected to discuss the referral with the parents.

Also see Item c. above regarding the unborn child.

e. Referral From DSHS Employees and Volunteers

DSHS employees and specified volunteers are mandated by state law and by rules and regulations to report child abuse and neglect.

When employees "find" such a situation during the course of their official duties, they will ordinarily be expected to discuss the referral with the parents as in c. and d. above. Also see Section 54.10. Depending upon case needs, employees may wish to discuss the matter with their supervisors and CPS staff first.

DSHS volunteers will ordinarily not be expected to discuss their findings/report/referral with the parents directly, but may choose to do so. If the volunteer choses to do so, CPS staff should help him/her with what is shared and how.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the ESSO.

   If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service. If there are not service needs of any kind, terminate the procedure.

3. Differentiates between a. and b:

   a. Parent or surrogate parent who allegedly abuses, neglects or exploits the child; these situations are clearly appropriate for CPS intervention.

   b. Third party who allegedly abuses, neglects or exploits a child; ordinarily, these situations will already have been investigated by law enforcement or the institution's or agency's administration. If they have not already been involved, law enforcement or the institution's or agency's administration (and law enforcement if a crime may have been committed) should be called in immediately.

      Typically, the parents will already have been involved. They must be notified as to what has happened unless they have been permanently deprived. Ordinarily, this is done by the one who has the facts or is administratively responsible for the institution or agency. The exact role of CPS is negotiable.

      Also see Sections 54.10, 54.22, 54.23 and Manual H, 54.12, item C.

54.10 ENTRY PHASE - CPS COMPLAINT ON ACTIVE CASE

Primary clearances are to be made at the ESSO's master file and the Central Registry. Secondary clearances are to be made with service delivery units of other DSHS Bureaus or other agencies. Regardless of case status, many of these situations are reportable to the Central Registry. See Sections 54.22, 54,56, and Manual H, 54.12, and 54.26.

1. Family and Children's Services Service Case

   If the family is already assigned to a service worker, the CPS worker and/or supervisor, upon receiving the CPS complaint, should discuss the situation with the service worker and/or his supervisor. Actions to be taken in response to the complaint, must be decided, including who has responsibility for follow-up. Typically, a CPS complaint will be directed to the CPS staff. When the CPS complaint comes directly to the service worker, however, that worker must make certain the situation is appropriately reviewed, as above, and reported to controls. One type of control to be maintained is a list of cases, case numbers and whether the family is being served by a CPS or non-CPS worker.

   CPS staff have primary responsibility for the entry and ongoing phases of services related to the CPS problems.

2. DSHS Foster or Adoptive Family Care

A complaint alleging abuse or neglect by foster or adoptive family parents must be brought to the attention of CPS, the child's worker and the licensing worker. As with an assigned service case (see item 1. above), a case conference should be held and actions to be taken in response to the complaint and who has responsibility for those actions must be decided. In addition, the situation may require action on behalf of other children in the home and in relation to licensing. If the child's own parent was not the complainant and if the complaint involves a foster parent and is substantiated, the child's own parents must be fully informed as to what occurred unless they have been deprived. If the complaint involves an adoptive family and is substantiated, the other ESSO involved and the Adoption Specialist (State Office) must be notified to coordinate planning for the child. (The adoption worker has primary responsibility for this phase; see Chapter 34, especially 34.63, if removal is necessary.) If the child is a ward of the juvenile court, the court must be fully informed also.

CPS staff have primary responsibility for the entry and ongoing phases of services related to the CPS problem. The matter is to be tallied as a CPS case regardless of who carries the actual service responsibility.

3. DSHS Family Day Care

The ramifications of a complaint alleging abuse or neglect by family day care parents are the same as those listed in item 2. above about a DSHS foster family, except the matter is not tallied as a CPS case, unless the entry/ongoing phases of service are handled by a CPS worker. CPS staff have primary responsibility for the entry and ongoing phases of service related to the CPS problems.

Family day care is ordinarily considered to be a special case of "third-party abuse and neglect." See Manual H, 54.12, item C.

4. Other Agency Foster or Adoptive Family Care

The agency supervising the child and foster or adoptive home must be notified. Although investigation by DSHS-CPS is required, this should be done cooperatively with staff from the other agency, if possible. In addition to notifying appropriate ESSO staff of the complaint and results of the entry phase, the ESSO must also notify the Services to Child Care Agencies Unit in the SO. If the alleged abuse or neglect is substantiated, the parents of the child in question, unless they have been deprived, and/or juvenile court having wardship must be fully informed as to what occurred.

5. Group Care Facilities for Children

Complaints alleging abuse or neglect by staff of a group child caring facility, licensed or certified as meeting licensing requirements, are to be directed to the administrator or director of that facility and to the Services to Child Care Agencies Unit in the State Office. If the alleged abuse or neglect is substantiated, the parents of the child in question, unless they have been deprived, and/or juvenile court having wardship must be fully informed as to what occurred.

CPS staff have primary responsibility for the entry and ongoing phases of service related to the CPS problem.

The nature of the CPS activity may be negotiated to be one of information and referral, consultation and/or direct service including investigation.

6. Other DSHS Service Case

Even if the family or child is active with other DSHS staff than in the subsections above, CPS staff have primary responsibility for the entry and ongoing phases of service related to the CPS problems. Careful coordination and cooperation must be effected with the other DSHS staff.

7. Abuse or Neglect by DSHS Employees or Volunteers

(Also see Personnel Policy 540 (Amd 10-1-74) Personnel Conduct Reports.)

The following is the text of Personnel Policy 541.3 issued 9-1-74.

"This policy applies in all instances of "child abuse" in which the alleged perpetrator is an employee of or volunteer for DSHS and the alleged incident occurred while the employee or volunteer was on duty or attending to the clients, patients or residents of any DSHS program or facility.

DEFINITIONS

1. "Child abuse" refers to nonaccidentally inflicted death or physical injury, physical neglect or sexual abuse.

2. Child means any person under the age of 18 or the mentally retarded regardless of age.

3. Law enforcement means prosecuring attorney, police department or office of the sheriff.

4. Substantiate means the facts reasonably support the conclusion that the alleged perpetrator abused/neglected the child in question. If criminal charges are filed, this is to be considered substantiation unless the charges are subsequently dropped or the person is found not guilty of this or a lesser charge.

PROCEDURES

1. All allegations of "child abuse" shall be brought to the attention of the immediate supervisor of the alleged perpetrator or responsible DSHS person acting in his place.

2. The immediate supervisor or responsible DSHS person receiving the report shall review the facts of the matter with the appropriate administrator; namely, ESSO Administrator; Superintendent; or Area Juvenile Parole Supervisor.

3. If there is a question as to whether or not a crime may have been committed, the administrator, before taking additional action, shall consult with his appropriate Assistant Attorney General.

4. If any crime may have been committed, that administrator shall immediately report the matter to the appropriate law enforcement agency for investigation. The review of facts thus far by DSHS must not in any way jeopardize the investigation and possible prosecution by law enforcement.

5. Whether or not a crime may have been committed, the administrator shall notify his superior; namely, the Regional Office Administrator; or Chief, Office of Juvenile Rehabilitation/Developmental Disabilitie Mental Health.

6. If the incident of abuse/neglect is noncriminal in nature, the investigation shall be conducted administratively. Child Protective Services staff will be available if needed in this process.

7. When an employee is involved:

   a. If there are sufficient grounds for immediate disciplinary action, such action would be taken following normal disciplinary procedures.

   b. If further investigation is required, the employee should be removed from his or her duty assignment, but continue on pay status, during the investigation. The employee must be notified that an investigation is underway and be given the reason for the investigation.

8. If a volunteer is involved:

   a. He or she should be immediately placed on inactive status and informed of the reason.

9. If the report is substantiated, the administrator shall:

   a. Report the situation to the nearest ESSO Child Protective Services Supervisor for inclusion in the Central Registry of Child Abuse;

b. Include a statement of facts in the employee's personnel file or the (corresponding) volunteer's file;

c. Notify the employee or volunteer of the substantiation and of a. and b.;

d. Notify the parents, substitute parents, guardian and/or Juvenile Court holding wardship as to what has happened.

10. If the matter is not substantiated, there will be no report to the Central Registry and no statement in the employee's or volunteer's personnel file. If the matter is first thought to be substantiated but is later found to be unsubstantiated, all reference in the Central Registry and personnel files shall be expunged."

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources either recommended by complainant or who would appear to have reason to know of the facts in a given situation. The intent here is to gather only necessary information to permit a constructive intervention and to do so as discreetly as possible. File clearances as per Section 54.10 apply here.

Screen the case for appropriateness for CPS in light of the new information.

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16. Also see Manual H, 54.14.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

1. Regular Service Record

If complaint now appears appropriate for CPS, initiate DSHS 4-114(X) Complaint Form whch will be retained in the service record. The DSHS 14-11(X) (SF 5812), or other form to notify master file of the opening, and the DSHS 6-10(X) (SF 5822-C) may be initiated at this point. The DSHS 6-10(X) must be completed as soon as the needed information is available. The DSHS 2-142(X) may be submitted at this point if the matter is substantiated as per Section 54.22.

Initiate the DSHS 14-139(X) and 14-152(X) as per instructions issued elsewhere (numbered memoranda and Manual G, Chapter 99).

2. No Client Contact File and Folders

Unless there is an existing record and unless there is a contact with the child and/or his family, the ESSO hs the option to either set up individual "No Client Contact" folders or establish a file of "No Client Contact Child Abuse Incidents," or both where indicated and necessary.

The no client contact folders would contain the DSHS 4-88(X) or DSHS 4-114(X) and any attachments, but would not contain or require the DSHS 6-10(X) and DSHS 15-42(X). The no client contact incident file contains essentially the same information but is not restricted to individual case files. The grouping could be alphabetical or chronological, for example. Under either method, the DSHS 14-11(X) or other form to notify master file that a report is on file must be initiated. Careful crossfiling by name of alleged perpetrator, "abused" child and his/her family must be maintained.

If the DSHS 6-10(X) and the DSHS 15-42(X) are used or a memo, letter (other than the notification letter of Section 54.22, Item 2.) or social summary is written by the ESO, an individual case record must be set up.

3. Third Party Incident Records

See Manual H, 54.12, C for definitions of third party and non-third party incidents. Clear to determine if case records already exist.

a. No contact with child-victim, his/her parents and alleged perpetrator; use "No Client Contact File or Folders" as per Section 2. above. Carefully crossfile at Master Files.

b. Contact with child-victim and/or his/her parents, no contact with alleged perpetrator: ordinarily place information into the child/family record, unless there is a special need to establish a record for the alleged perpetrator or one already exists. Carefully crossfile at Master Files.

c. Contact with child-victim, his/he parents and alleged perpetrators: if records already exist use them; if service is delivered to the alleged perpetrator open a separate record for him/her. Carefully crossfile at Master File.

4. Records under Title XX

The preferred method for CPS is to open one family record in which all relevant materials will be housed, including a full set of SSRS forms: one DSHS 14-139(X) for the family, and a 14-152(X) for each child-primary recipient. By definition the child for whom service is provided is the primary recipient. See Manual G.

Chapters 10 and 99. If a child is out of its own home (e.g., foster care), a separate case record must be established for that child. Depending upon the nature of the incident and the ESSO's relationship to the participants in a third-party incident, the ESSO may also wish to establish a separate file folder for the third party. See Section 54.16, 3, above.

54.18 ENTRY PHASE - FUNDING SOURCE ELIGIBILITY DETERMINATION

Use the DSHS 14-139(X) to determine under which funding source the family is eligible to receive CPS and supportive services. See Manual G, Chapter 99 and numbered memoranda for the form instructions. Also see Manual G, 54.08 and Manual H, 58.12, 1.

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

Interview family - the following may be accomplished in the first interview or over a series of interviews:

Present self as a helping person;

Explain complaint, purpose of contact and role of worker and agency;

Enlist cooperation of family and compare facets of complaints with what family reports, shows or demonstrates and what worker observes.

Assess:

(1) Validity of the complaint;

(2) The child's state or condition, including the danger to the child;

(3) The state, condition or danger to other children in the home;

(4) The act, incident, and/or contributing factors which resulted in the state or condition;

(5) The parent (or parental surrogate) attitudes and responses to (2), (3) and (4).

Decide what initial action is needed and take the action, cooperatively with the family, if possible.

If additional collateral information (evidence) is needed to determine the need for CPS or other services, additional sources of information may be contacted. The family will be notified of this need and will be invited to name sources of such information. Inquiries will not be limited to sources named by the family.

The worker must at least have determined whether the reported child and other children in the same care lack adequate care and are being harmed.
If a child is abused, neglected or exploited, service must be continued either in his own home or elsewhere. (Also see Manual H, 54.14, Termination Criteria.)

54.22 ENTRY PHASE - NOTIFICATION, SUBSTANTIATION

1. General

The following material covers sensitive legal areas and is the result of extensive consultation with legal counsel. Questions may be directed to the Regional Social Services Coordinator, CPS Specialist or an assigned Assistant Attorney General. ("Abuse" in quotation marks will be used here in a general sense to refer to nonaccidentally inflicted death, injury, neglect or sexual abuse. Use of the terms alleged "abuser" in quotation marks refers to those who allegedly perpetrate or cause these conditions.)

2. Notification

Initially, there are four discreet kinds of notification which may apply when CPS receives a report alleging abuse/neglect. The ESSO notifies the parent (or the alleged "abuser") that:

a. A report has been received and offer social services;

b. Information is on file at the ESSO and the parent (or other alleged "abuser") has a right to supply information about the allegation and his situation;

c. In addition to b., information is also on file at the Central Registry;

d. The person has a right to a fair hearing, as per WAC 388-08.

Under b. or b. and c. above, the parent or parent surrogate or other suspected/alleged perpetrator of abuse, neglect or exploitation, shall be provided the opportunity to supply information about the allegation and his situation, unless:

a. The report is for informational purposes only because the situation has been resolved by law enforcement and/or by the Courts; and

b. The ESSO is not providing services (including CPS).

(The intent here is to eliminate unnecessary duplication of effort not to block communication nor deprive the person of his right to tell his side of the story.) The response about the allegation and his situation, including a written statement, if any, shall be a part of the ESSO case record.

The notification can be made in person or by certified mail at the last known address using ESSO letterhead. The following is a suggested sample of a notification letter. Suggested substitute wording is provided for those instances in which information about a "known" or "suspected" abuser is sent to the Central Registry. Pamphlets describing the program or fair hearing may be enclosed.

Dear _____:

This is to notify you that a report has been made to the Department of Social and Health Services alleging that (name of child) was involved in an incident reportable under the provisions of RCW 26.44, Report of Child Abuse law. The report further states the person suspected of having committed the acts or omissions is (unknown) or (suspected to be (name of person))

* . . . . . .

. . . . . .

The Department is required by law to maintain a file of such information. However, this is intended to aid in helping parents and children, not in punishing them. Often people find themselves in a crisis and our agency has been able to help. If the Department can be of some help to you or you wish to supply information, please contact us at _____.

Sincerely,

*(Alternative wording below for notification letter)

The information is on file at the _____ Economic and Social Service Office _____ _____. The Department
Address Telephone

wants you to be aware that you have a right to supply information about the allegation and your situation.

OR (See next page)

The information is on file at the _____ Economic and Social Service Office _____ _____, and the Department's
Address Telephone

Central Registry of Child Abuse. The Department wants you to be aware that you have a right to supply information about the allegation and your situation and a right to file for a fair hearing within thirty (30) days of the date of this letter in accordance with Chapter 388-08 WAC.

3. Substantiation

The caeworker must record the facts of substantiation, if any, in the case record and whether or not substantiation was achieved. Use the form recording forms or attached pages as needed. (Also see Manual H, 54.26, D. and E.). Service may continue, if the report is not substantiated; however, the following process of substantiation shall be conducted prior to any reports being forwarded to the Central Registry.

CPS staff shall consider the state or condition of the child as a separate issue from the identity of the alleged "abuser."

The CPS worker shall screen all report regardless of the source to determine if:

a. The reported facts about the state or condition of the child amount to child "abuse."

(1) In addition, if the CPS Supervisor concurs that the situation amounts to child abuse and it is reported by any person under a mandatory duty to report, that report shall be considered substantiated and reported to the Central Registry.

(2) Regardless of reporting source, if the situation amounts to child abuse in the worker's judgment or after investigation is found to be considered substantiated and reported to the Central Registry.

b. The facts support the conclusion that a specific person(s) was responsible for the state or condition of the child either through an act(s) or a failure to act, and whether that person is "known", "suspected" or "unknown." See Manual H, 54.26. E. for definitions.

Staff who act both as reporter (complainant) and substantiator in a case shall request assistance from the CPS Supervisor (or designee) to insure proper agency action on behalf of the family. The Supervisor may request consultation from the Regional Social Services Coordinator, the CPS Specialist or an assigned Assistant Attorney General as to whether or not proper substantiation has been achieved.

Third-Party Abuse (Also, see Manual H. 54.12, item C.) Often law enforcement or the institution's or agency's administration will have investigated and substantiated the third-party "abuse" incident prior to sending any information to the ESSO. If not, apply above procedures.

54.23 ENTRY PHASE - SPECIAL SITUATIONS

A. ABUSE OR NEGLECT OF STUDENTS BY SCHOOL EMPLOYEES

1. If a report alleging abuse or neglect of students is made to DSHS for reasons other than storage of information in the Central Registry, then these steps should be followed:

   a. Advise the parents to contact the schools and depending upon the severity or nature of the matter talk it out with the alleged perpetrator or school administrator (principal or superintendent). If a crime may have been committed, advise them that law enforcement must be notified;

   b. If the parents seem "unable" to take action to "protect" their child (neglect by parents) or if the parents have sought redress through the local school system and it appears the child continues to be endangered (including from retaliation), the ESSO should be prepared to take the following actions:

      (1) Offer to "counsel" and/or refer the parent and "abused" child for appopriate service, including encouraging the parents to take (additional) protective action;

      (2) Offer to participate in meeting held between the parents and school officials;

      (3) Offer to consult with and rovide technical assistance to school and/or law enforcement personnel who would be investigating or otherwise taking action about the allegation of abuse or neglect.

   c. In all instances where it is deemed reasonable and appropriate to do so, provide aggressive follow-up to determine the outcomes of meetings, conferences, referrals, consultation, technical assistance, etc. DSHS, according to these

procedures, would not be conducting an investigation in the usual sense of the word. Substantiated cases of "abuse" of students by school personnel are reportable to the Central Registry (see Sections 54.22 and 54.56).

d. The ESSO CPS Supervisor or Social Service Supervisor may request consultation from the CPS Specialist for possible additional actions which may be appropriate when an incident has occurred and constructive resolution through the above procedures is not possible.

2. DSHS will not investigate:

a. Possible criminal violations for criminal prosecution - this is the role of law enforcement. See Manual H, 54.20, item 5.

b. Possible violations per se of the school system's statutory code, Administrative Code or other statements regarding discipline for the purpose of determining whether a violation has occurred - this is the role of the school's administration. At the outset, the school's administration should be advised that such discovery could occur, or later, if such discovery has occurred during the procedure in 1. above that there may be such a violation.

B. MEDICAL NEGLECT (SECTION ALSO APPLIES TO DENTAL NEGLECT)

1. If a child is alleged to be neglected as to medical care or is found by the worker to be neglected as to medical care, the following steps should be followed:

a. Advise parents of the report (as in Section 54.20) or of worker's concern and determine whether the child's need is acute/emergent or routine.

b. Explore with the parents and child the symptoms, duration, remedies sought/used.

c. Determine when parents could reasonably obtain the medical care of their choice. Their choice should reasonably follow the condition to be diagnosed, treated or prevented.

d. Explore whether the parents have the necessary transportation and financial resources to obtain such care. Determine if there are other possible barriers such as: uninformed as to available resources or how to utilize them; ill, frightened or unmotivated parents; religious or philosophical reasons.

e. If payment for care is at issue, explore alternatives such as: payment on a private patient basis (including reduced fees); insurance; free clinics including those at local health departments and certain hospitals; application for

medical only. Payment for medical exams or care cannot be authorized on the DSHS 6-10(X) for CWS medical except for psychological, psychtric and preplacement physical exams, and general CWS medical care all when the child is out of his own home, e.g., in foster care.

See instructions for the DSHS 6-10(X) in Manual G, Chapter 99.

2. When the parents fail to provide the needed care, after notification of the apparent need and with reasonable assistance as outlined above and the child continues to be in need, refer the matter to the Juvenile Court for neglect as to medical care. The Court may be asked:

   a. To reinforce the social plan to seek a medical diagnosis to determine if the child is ill.

   b. To authorize accepted/necessary preventative medical care.

   c. To authorize medical treatment in life-threatening situations.

Also see Manual H, 54.26, E. 3. d.

54.24 ENTRY PHASE - CONCLUSION - ROUTING OF FORMS

Worker makes final decision on further follow-up cooperatively with family, if possible.

Decision point:

There is a need for ongoing service - open case according to local procedure; or

There is no need for ongoing service - open and close case according to local procedure.

Complete or route for completion (if not already accomplished) forms for entry phase and submit to appropriate control points, according to local procedure: DSHS 4-114(X), DSHS 14-11(X) (SF 5812), DSHS 6-10(X) (SF 5822-C) and DSHS 2-142(X), if appropriate.

Worker must report back to referral source that CPS will or will not be providing service; and if service is to be provided, determine willingness of referral source to appear in court, if necessary and if not already determined. Outline any further need for contact with referral source.

Initial recording may be completed throughout this phase but must be completed by this point (see Chapter 99, form DSHS 15-42(X)).

Also see instructions for Title XX forms DSHS 14-139(X), and 14-152(X) in Manual G, Chapter 99 and numbered memoranda.

54.28 ONGOING SERVICE PHASE

Use casework process.

Use other DSHS services (see corresponding sections for referral procedures):

Homemaker Services (Chapter 70);
Child Care Services (Chapter 50);
Foster Homes (Chapter 62);
Volunteer Service (Chapter 90);
S.S.A. Service;
Other DSHS services as indicated by individual case situation.
See Manual G, Chapter 10 for Services under Title XX.

Use non-DSHS services (See Manual H, 54.20, 3.).

Parents Anonymous and other self-help groups;
Bar Association referral service, legal aid society;
Local schools (classes for parenting, child care, home and family life education);
Juvenile Court (Chapter 74);
Other community services as indicated by individual case situations.

Most communities now have directories of local services which list kinds of service, eligibility requirements and fees, if any.

In all referrals act as a client advocate - for both parent and child - seeking the most appropriate and effective resource possible.

Termination decision:

Present and potential danger reduced to point of safety to child, or no resolution possible. (See Manaul H, Section 54.14, Termination Criteria.)

(NOTE: See time schedule for recording requirements)

54.32 TERMINATION PHASE

Use casework process (see Manual H, Secion 54.14, Termination Criteria).

Use DSHS/non-DSHS Services: terminate in CPS but refer if indicated by individual case situation.

Complete forms:

DSHS 6-10(X) (SF 5822-C);
DSHS 15-43(X), if appropriate;
Other as per ESSO.

Close case or transfer to other service within ESSO.

Report termination to control point for form DSHS 4-18(X) (SF 5027-P), Monthly Report.

See instruction for Title XX forms DSHS 14-139(X), and 14-152(X) in Manual G, Chapter 99 and numbered memoranda.

54.36 TIME PHASES

A. Caseload Management

Each case situation shall be evaluated by CPS worker and supervisor within 90 days as to advisability of case remaining in CPS. A case may continue to be assigned to a CPS worker longer than 90 days with supervisory approval. Also see Manual H, 54.14, Termination Criteria.

During the Ongoing Child Protective Service Phase, record assessment of movement and direction of service as needed by no longer than 90-day intervals. Progress should be reviewed by the worker and supervisor at these intervals. A CPS case should continue with CPS staff. Staff should attempt to cycle these intervals to coincide with eligibility periods as per DSHS 14-139(X).

B. Central Registry - DSHS 2-142(X)

Up to but no longer than five (5) working days after substantiating a report or receiving a substantiated report, the DSHS 2-142(X) is completed in duplicate and submitted to Administrative Services.

C. Statistical Reports

DSHS 4-18(X) (SF 5027-P) must be received in the Office of Program Analysis by the seventh working day of the month for the previous month. This should include protective service cases carried by other service workers.

Other RO and ESSO reports as required by regionally and locally determined deadlines.

54.38 INTEROFFICE COORDINATION

A. Complaint or Request for Services - Family Residing Elsewhere

1. Explore the "complaint" with the informant to determine whether the situation could be possible child abuse/neglect. If it does not appear to be, and some other service is needed, refer the informant to that other service. If the situation might be one of child abuse/neglect, offer complainant choice of contacting the other agency directly himself/herself, or having his/her infor-

mation forwarded in a report from your ESSO. It is important to get the best information possible to the other agency. The worker's report to the other agency should contain specific facts as presented, his/her evaluation of the facts and the complainant, and the exact nature of the request to the other agency.

2. Information transmitted orally by the ESSO should be followed by a report in writing. Unless requested, copies of such intrastate correspondence need not be shared with the State Office. However, copies of such interstate correspondence are to be sent to the CPS Specialist, State Office. Also see WAC 388-71 on Interstate Compact for Dependents; DSHS is also party to compacts on delinquent adults and children.

3. Directories, e.g., the American Public Welfare Association Directory, which list agencies, also list the suggested contact points for certain programs. Utilize those whenever possible. In emergencies when it is not possible to utilize them, however, communicate directly with the office or level within the office which must take the emergency action. Routine channels can be notified simultaneously with a copy of a written emergency request or by a report in writing which follows an emergent telephone call.

4. The exact address of the child and its family (or other caretakers) is important, but it may be possible to find a family through one of the following:

   a. Specific alert - notification to the specific CPS office involved indicating the family may be in their locality, with or without subsequent notification to other possible contact points, for example: public health nursing, schools, law enforcement, income maintenance or food stamps intake.

   b. Mini alert - notification to a pattern of offices, for example: Puget Sound area, Inland Empire, Columbia Basin, along Interstate 90, Oregon Coast, Northern Idaho, etc.

   c. General alert - major portion of, or an entire state, or several states.

   d. Utilization of known addresses of relatives and friends, descriptions of persons and vehicles, employment patterns, etc.

   e. Written alerts may be distributed from the ESSO as in 1. b., or the Regional or State Office. Please route copies of interstate correspondence to the CPS Specialist.

B. Complaint or Request for Service - Family Residing in Washington

1. Such complaints or requests may come directly to the ESSO or through any one of several entry points in the agency and should be handled like any other complaint or request.

2. Copies of any such interstate correspondence coming directly to the ESSO are to be sent to the CPS Specialist with a copy of the ESSO's reply.

C. Runaways

(Written procedures are being developed at the time of this revision. In the interim the Foster Care or Juvenile Court Specialist may be contacted for details. It will be helpful in such discussions to know whether the child is a resident of the same county, another county or another state, and whether the child is a Juvenile Court Ward of the same county, another county or another state.)

Runaways (according to Manual H, Section 54.12) who are in clear and present danger of abuse, neglect or exploitation are eligible for emergency shelter paid for as a protective service. In such instances the matter would be opened as a CPS case.

D. Interstate Compact

The interstate movement of children by agencies is strictly governed by agreements known as interstate compacts.

1. Dependent children - See Manual A, WAC 388-71. The Office of Family, Children and Adult Services administers this compact (Interstate Movement of Children) and should be contacted for details.

2. Delinquent children - See DSHS Directory for Compact Administrator, Interstate Compact on Juveniles, Bureau of Juvenile Rehabilitation, who should be contacted for details.

E. Local Agreements for Coordinated Service Delivery

One of the Title XX Objectives has to do with developing local agreements. A local agreement may have to deal with non-CPS matters and therefore consultation may be appropriate from the Juvenile Court and Foster Care Specialists, for example, as well as the CPS Specialist. At the time of this revision a fill-in-the-blanks agreement is not available.

For the interim, the following is suggested for ESSO's consideration:

1. Higher priority should be given to the delivery of services unless the lack of such agreement is hindering such delivery.

2. Identify those persons/agencies which are involved in emergent CPS cases, for example: law enforcement, Juvenile Court, hospital emergency rooms, etc.

   (Persons/agencies who are typically involved in less emergent cases may also be identified but contacted on a priority or interest basis later.)

3. Initiate contact and explain CPS program and roles and responsibilities; or reinitiate contact utilizing law, program or staffing changes as the immediate reason for contact. The goal (or ultimate reason), effective, efficient and coordinated delivery of an array of services, is powerfully persuasive.

4. Discuss who has responsibility for or can reasonably perform which activity at what point in the process, problem solving around the myriad of ways such children and their families are "found," reported and subsequently served.

5. Reach a common understanding (hopefully to be eventually reduced to writing) as to:

   a. The fact that an agreement amng the participants is being sought as to the roles and responsibilities of each in instances of child abuse and neglect.

   b. Definition of what those roles and responsibilities are under respective laws, policies, programs and professional and disciplinary competence. In short, who does what, with whom, when and under what sanction.

   c. Steps to be followed (services to be provided) under various presenting problems. For example, child left alone, parents whereabouts known/unknown.

   d. Common understanding regarding amending and/or terminating such an agreement, and how binding certain portions are.

6. Written agreements should be reviewed by the CPS Specialist (and other specialists in their impacted specialties) and the assigned Assistant Attorney General as to form and content. Such agreements are not in force until approved and signed by the ESSO Administrator or his/her designee.

54.48 CASE RECORD

Also see Section 54.16. In addition to the general requirements for the content of case records, the CPS record must contain the following:

DSHS 14-24(X)	Face Sheet (complete items according to case and service delivery needs)
DSHS 4-88(X)	Information Form or DSHS 4-114(X) Complaint Form, with attached reports, if any
DSHS 6-10(X)	CWS Report
DSHS 15-42(X)	Initial CPS Form Recording Form
DSHS 15-43(X)	Interim CPS Form Recording Form (use after DSHS 15-42 only)
DSHS 14-139(X)	Social Service Application
DSHS 14-152(X)	Primary Recipient Service Record Form

Other forms as needed

Correspondence, special report and documents.

ESSOs will be notified by the Central Registry as to which substantiated CPS records are scheduled to be expunged. Ordinarily, this procedure takes place annually and for any one record follows the retention schedule of six years after the date of the last filed report. The ESSO-CPS Supervisor should decide whether a particular case record should be retained in spite of this procedure or the procedure in Manual E, 53.15.

54.52 RECORDING GUIDE

(Section deleted; See Chapter 99, forms DSHS 15-42(X) and 15-43(X).)

54.56 CENTRAL REGISTRY

(See Chapter 99 for instructions on the DSHS 2-142(X). Also see Manual H, 54.26.)

A. ESSO Requires Information

1. If an ESSO requires information from the Central Registry, it calls the Central Registry (SCAN 234-3453, non-SCAN (206) 753-3453) to determine if there is a previous report on file.

2. The Central Registry takes caller's name, name of office/agency, phone number, and name of alleged "abused" and alleged "abuser," and tells caller that he will return call after searching the files. The first step is to verify caller's name, office and phone number as an eligible inquirer. If the caller is verified as a ineligible inquirer, the Central Registry returns the call indicating that information cannot be released and terminates this procedure.

3. If the caller is verified as an eligible inquirer, the Central Registry searches the files and returns the call indicating:

   (a) "there is no previous report"; or

   (b) "there is a report under investigation at _____ ESSO"; or

   (c) "there is a 'substantiated' report with detailed information located at _____ ESSO."

4. If this inquiry is based upon a new report of abuse or neglect, the Central Registry completes a pending card indicating: name of the alleged "abused" and alleged "abuser," name of the ESSO, name of inquirer; and files the card alphabetically by name of alleged "abused" and alleged "abuser" in the pending file. The Central Registry will call the inquirer, if after 45 days the ESSO has not:

   (a) sent the DSHS 2-142(X) to the Central Registry (substantiated cases only); or

   (b) notified the Central Registry that the case is not substantiated.

5. If a pending card has been made and the matter is subsequently reported by the ESSO as being not substantiated, the Central Registry pulls the pending card from the pending file, destroys the card and terminates this procedure.

6. The ESSO completes and sends form DSHS 2-142(X) to the Central Registry for substantiated cases only of nonaccidentally inflicted death, physical injury (abuse), physical neglect, sexual abuse or mental injury. See Section 54.36, Time Phases. All forms, DSHS 2-142(X), must be screened by the CPS supervisor to insure that the reports have been properly substantiated. A new card must be submitted if previously reported information is incomplete, incorrect or otherwise requires updating.

7. The Central Registry upon receipt of form DSHS 2-142(X) searches the file for previous reports. If there are previous reports the Central Registry calls the ESSO reporting the new incident and tells which ESSO(s) have detailed information.

8. The Central Registry punches the expungement date (year) on all new DSHS 2-142(X) reports, and punches this same date on other (old) DSHS 2-142(X) forms pertaining to this same suspected "abused." All new and previous reports (DSHS 2-142(X) are subsequently filed by alphabetic order of name of "abused" in the file.

B. Other Agency or Professional Requires Information

1. According to RCW 26.44.070 and WAC 388-16-525, the Central Registry is available to:

   (a) Law enforcement agencies (police department, prosecuting attorney, state patrol, director of public safety, office of the sheriff) in the course of an investigation of alleged child abuse or neglect;

   (b) Child protective service workers or juvenile court personnel who are investigating reported incidents of child abuse or neglect;

   (c) Physicans who are treating the child or family;

   (d) Any child named in the registry who is alleged to be abused or neglected or his or her guardian ad litem and/or attorney;

   (e) A parent, guardian, or other person legally responsible for the welfare and safety of the child named in the registry;

   (f) Any person engaged in a bonafide research purpose, as determined by the department, according to rules and regulations, provided that information identifying the persons of the registry shall remain privileged. See WAC 388-16-545. The CPS Specialist may be contacted for details.

   (g) Any individual whose name appears on the registry shall have access to his own records.

   (h) Others who have a court order authorizing access to the registry.

2. If one of the above listed eligible agencies or persons contacts the ESSO requesting information about previous incidents, the ESSO may contact the Central Registry for the inquirer or may refer the inquirer directly to the Central Registry;

   (a) If the ESSO contacts the Central Registry for the inquirer, the ESSO takes the caller's name, name of office/agency, phone number, address and name of the alleged "abused" and alleged "abuser," and tells caller that he will return the call after searching the files. The first step is to verify caller's name, office, phone number and address as an eligible inquirer.

(1) If the caller is verified as a noneligible inquirer, the ESSO returns the call indicating the information cannot be released and terminates the inquiry procedure.

(2) If the caller is verified as an eligible inquirer, the ESSO contacts the Central Registry for inquirer. The procedures under "A., ESSO Requires Information" are to be followed.

The ESSO upon receiving an answer from the Central Registry subsequently reports to the inquirer:

(i) "there is no previous report"; or

(ii) "there is a report under investigation at _____ ESSO"; or

(iii) "there is a 'substantiated' report with detailed information located at _____ ESSO." Offer to obtain and release information as outlined in Section 54.56, item C., Release of Central Registry Information. Information shared orally must be followed by a report in writing to the inquirer. A signed release is not required.

(b) If the inquirer contacts the Central Registry directly, steps A.1. through 3. are followed. The Central Registry, in addition, contacts the ESSO where the records are kept and asks them to contact inquirer. The ESSO contacts the inquirer following the procedures under (a) above, particularly (a) (2) (iii), if the previous report is substantiated.

Subsequently, steps A. 4. through 8. are follows.

C. Release of Central Registry Information

The Central Registry per se has limited information. However, the remainder of the information which may be released to those who have access to the Central Registry can be found in the ESSO case record. This information is the following, if known:

1. The name, address and age of the child;

2. The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;

3. The nature and extent of the child's injury or injuries;

4. The nature and extent of the neglect of the child;

5. The nature and extent of the sexual abuse;

6. Any evidence of previous injuries, including their nature and extent; and

7. Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the perpetrator or perpetrators.

Release of other information from the department's records is governed by the provisions of WAC 388-48-010 - 100, Safeguarding Information.

D. Maintenance of Central Registry Records

If case records are transferred between ESSOs, the master file clerk of the office transferring the record notifies the Central Registry of the transfer and office where the record is to be located. The Central Registry, five working days later, will call the master file clerk of the new office asking for a new case number. The Central Registry will subsequently update its files.

E. Retention of Central Registry Records

1. Expungement may occur under the following circumstances:

   (a) Routine. Annually, the Central Registry sorts through the file to pull record cards which designate the records to be expunged at the conclusion of the previous calendar year. The Central Registry notifies the ESSO where detailed information is kept to expunge information from the case record pertaining to the incident(s) and send it to Archives for sealing. The Central Registry subsequently destroys its record card.

   (b) ESSO Request. Record cards may be expunged and destroyed upon the written request of the reporting ESSO. If expungement and sealing of all records is requested, there must be concurrence of all other reporting ESSOs, if any. Reports sent in error may be expunged and destroyed upon the written request of that ESSO.

2. Sealed records may be revived if there is a subsequent report after expungement. The request for unsealing a sealed record may come from an ESSO administrator only. The request must be in writing and have the subsequent report attached. Sealed records about the state or condition of the child which contain no reference to the person responsible for the abuse may also be revived for purposes of treating the child.

F. Complaints Directed to Central Registry

In those instances when a complainant telephones the Central Registry directly to report a situation of abuse or neglect, the Central Registry will:

1. Provide the caller with the phone number and address of the ESSO nearest the caller and let the caller follow-up; or

2. Offer to have the appropriate ESSO CPS staff call the complainant to obtain details (and subsequently notify the ESSO of this report and request follow-up); or

3. Accept the caller's name, name of office/agency, phone number, address and name of the alleged "abused" and alleged "abuser" and subsequently notify the ESSO of this report and request follow-up.

54.60 SUSPECTED KNOWING FAILURE TO REPORT CHILD "ABUSE" TO DSHS OR LAW ENFORCEMENT

(See Manual H, 54.16 regarding mandatory reporting and RCW 26.44.080.)

The procedure to follow in cases of suspected knowing failure to report nonaccidentally inflicted death, physical injury, physical neglect, sexual abuse or mental injury is the following: (1) Worker - review facts with supervisor; (2) Supervisor - request consultation with an Assistant Attorney General on the next steps to be taken, if any; (3) Supervisor - notification to ESSO chain of command regarding actions planned or requested.

CHILD PROTECTIVE SERVICES
CHILD ABUSE REGISTER REPORT DSHS 2-142(X)

GENERAL INSTRUCTIONS

The ESSO completes DSHS 2-142(X) and sends it to the Central Registry for substantiated cases only of nonaccidentally inflicted death and physical injury (physical abuse), physical neglect or sexual abuse.

The DSHS 2-142(X) must be typed; handwritten forms will be returned to the ESSO for typing.

The DSHS 2-142(X) must be submitted up to but no longer than five (5) working days after substantiating a report or receiving a substantiated report.

One form (original and carbon copy) is to be used for each "abused" individual in each incident and a separate form (original and carbon copy) must be completed for each new substantiated incident. A photocopy of the completed form should be kept in the case record.

The ESSO is responsible for establishing controls to insure that all substantiated cases are reported and that all reported cases have been properly substantiated.

See Section 54.56 for processing details.

ITEMIZED INSTRUCTIONS

Name of Abused - Enter full name of the abused/neglected person - last, first and middle.

Sex of Abused - Enter "M" or "F" on the same line as, and following, "Name of Abused."

Social Service Case Number - Enter full case number.

Birthdate - Self-explanatory.

Place of Birth - Self-explanatory. (Helpful for positive identification, particularly for law enfrcement agencies.)

Type of Abuse - Check all appropriate items. Mental injury will be reported to the Central Registry when the revised forms are available. See Manual H, 54.26 A., D. and E.

Is Abused Mentally Retarded - Check "yes" only if the "abused" has been diagnosed as being mentally retarded. Manual G, 66.08 lists sources and resources for such diagnostic evaluations.

Date of Incident - Enter month and year. This item is used for punching the card's expungement date, therefore a date is necessary rather than a descriptive term like "continuous." If the occurrence has been repeated or is considered continuous, as is typical with neglect, enter the most recent date of occurrence. If the date is unknown, enter the approximate date.

Name(s) of Abuser(s), etc. - If the perpetrator is unknown, simply check "unknown." Enter the full name(s) of all "known" or "suspected" perpetrators in this incident - last, first and middle. Also list any aliases. See Manual H, 54.26, D., for criteria and E. for definitions of "known," "suspected" and "unknown." Enter the full social service case number if different from the victim's.

ESSO Where Record is on File - Enter the ESSO name.

ESSO Number - Enter the ESSO number, not the mail stop.

Title of Person in ESSO to Contact - Enter the title of the person to whom the Central Registry staff should direct callers who wish to obtain information from case records. Ordinarily, this would probably be the "CPS Supervisor," "CPS Intaker Worker" or "CPS Worker."

Telephone Number - Enter both the off-SCAN number and SCAN number (preceeded by 8-).

TRANSMITTAL OF DSHS 2-142(X)

1. Both copies of the DSHS 2-142(X) must be placed in a sealed envelope marked "confidential."

2. The sealed envelope may be used to transmit one or several forms.

3. The sealed envelope containing the DSHS 2-142(X) may be sent via regular U.S. mail or through any of the state's various mail delivery systems; and may be sent separately or be included in a bulk mailing.

4. If the sealed envelope is sent separately by regular U.S. mail, use the following address:

   Central Registry of Child Abuse M.S. 223
   Administrative Services Division
   Department of Social and Health Services
   Olympia, WA 98504

5. If the sealed envelope is sent by way of state mail delivery systems, or is included in a bulk mailing to the state office, use the following address:

   Central Registry of Child Abuse M.S. 223
   Administrative Services Division
   Olympia

DSHS 2-142(X) (Rev 11-74)

T84990X A B C D E F G H I J K L M N O P Q R S T U V W X Y Z MCBEE SYSTEMS-SEATTLE

CHILD ABUSE REGISTER REPORT

DSHS 2-142 (X) REV 11-74

NAME OF ABUSED

SOCIAL SERVICE CASE NUMBER

BIRTHDATE

PLACE OF BIRTH

TYPE OF ABUSE

☐ 1. PHYSICAL INJURY ☐ 2. PHYSICAL NEGLECT ☐ 3. SEXUAL ABUSE ☐ 4. DEATH

IS ABUSED MENTALLY RETARDED? ☐ YES ☐ NO

DATE OF INCIDENT

	NAME OF ABUSER(s)	CHECK IF UNKNOWN	KNOWN (COURT JUDGE)	SUSPECT	SOCIAL SERVICE CASE NUMBER IF DIFFERENT THAN ABUSED	LOCAL OFFICE WHERE FILE IS ON RECORD
CJ SUS	1.					LOCAL OFFICE NUMBER
CJ SUS	2.					TITLE OF PERSON IN LOCAL OFFICE TO CONTACT
CJ SUS	3.					PHONE NO.

FOR CENTRAL REGISTRY USE ONLY

LOCAL OFFICE NUMBER: 0 10 20 30 40 50 60 70 80 90 | 0 1 2 3 4 5 6 7 8 9

YEAR OF DESTRUCTION: 75 76 77 78 79 80 81 82 83 84 85 86 87

TYPE OF ABUSE: 1 2 3 4

94 93 92 91 90 89 88

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

MANUAL G REVISION 56

This revision changes the routing procedure for Child Protective Service complaints on active cases, and brings it into compliance with Manual G, 54.08. The changes to 10.48, and 14.24 lay the groundwork for tighter control of these complaints by directing them to the Child Protective Service staff.

Section 54.10 is added to clarify procedures and controls when a Child Protective Service complaint is received about an active case.

On the Control Sheet note the date Revision 56 was entered.

10.44 SUMMARY OF ONGOING SERVICES

Ongoing services will use the socialization model primarily, be client advocate when needed, clarify rights and responsibilities, help the client to use community resources and to know and use social systems including the Agency system. This unit provides all services other than brief services given in Entry, utilizing the following concepts:

1. Contractual Service.

Ongoing services will develop a time-limited contract with the applicant stating a specific area or problem which will be given attention by the worker and the client. This contract shall be entered into the case record as soon as it has been developed. Contracts may vary in length of time, but most should be completed in one or two months. In unusual cases they may extend to 90 days or be re-negotiated for a longer period. In the area of specialized services, the contract may be completed in one or two interviews.

There need be no specific pattern of contacts, e.g., one client may be seen once every two weeks for twelve weeks and terminated for service, another might be seen every working day for six contacts and terminated, still another could be seen weekly for eight weeks. Contacts may be scheduled as agreed upon by worker and client in office, home, school, etc. The caseworker and supervisor should be aware of the interrelationship between number of contacts and time limit. It will require practice to put available casework time to best use. An average, meaningful contact requires approximately two hours. This allows for preparation, travel, note taking and dictation. Number of cases per se is not so important as scheduling within the individual contracts. The goal is to maximize use of total contact time available.

The worker and the client will review and evaluate what has transpired at the end of the time indicated in the contract. At this point, the case may be terminated for services or the contract re-negotiated.

When the case is terminated, the case record will be returned to Ongoing service control. It is essential that in the termination interview, the caseworker review the agency system with the recipient so he is aware as to how he may request services in the future.

2. Specialized Services

Specialized services are to be provided by Ongoing service on a contractual basis. No case (except protective service cases) will be opened unless there is a contract for action and the case will be terminated for service when the activities are completed and evaluated.

The purpose of creating specialized work loads is to protect the time-limited contractual casework in the Ongoing section, to free Entry services to do crisis intervention and the very short-term contacts, to make possible specialized training, to protect certain caseloads to provide a basis for evaluation of services and to provide data for establishing workload standards.

10.48 DIRECT REFERRAL TO ONGOING FROM RECEPTION OR TELEPHONE

Cases such as the following shall be referred directly to specialty units in Ongoing service:

1. Protective service
2. Foster home finding
3. Adoptive home finding
4. Day care home finding
5. Adult alternate care placement
6. Homemaker service

Except for complaints alleging abuse, neglect and exploitation of children, complaints relating to cases assigned to an ongoing service worker will be referred directly to the service worker. For procedures relating to handling of complaints see Chapter 14.

10.52 RELATIONSHIP WITH FINANCIAL SECTION

1. Refer to financial section clients who have been receiving service only but who wish to apply for financial assistance or non-grant medical care.

2. Receipt of financial information by Ongoing workers should be handled as follows:

   a. explain to the client how to contact the financial section and advise him to do so; or

   b. if client cannot or will not take the recommended action, the Ongoing worker shall use himself as role-model in showing client exactly how this is done. This may include going with him to the office or helping him complete the 14PA02 (Change of Circumstance form); or

   c. inform client that it is a responsibility of the worker to report this information if the client will not, and that he will send a memo to the financial section with the appropriate information.

Service workers in both the entry and ongoing service units shall notify the appropriate control sections when a case is transferred from the bank to ongoing service and from ongoing service to the bank.

10.56 DESCRIPTION OF SERVICE DELIVERY

The Ongoing service worker conducts service-oriented interviews with clients in which the worker:

(2) If service needed can be provided by DSHS, discuss service length of time needed.

a. If service need(s) can be met in Entry, contract is to be made with client, and service provided. Appropriate service recording form completed to show problem, service need(s), initial contract, and action initiated. When service is completed, summary of contract, action taken and resolution is recorded in the case record. Return to Entry Control for routing to files.

b. If service need(s) require longer service or a specialized service not available in Entry, case is referred to Ongoing through Entry Control.

14.24 COMPLAINTS

(1) Complaints regarding financial matters.

Pertinent financial information will be forwarded to the appropriate person in Financial Service via the RFIS-13.

(2) Except for Protective Services, complaints on cases assigned to an Ongoing Service worker will be referred to the worker.

(3) Protective service complaints:

a. Neglect or abuse of children alleged. The complaint will be transferred directly to the Child Protective Services Section or worker. See Chapter 54, especially sections 54.05, 54.08 and 54.10.

b. Mentally Retarded Adult

1. Route the original and triplicate to person responsible for compiling monthly report of Protective Service cases.
2. The duplicate 4PA30 will be forwarded with recording of complaint and RFIS-13 to Ongoing Control for assignment.

(4) Complaint on a Case in the Bank

Entry worker receiving compliant will record the complaint. Recording will be routed to Entry Control. Copies will be routed according to LO procedure so that a control is maintained to see that the complaint is acted upon.

(5) Complaints Concerning a Non-recipient

General community complaints not concerning a recipient or protective services will be verbally referred to the appropriate community resource, e.g., police department, bar association, health dept. etc., by the receiving worker.

14.28 ACTION ON SERVICE COMPLAINTS ASSIGNED TO ENTRY

(1) Assess service need from as many of the following sources as needed:

a. Case Record
b. Contact with Client
c. Contact with Collateral such as schools and other agencies.

(2) Take Appropriate Action

a. Terminate for service if no need exists or taken care of in one contact.
b. Retain in entry for service
c. Refer to Ongoing through Entry Control.
d. Refer to appropriate community resource.

14.32 ENTRY INTERVIEW

Each client must have a service-orientated interview. This interview may be held in the office on the day the client first requested assistance, or be scheduled for a later date either in the office or in the client's home.

This service oriented interview should include any of the following which is not provided during the reception process and/or financial interview:

(1) Determine what circumstances brought the applicant to the agency and what he wants.

(2) Discuss problems applicant may be having and what he would like to do about them. (Service needs)

(3) Relate his problems to services provided by the department and those provided by other community agencies.

(4) Explain mandatory services pertinent to applicant.

a. The client has the right to determine whether he wants to utilize the services offered by the department. The client must be informed that there are certain program requirements that must be met if he is to receive financial assistance.

1. AFDC-E or non-grant categorically related employable applicants must be referred to Employment Security if not currently registered there for work.

2. AFDC-R recipients must be referred to Pre-Referral Screening Committee to determine appropriateness for WIN referral.

3. Unless a doctor's statement containing diagnosis, prognosis and length of time client is expected to be incapacitated can be obtained, GAU applicants must have an employability exam and referral to screening team to evaluate. This does not apply to individuals in school or training per Chapter 86.

4. DA applicants must cooperate in providing medical and social data. Applicants 18 or over who have a disability which is anticipated to last over 12 months must be referred to the local Social Security Office for potential OASI benefits.

5. When parent or parents are absent from the home and refuse to pay support or do not pay adequate support for a minor child, form 18PA42 must be completed in full detail for

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

Caseload Management

Central Registry 4PA30

Statistical Reports

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

Storage of Information

Retrieval of Information

1. Local Office

2. Law Enforcement Agency

54.60 SUSPECTED KNOWING FAILURE TO REPORT

CHAPTER 54 - CHILD PROTECTIVE SERVICES

The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjunction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction; confidentiality; program philosophy; professional role and responsibility; and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: Switchboard Operator, Receptionist, Mail Clerk, or Entry or Ongoing Service Worker.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source.

   a. Referral From Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. However, it may be advisable to discuss the possibility of court testimony with the complainant.

   b. Referral From Relatives or Parents

      When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

   c. Referral From Professional Persons

      Privately practicing professional persons, e.g., doctors, nurses, clergymen and attorneys, who make referrals based on their professional knowledge, should be asked to tell the parents of the facts of the report, if they can do so.

In the case of a CPS referral about an expectant mother allegedly harming or endangering her unborn:

(1) The referring professional should have discussed the injurious act, situation or condition with the expectant mother;

(2) The expectant mother must have demonstrated unwillingness, inability or failure to use pertinent available resources and services.

(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be expected to discuss the referral with the parents.

Also see Item c. regarding the unborn child.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the LO.

   If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service.

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

If the family is already assigned to a service worker, the CPS Worker and/or Supervisor, upon receiving the CPS complaint, should discuss the situation with the Service Worker and/or his Supervisor. Actions to be taken, in response to the complaint, must be decided, including who has responsibility for follow-up. Typically, a CPS complaint will be directed to the CPS staff. When the CPS complaint comes directly to the Service Worker, however, that Worker must make certain the situation is appropriately reviewed, as above, and reported to controls. One type of control to be maintained is a list of cases, case numbers and whether the family is being served by a CPS or non-CPS worker.

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources, either recommended by complainant or who would appear to have reason to know of the facts in a given situation,

Screen the case for appropriateness for CPS in light of the new information,

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

If complaint now appears appropriate for CPS, initiate 4PA30, Sec. A (see form instructions). A carbon copy of this form and a locally used complaint form will be retained in the service record. The 14PA11 (SF 5812), or other form to notify master files of the opening, and the 6PA10 (SF 5822-C) may be initiated at this point.

(Text continued on next page)

MANUAL H

CHAPTER 54

CPS

L. TAYLOR

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

MANUAL H - REVISION 5

Chapter 54, Child Protective Services, is reissued. The following changes are to be noted:

Section 54.04 - Adds a new paragraph clarifying process definition deleted by mistake in new Manual H.

54.08 - Under "Specific philosophy" clarifies direction of service.

54.12 - Addition of new sentence clarifies "parental failure".

54.14 - Adds this new section to clarify termination criteria deleted by mistake in new Manual H.

54.16 - New section to make manual consistent with new law.

54.26 - New section moves central registry material from 54.08 to 58.26 and revises content to reflect recent modification of the central registry.

54.28 - Item 1-b - clarifies "reports",

- Rearranges sequence of material,

- Reduces age of child from 21 to 18.

The attached sheets replace all of Chapter 54. Enter revision promptly and note on Revision Control Sheet date entered.

CHAPTER 54

CHILD PROTECTIVE SERVICES

54.04 PROCESS DEFINITION

54.08 SCOPE OF PROGRAM

54.12 CHILD IN NEED OF PROTECTION

Abuse

Neglect

Exploitation

54.14 TERMINATION CRITERIA

54.16 SPECIAL CONSIDERATION

54.20 INTERRELATIONSHIPS

With Other Programs

With Other Sections of DSHS

With Juvenile Court

With Other Agencies

54.24 RESOURCES AVAILABLE LOCAL OFFICE

54.26 CENTRAL REGISTRY

54.28 STANDARDS

54.04 PROCESS DEFINITION

Child Protective Services is a specialized social service assigned to DSHS by law, given on behalf of children who are primarily in their own homes regardless of economic status. It is intitiated on the basis of a complaint from the community in situations where it is believed that a child is being physically and/or emotionally neglected, abused, exploited and/or cruelly treated. The Child Protective Services worker intervenes at the point of crisis and referral, takes appropriate action to collect information and makes an assessment of the degree of maltreatment and the family's willingness to accept help. The Child Protective Services worker discusses the situation with the family, decides what action is needed in order to protect the child and takes such action. If the child is to remain in the homes, an agreement (contract) is made as to how the Child Protective Services worker can help and what the family can do to effect change so that the child is no longer endangered. A continuously mutual reassessment of change during the crisis phase is made and a decision reached as to whether there is a need for continued service.

The continued or ongoing service may be provided by Child Protective Services staff or other designated staff who are skilled and experienced in using authority. The danger to the child caused by his situation is crucial in the determination of whether additional service is needed and who should provide it.

54.08 SCOPE OF PROGRAM

Place in overall program: Within rules and regulations, Child Protective Service staff must work in a flexible and innovative way with heavy reliance on collaborative efforts with other staff of this and other agencies.

Child Protective Service staff perform both Entry and Ongoing functions, and provide consultation to other DSHS staff and other agencies about problems of neglect, abuse and exploitation.

Cases which are active when a complaint alleging neglect, abuse or exploitation is received, must be reviewed for assignment but may be carried by a non-protective service worker.

Specific philosophy: This service is initiated on the basis of a complaint from the community. Although the service is child-focused, the staff should orient the service to the entire family. The service is non-punitive and seeks to prevent further neglect, abuse or exploitation. It focuses on rehabilitation of the home and treatment of the motivating factors which underlie the maltreatment.

Technical base: Staff chosen to do Protective Services use a wide range of methods and techniques to meet the varied problems clients present. These methods and techniques include, but are not limited to, "socialization".

54.12 CHILD IN NEED OF PROTECTION

A child is in need of protection when he is abused, neglected, and/or exploited. Such a child may be referred to this agency for Protective Services. Often the referral is a complaint about the care afforded by the parents or persons responsible for the child. Failure by parents or other persons responsible for the child to provide proper care for the child is an important element of the need for Protective Services. This may be failure through their own efforts and/or through use of available community resources to provide proper care.

Abuse, neglect, and exploitation may be defined in the following ways:

1. Abuse (often thought of as an act of commission)

   a. Physical abuse - the child has sustained physical damage, such as bruises, lacerations, fractures or burns as a result of a non-accidental physical act or acts.

   b. Emotional abuse - the child has sustained emotional damage as shown by his behavior or is endangered as a result of various acts, such as being told repeatedly he is not "good" or by observing a parent or other child abused.

2. Neglect (often thought of as an act of ommission)

   a. Physical neglect - the child has sustained physical or material deprivation, such as not being fed, clothed or bathed, which sometimes results in a physical state of ill health. Essential medical care is lacking. The child is unsupervised or unattended.

   b. Emotional neglect - the child has sustained emotional damage as shown by his behavior or is endangered by rejection, lack of love, attention, approval or security.

3. Exploitation - the child is forced to work at unreasonable tasks for unreasonable periods of time, or is sexually abused, or commits delinquent acts for adults.

The above examples are not inclusive.

There are three facets which must be considered in determining whether a child needs protective services:

1. the child's state or condition including the danger to the child.

2. the act or incident which resulted in the state or condition.

3. the parental (or parental surrogate) attitudes and responses to (1) and (2).

54.14 TERMINATION CRITERIA

A family ceases to need Child Protective Services when:

1. They have changed or corrected the circumstances which brought about the complaint of abuse, neglect or exploitation, and it can be determined with a fair degree of certainty that the change will be maintained when the case is transferred or terminated; or

2. They have demonstrated that they do not have the capacity or desire to use CPS and that the abuse, neglect or exploitation is of a nature that the court cannot become involved and there are no further actions that can be taken to protect the child(ren).

An arbitrary time period per se is not grounds for termination.

54.16 SPECIAL CONSIDERATION

A complaint or referral concerned with abuse, neglect or exploitation of children shall be accepted by the epartment from any source, including one made anonymously, when any of the foregoing conditions exist. (See 54.12).

Mandatory Reporting and Immunity: The following persons are now required by law to report non-accidentally inflicted deaths, physical injury (abuse), physical neglect or sexual abuse:

practitioner of the healing arts
professional school personnel
registered nurse
social worker
psychologist
pharmacist
clergyman
employee of the Department of Social and Health Services

The reporting of emotional abuse and emotional neglect is not mandatory.

These persons - all defined by law - are immune from civil liability that might otherwise be incurred in reporting abuse, neglect, and exploitation.

54.20 INTERRELATIONSHIPS

1. With Other Programs

Homemaker Services may help in improvement of family standards in homemaking and child care. (See Chapter 70).

Child Care Services are a resource when there is a need for child care where the parents are working, or to give the parents and the children a break from being constantly together. (See Chapter 50).

Foster Care - When it is necessary because of neglect or abuse for a child to live other than with his natural parents, first consideration should be given to counseling with parents toward voluntary foster home placement of the child. Work with the parents should continue after the child is placed to help the parents improve to the point where the child can return to the home. (See Chapter 62).

2. Other Sections of DSHS

Financial Assistance - should be considered as a resource to alleviate financial problems.

3. Juvenile Court - Referral to the juvenile court to remove a child from neglecting, abusing and exploiting parents or to secure cooperation of the parents should be made: a) when the child is in imminent danger and the parents refuse or are unable to make immediate changes to protect the child; and b) after all other possible attempts to help correct the problems have been exhausted. When it is necessary to refer to the juvenile court, the family should be informed of the reasons for the referral and helped to understand and participate in the court process. (See Chapter 74).

If the child is removed from the family by the court as part of the protective service casework plan, work with the parents should continue toward improving their capabilities as parents to the point that the child can safely be returned to them. (See "Foster Care" above).

4. Other Agencies - Referral of the family to other agencies in the community should be made when possible and appropriate.

When making referrals to another agency, the caseworker should continue working with a family until they are engaged in treatment in that agency. At that point, protective services for the family can be terminated and the agency informed to refer the family back to protective services if neglect continues or if the family discontinues treatment before the problems involving neglect and/or abuse have been resolved.

54.24 RESOURCES AVAILABLE TO LO

1. Local Resources - Within the local office, specific program information and resources may be available regarding other programs such as Homemaker Services, Foster Care, etc., through consultation with the supervisors or casework specialists involved with such programs.

The local office should have a resource file listing all known lay, professional and material resources available to the Protective Services worker.

2. State Office Resources - The specialists most likely to be useful are the Protective Service specialist, Family Service specialist, Homemaker specialist, Foster Care specialist and Juvenile Court specialist. Oth resources include: Assistant Attorney General, Support Enforcement Collection Section, Services for the Blind Section, Medical Care Section. Employment Counseling Section and State Library.

54.26 CENTRAL REGISTRY

The central registry is a centralized storage and retrieval system of case information in all reported instances of non-accidentally inflicted death, physical injury or injuries (abuse), physical neglect or sexual abuse of a child or mentally retarded person of any age. (Please note that the scope of the central registry is narrower than the scope of Section 54.12, Child in Need of Protection .) If a report of these conditions is filed with DSHS, staff must, in turn, make certain that the report is transmitted to the central registry.

The State Office of the DSHS has been given responsibility for the central registry. Located in the Research and Statistics Section, the central registry contains the statewide accumulation of such information. Reports should come from or through local offices to the central registry.

According to law establishing the central registry, a "child" or "children" means any person under the age of 18 years of age and shall include any mentally retarded person of any age.

The purposes of the central registry are:

1. To obtain accurate information of the incidence of non-accidentally inflicted death, physical injury (abuse), physical neglect, and sexual abuse of children and mentally retarded persons of all ages.

2. To make case information available in usable form to requesting local offices and requesting law enforcement agencies.

54.28 STANDARDS

1. Each local office has the responsibility to:

   a. Establish a procedure for providing information to the community and for receiving reports from community sources as well as from within the local office for both children and mentally retarded adults;

   b. Assure that all statistical and central registry reports are completed and transmitted to the State Office Research and Statistics Section at the required time each month;

   c. Investigate and evaluate the reports of abuse, neglect, and exploitation;

   d. Give protective services when it has been determined that abuse, neglect or exploitation exist. (See Section 54.12).

   e. When necessary and appropriate, refer to a law enforcement agency;

   f. Establish an agreement with local law enforcement agencies whereby they will transmit reports of abuse, neglect, and exploitation to the DSHS local office;

g. Establish liaison with local law enforcement agencies so that appropriate referrals may be made between law enforcement agencies and DSHS local offices.

2. The Service worker providing protective services has the responsibility to:

a. Receive the complaint or referral information;

b. Examine, evaluate and "remain in" a situation which warrants community concern on behalf of a child;

c. Offer help, although it may or may not be wanted or accepted;

d. Make clear that the community cannot allow a situation harmful to a child to persist;

e. Help carry out a treatment plan for the child and family which can lead to a permanent solution;

f. Decide whether neglect, abuse, and exploitation has ceased and the service may be terminated, or

g. Initiate action to remove the child from parents, or others serving in place of parents, and obtain adequate care for him.

Protective services to mentally retarded persons 18 years of age and older are given by the adult service worker.

Protective services to abused, neglected or exploited children under the age of 18 are given by Family and Children's Service.

Protective Services caseworkers must be prepared to act according to the requirements of each referral and situation.

When a complaint is based on a specific incident of maltreatment, or when the parents know they are being referred, this inherent advantage should be used. Reach the parents quickly even though there is no immediate danger to the children. It is more likely that the caseworker's help will be used if there is follow-up immediately after a referral.

Protective Services, on behalf of the child, help parents recognize and remedy the conditions harmful to the child and fulfill their roles more adequately, or initiate action, with parental cooperation and consent or through petition of the court, to obtain substitute care for the child to meet his minimum needs.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Manual H - Revision 12

M

This revisions amends the following sections in Chapter 54:

1. Chapter 54 Table of Contents.

2. 54.12 - Clarifies the "Child in Need of Protection" on military and Indian reservations. This revision also clarifies agency policy regarding the unborn child.

3. 54.16 - Clarifies mandatory reporting and immunity on military reservations.

4. 54.20 - Clarifies "Interrelationships" with law enforcement agency, and personnel on military and Indian reservations.

Complementary changes are being made in Manual G, Chapter 54 by Revision No. 27.

Remove all of Chapter 54 and insert the attached pages.

File the revision promptly and note date entered on Revision Control Sheet.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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CHAPTER 54

CHILD PROTECTIVE SERVICES

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54.08 SCOPE OF PROGRAM

54.12 CHILD IN NEED OF PROTECTION

Abuse

Neglect

Exploitation

54.14 TERMINATION CRITERIA

54.16 SPECIAL CONSIDERATION

54.20 INTERRELATIONSHIPS

With Other Programs

With Other Sections of DSHS

With Juvenile Court

With Other Agencies

Law Enforcement

Military Reservations

Indian Reservations

54.24 RESOURCES AVAILABLE LOCAL OFFICE

54.26 CENTRAL REGISTRY

54.28 STANDARDS

54.04 PROCESS DEFINITION

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The continued or ongoing service may be provided by Child Protective Services staff or other designated staff who are skilled and experienced in using authority. The danger to the child caused by his situation is crucial in the determination of whether additional service is needed and who should provide it.

54.08 SCOPE OF PROGRAM

Place in overall program: Within rules and regulations, Child Protective Service staff must work in a flexible and innovative way with heavy reliance on collaborative efforts with other staff of this and other agencies.

Child Protective Service staff perform both Entry and Ongoing functions, and provide consultation to other DSHS staff and other agencies about problems of neglect, abuse and exploitation.

Cases which are active when a complaint alleging neglect, abuse or exploitation is received, must be reviewed for assignment but may be carried by a non-protective service worker.

Specific philosophy: This service is initiated on the basis of a complaint from the community. Although the service is child-focused, the staff should orient the service to the entire family. The service is non-punitive and seeks to prevent further neglect, abuse or exploitation. It focuses on rehabilitation of the home and treatment of the motivating factors which underlie the maltreatment.

Technical base: Staff chosen to do Protective Services use a wide range of methods and techniques to meet the varied problems clients present. These methods and techniques include, but are not limited to, "socialization".

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Abuse, neglect, and exploitation may be defined in the following ways:

1. Abuse (often thought of as an act of commission)

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   b. Emotional abuse - the child has sustained emotional damage as shown by his behavior or is endangered as a result of various acts, such as being told repeatedly he is not "good" or by observing a parent or other child abused.

2. Neglect (often thought of as an act of ommission)

   a. Physical neglect - the child has sustained physical or material deprivation, such as not being fed, clothed or bathed, which sometimes results in a physical state of ill health. Essential medical care is lacking. The child is unsupervised or unattended.

   b. Emotional neglect - the child has sustained emotional damage as shown by his behavior or is endangered by rejection, lack of love, attention, approval or security.

3. Exploitation - the child is forced to work at unreasonable tasks for unreasonable periods of time, or is sexually abused, or commits delinquent acts for adults.

The above examples are not inclusive.

There are three facets which must be considered in determining whether a child needs protective services:

1. the child's state or condition including the danger to the child.

2. the act or incident which resulted in the state or condition.

3. the parental (or parental surrogate) attitudes and responses to (1) and (2).

Also see 54.20, item (5), for situations on military reservations; and 54.20, item (6), for situations on Indian reservations.

Although referrals in the following situations typically come from medical and hospital personnel, a referral may come from any source. In terms of the danger to the unborn or newborn child, the report must deal with the present situation, and there must be direct evidence that the expectant mother's act, situation or condition is or will be harmful to the unborn child.

1. The expectant mother is not receiving medical care for a medical condition, which if left unattended or untreated, would clearly harm her unborn child.

2. The expectant mother is abusing usage of drugs and continued abuse has lead/will lead to physiological dependency upon drugs by the unborn or anatomical/physiological impairment of the unborn child.

3. The expectant mother resides in or places herself in an injurious situation where she is beaten or mistreated; thus, harming or endangering her unborn child.

4. The expectant mother has an acute psychiatric disorder which, when left untreated, could clearly cause danger to the unborn child.

In these situations, Child Protective Services are not to be considered a first line effort to help the expectant mother; rather her inability, unwillingness or failure to use pertinent available resources and services constitute cause for Child Protective Services intervention.

54.14 TERMINATION CRITERIA

A family ceases to need Child Protective Services when:

1. They have changed or corrected the circumstances which brought about the complaint of abuse, neglect or exploitation, and it can be determined with a fair degree of certainty that the change will be maintained when the case is transferred or terminated; or

2. They have demonstrated that they do not have the capacity or desire to use CPS and that the abuse, neglect or exploitation is of a nature that the court cannot become involved and there are no further actions that can be taken to protect the child(ren).

An arbitrary time period per se is not grounds for termination.

54.16 SPECIAL CONSIDERATION

A complaint or referral concerned with abuse, neglect or exploitation of children shall be accepted by the department from any source, including one made anonymously, when any of the foregoing conditions exist. (See 54.12).

Mandatory Reporting and Immunity: Except on military reservations, the following persons are now required by law to report non-accidentally inflicted deaths, physical injury (abuse), physical neglect or sexual abuse:

practitioner of the healing arts

professional school personnel
registered nurse
social worker
psychologist
pharmacist
clergyman
employee of the Department of Social and Health Services

The reporting of emotional abuse and emotional neglect is not mandatory.

These persons - all defined by law - are immune from civil liability that might otherwise be incurred in reporting abuse, neglect, and exploitation, except on military reservations.

54.20 INTERRELATIONSHIPS

1. With Other Programs

   Homemaker Services may help in improvement of family standards in homemaking and child care. (See Chapter 70).

   Child Care Services are a resource when there is a need for child care where the parents are working, or to give the parents and the children a break from being constantly together. (See Chapter 50).

   Foster Care - When it is necessary because of neglect or abuse for a child to live other than with his natural parents, first consideration should be given to counseling with parents toward voluntary foster home placement of the child. Work with the parents should continue after the child is placed to help the parents improve to the point where the child can return to the home. (See Chapter 62).

2. Other Sections of DSHS

   Financial Assistance - should be considered as a resource to alleviate financial problems.

3. Juvenile Court - Referral to the juvenile court to remove a child from neglecting, abusing and exploiting parents or to secure cooperation of the parents should be made: a) when the child is in imminent danger and the parents refuse or are unable to make immediate changes to protect the child; and b) after all other possible attempts to help correct the problems have been exhausted. When it is necessary to refer to the juvenile court, the family should be informed of the reasons for the referral and helped to understand and participate in the court process. (See Chapter 74).

   If the child is removed from the family by the court as part of the protective service casework plan, work with the parents should continue toward improving their capabilities as parents to the point that the child can safely be returned to them. (See "Foster Care" above).

4. Other Agencies - Referral of the family to other agencies in the community should be made when possible and appropriate.

When making referrals to another agency, the caseworker should continue working with a family until they are engaged in treatment in that agency. At that point, protective services for the family can be terminated and the agency informed to refer the family back to protective services if neglect continues or if the family discontinues treatment before the problems involving neglect and/or abuse have been resolved.

5. Law Enforcement - If a crime is being committed or may have been committed, staff must notify the appropriate law enforcement agency. In addition, help from law enforcement may be enlisted when:

   a. a court warrant has been obtained and parents refuse to allow the child to be removed;

   b. a child's life or safety is in immediate danger because of the parents' condition, or because the child is alone and neither of the parents nor other responsible persons can be located;

   c. the child and/or worker may need protection against bodily harm;

   d. the child is behind closed doors and it is necessary to obtain forcible entry.

6. Military Reservations - The military family residing off-post and reported by someone off-post for allegedly abusing/neglecting their child(ren) is to be considered just like any civilian family. All civil and criminal matters on the military reservation rest exclusively with the federal authorities. Therefore, the questions of reporting mistreatment of children from on-post to CPS and CPS providing services on-post must be resolved with the base commanding officer or his designee. Written guidelines and procedures may be necessary. Efforts in individual case situations should be closely coordinated with the base legal authorities and medical, social service and other personnel, as indicated.

7. Indian Reservations - The state of Washington has assumed complete civil and criminal jurisdiction on Indian reservations. Mandatory reporting and immunity therefore apply and the Department of Social and Health Services is obligated to provide Child Protective Services on Indian reservations.

54.24 RESOURCES AVAILABLE TO LO

1. Local Resources - Within the local office, specific program information and resources may be available regarding other programs such as Homemaker Services, Foster Care, etc., through consultation with the supervisors or casework specialists involved with such programs.

   The local office should have a resource file listing all known lay, professional and material resources available to the Protective Services worker.

2. State Office Resources - The specialists most likely to be useful are the Protective Service specialist, Family Service specialist, Homemaker specialist, Foster Care specialist and Juvenile Court specialist. Other resources include: Assistant Attorney General, Support Enforcement Collection Section, Services for the Blind Section, Medical Care Section. Employment Counseling Section and State Library.

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The State Office of the DSHS has been given responsibility for the central registry. Located in the Research and Statistics Section, the central registry contains the statewide accumulation of such information. Reports should come from or through local offices to the central registry.

According to law establishing the central registry, a "child" or "children" means any person under the age of 18 years of age and shall include any mentally retarded person of any age.

The purposes of the central registry are:

1. To obtain accurate information of the incidence of non-accidentally inflicted death, physical injury (abuse), physical neglect, and sexual abuse of children and mentally retarded persons of all ages.

2. To make case information available in usable form to requesting local offices and requesting law enforcement agencies.

54.28 STANDARDS

1. Each local office has the responsibility to:

   a. Establish a procedure for providing information to the community and for receiving reports from community sources as well as from within the local office for both children and mentally retarded adults;

   b. Assure that all statistical and central registry reports are completed and transmitted to the State Office Research and Statistics Section at the required time each month;

   c. Investigate and evaluate the reports of abuse, neglect, and exploitation;

d. Give protective services when it has been determined that abuse, neglect or exploitation exist. (See Section 54.12).

e. When necessary and appropriate, refer to a law enforcement agency;

f. Establish an agreement with local law enforcement agencies whereby they will transmit reports of abuse, neglect, and exploitation to the DSHS local office;

g. Establish liaison with local law enforcement agencies so that appropriate referrals may be made between law enforcement agencies and DSHS local offices.

2. The Service worker providing protective services has the responsibility to:

a. Receive the complaint or referral information;

b. Examine, evaluate and "remain in" a situation which warrants community concern on behalf of a child;

c. Offer help, although it may or may not be wanted or accepted;

d. Make clear that the community cannot allow a situation harmful to a child to persist;

e. Help carry out a treatment plan for the child and family which can lead to a permanent solution;

f. Decide whether neglect, abuse, and exploitation has ceased and the service may be terminated, or

g. Initiate action to remove the child from parents, or others serving in place of parents, and obtain adequate care for him.

Protective services to mentally retarded persons 18 years of age and older are given by the adult service worker.

Protective services to abused, neglected or exploited children under the age of 18 are given by Family and Children's Service.

Protective Services caseworkers must be prepared to act according to the requirements of each referral and situation.

When a complaint is based on a specific incident of maltreatment, or when the parents know they are being referred, this inherent advantage should be used. Reach the parents quickly even though there is no immediate danger to the children. It is more likely that the caseworker's help will be used if there is follow-up immediately after a referral.

Protective Services, on behalf of the child, help parents recognize and remedy the conditions harmful to the child and fulfill their roles more adequately, or initiate action, with parental cooperation and consent or through petition of the court, to obtain substitute care for the child to meet his minimum needs.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

MANUAL G REVISION 56

This revision changes the routing procedure for Child Protective Service complaints on active cases, and brings it into compliance with Manual G, 54.08. The changes to 10.48, and 14.24 lay the groundwork for tighter control of these complaints by directing them to the Child Protective Service staff.

Section 54.10 is added to clarify procedures and controls when a Child Protective Service complaint is received about an active case.

On the Control Sheet note the date Revision 56 was entered.

10.44 SUMMARY OF ONGOING SERVICES

Ongoing services will use the socialization model primarily, be client advocate when needed, clarify rights and responsibilities, help the client to use community resources and to know and use social systems including the Agency system. This unit provides all services other than brief services given in Entry, utilizing the following concepts:

1. Contractual Service.

Ongoing services will develop a time-limited contract with the applicant stating a specific area or problem which will be given attention by the worker and the client. This contract shall be entered into the case record as soon as it has been developed. Contracts may vary in length of time, but most should be completed in one or two months. In unusual cases they may extend to 90 days or be re-negotiated for a longer period. In the area of specialized services, the contract may be completed in one or two interviews.

There need be no specific pattern of contacts, e.g., one client may be seen once every two weeks for twelve weeks and terminated for service, another might be seen every working day for six contacts and terminated, still another could be seen weekly for eight weeks. Contacts may be scheduled as agreed upon by worker and client in office, home, school, etc. The caseworker and supervisor should be aware of the interrelationship between number of contacts and time limit. It will require practice to put available casework time to best use. An average, meaningful contact requires approximately two hours. This allows for preparation, travel, note taking and dictation. Number of cases per se is not so important as scheduling within the individual contracts. The goal is to maximize use of total contact time available.

The worker and the client will review and evaluate what has transpired at the end of the time indicated in the contract. At this point, the case may be terminated for services or the contract re-negotiated.

When the case is terminated, the case record will be returned to Ongoing service control. It is essential that in the termination interview, the caseworker review the agency system with the recipient so he is aware as to how he may request services in the future.

2. Specialized Services

Specialized services are to be provided by Ongoing service on a contractual basis. No case (except protective service cases) will be opened unless there is a contract for action and the case will be terminated for service when the activities are completed and evaluated.

The purpose of creating specialized work loads is to protect the time-limited contractual casework in the Ongoing section, to free Entry services to do crisis intervention and the very short-term contacts, to make possible specialized training, to protect certain caseloads to provide a basis for evaluation of services and to provide data for establishing workload standards.

10.48 DIRECT REFERRAL TO ONGOING FROM RECEPTION OR TELEPHONE

Cases such as the following shall be referred directly to specialty units in Ongoing service:

1. Protective service
2. Foster home finding
3. Adoptive home finding
4. Day care home finding
5. Adult alternate care placement
6. Homemaker service

Except for complaints alleging abuse, neglect and exploitation of children, complaints relating to cases assigned to an ongoing service worker will be referred directly to the service worker. For procedures relating to handling of complaints see Chapter 14.

10.52 RELATIONSHIP WITH FINANCIAL SECTION

1. Refer to financial section clients who have been receiving service only but who wish to apply for financial assistance or non-grant medical care.

2. Receipt of financial information by Ongoing workers should be handled as follows:

   a. explain to the client how to contact the financial section and advise him to do so; or

   b. if client cannot or will not take the recommended action, the Ongoing worker shall use himself as role-model in showing client exactly how this is done. This may include going with him to the office or helping him complete the 14PA02 (Change of Circumstance form); or

   c. inform client that it is a responsibility of the worker to report this information if the client will not, and that he will send a memo to the financial section with the appropriate information.

Service workers in both the entry and ongoing service units shall notify the appropriate control sections when a case is transferred from the bank to ongoing service and from ongoing service to the bank.

10.56 DESCRIPTION OF SERVICE DELIVERY

The Ongoing service worker conducts service-oriented interviews with clients in which the worker:

(2) If service needed can be provided by DSHS, discuss service length of time needed.

a. If service need(s) can be met in Entry, contract is to be made with client, and service provided. Appropriate service recording form completed to show problem, service need(s), initial contract, and action initiated. When service is completed, summary of contract, action taken and resolution is recorded in the case record. Return to Entry Control for routing to files.

b. If service need(s) require longer service or a specialized service not available in Entry, case is referred to Ongoing through Entry Control.

14.24 COMPLAINTS

(1) Complaints regarding financial matters.

Pertinent financial information will be forwarded to the appropriate person in Financial Service via the RFIS-13.

(2) Except for Protective Services, complaints on cases assigned to an Ongoing Service worker will be referred to the worker.

(3) Protective service complaints:

a. Neglect or abuse of children alleged. The complaint will be transferred directly to the Child Protective Services Section or worker. See Chapter 54, especially sections 54.05, 54.08 and 54.10.

b. Mentally Retarded Adult

1. Route the original and triplicate to person responsible for compiling monthly report of Protective Service cases.
2. The duplicate 4PA30 will be forwarded with recording of complaint and RFIS-13 to Ongoing Control for assignment.

(4) Complaint on a Case in the Bank

Entry worker receiving compliant will record the complaint. Recording will be routed to Entry Control. Copies will be routed according to LO procedure so that a control is maintained to see that the complaint is acted upon.

(5) Complaints Concerning a Non-recipient

General community complaints not concerning a recipient or protective services will be verbally referred to the appropriate community resource, e.g., police department, bar association, health dept. etc., by the receiving worker.

14.28 ACTION ON SERVICE COMPLAINTS ASSIGNED TO ENTRY

(1) Assess service need from as many of the following sources as needed:

a. Case Record
b. Contact with Client
c. Contact with Collateral such as schools and other agencies.

(2) Take Appropriate Action

a. Terminate for service if no need exists or taken care of in one contact.
b. Retain in entry for service
c. Refer to Ongoing through Entry Control.
d. Refer to appropriate community resource.

14.32 ENTRY INTERVIEW

Each client must have a service-orientated interview. This interview may be held in the office on the day the client first requested assistance, or be scheduled for a later date either in the office or in the client's home.

This service oriented interview should include any of the following which is not provided during the reception process and/or financial interview:

(1) Determine what circumstances brought the applicant to the agency and what he wants.

(2) Discuss problems applicant may be having and what he would like to do about them. (Service needs)

(3) Relate his problems to services provided by the department and those provided by other community agencies.

(4) Explain mandatory services pertinent to applicant.

a. The client has the right to determine whether he wants to utilize the services offered by the department. The client must be informed that there are certain program requirements that must be met if he is to receive financial assistance.

1. AFDC-E or non-grant categorically related employable applicants must be referred to Employment Security if not currently registered there for work.

2. AFDC-R recipients must be referred to Pre-Referral Screening Committee to determine appropriateness for WIN referral.

3. Unless a doctor's statement containing diagnosis, prognosis and length of time client is expected to be incapacitated can be obtained, GAU applicants must have an employability exam and referral to screening team to evaluate. This does not apply to individuals in school or training per Chapter 86.

4. DA applicants must cooperate in providing medical and social data. Applicants 18 or over who have a disability which is anticipated to last over 12 months must be referred to the local Social Security Office for potential OASI benefits.

5. When parent or parents are absent from the home and refuse to pay support or do not pay adequate support for a minor child, form 18PA42 must be completed in full detail for each absent parent. Refer to Manual F, section 26.44.5

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 ENTRY PHASE

54.08 ENTRY PHASE - INITIAL ACTION

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

54.16 ENTRY PHASE - INITIATING CPS RECORDS

54.20 ENTRY PHASE - INVESTIGATION AND ASSESSMENT

54.24 ENTRY PHASE - CONCLUSION; ROUTING OF FORMS

54.28 ONGOING SERVICE PHASE

54.32 TERMINATION PHASE

54.36 TIME PHASES

Caseload Management

Central Registry 4PA30

Statistical Reports

54.48 CASE RECORD

54.52 RECORDING GUIDE

54.56 CENTRAL REGISTRY

Storage of Information

Retrieval of Information

1. Local Office

2. Law Enforcement Agency

54.60 SUSPECTED KNOWING FAILURE TO REPORT

CHAPTER 54 - CHILD PROTECTIVE SERVICES

The worker should become familiar with the material in Manual H, Chapter 54. Manual H material should be used in conjunction with the following procedures. In addition, these procedures are not intended to substitute for or replace essential knowledge and training in the areas of: legal and professional sanction; confidentiality; program philosophy; professional role and responsibility; and interviewing methods and techniques.

54.04 ENTRY PHASE

A community complaint alleging abuse, neglect, or exploitation of a child may come to the attention of: Switchboard Operator, Receptionist, Mail Clerk, or Entry or Ongoing Service Worker.

54.08 ENTRY PHASE - INITIAL ACTION

As soon as it appears this might be a CPS case, and if it is possible, the complainant shall be immediately referred directly to the CPS unit or worker.

The CPS worker:

1. Takes initial factual information, elicits specific examples and instances of the behavior which led to the complaint, and interprets the program to the referral source.

   a. Referral From Private Individual

      A private individual, e.g., neighbor, friend, casual observer, should be helped to make as factual and responsible a report as possible. The desire of an individual that his name not be used in contacting the client shall be respected. However, it may be advisable to discuss the possibility of court testimony with the complainant.

   b. Referral From Relatives or Parents

      When a relative or a parent makes a report, his involvement must be evaluated and he should be helped to find a way of contributing to the solution of the problem. A complaining parent, grandparent, or relative usually should not remain anonymous.

   c. Referral From Professional Persons

      Privately practicing professional persons, e.g., doctors, nurses, clergymen and attorneys, who make referrals based on their professional knowledge, should be asked to tell the parents of the facts of the report, if they can do so.

In the case of a CPS referral about an expectant mother allegedly harming or endangering her unborn:

(1) The referring professional should have discussed the injurious act, situation or condition with the expectant mother;

(2) The expectant mother must have demonstrated unwillingness, inability or failure to use pertinent available resources and services.

(3) Given the above points, the referring professional has discussed the need to refer the mother to CPS, if possible.

d. Referral From Social Agencies

A social agency, e.g., juvenile court, school, law enforcement agency, counseling or therapeutic agency, health agency, etc., should generally be expected to discuss the referral with the parents.

Also see Item c. regarding the unborn child.

2. Undertakes initial screening as to appropriateness for CPS using information furnished by the complainant, plus any information available in the LO.

   If the matter is found not appropriate for CPS, but some other service is needed, the case should be referred to the appropriate source of the service.

54.10 ENTRY PHASE - COMPLAINT ON ACTIVE CASE

If the family is already assigned to a service worker, the CPS Worker and/or Supervisor, upon receiving the CPS complaint, should discuss the situation with the Service Worker and/or his Supervisor. Actions to be taken, in response to the complaint, must be decided, including who has responsibility for follow-up. Typically, a CPS complaint will be directed to the CPS staff. When the CPS complaint comes directly to the Service Worker, however, that Worker must make certain the situation is appropriately reviewed, as above, and reported to controls. One type of control to be maintained is a list of cases, case numbers and whether the family is being served by a CPS or non-CPS worker.

54.12 ENTRY PHASE - SECURING SUPPLEMENTAL INFORMATION

In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, worker will:

Gather additional information from other sources, either recommended by complainant or who would appear to have reason to know of the facts in a given situation,

Screen the case for appropriateness for CPS in light of the new information,

Terminate case with or without referral as in 54.08 preceding or follow procedures in 54.16.

54.16 ENTRY PHASE - INITIATING CPS RECORDS

If complaint now appears appropriate for CPS, initiate 4PA30, Sec. A (see form instructions). A carbon copy of this form and a locally used complaint form will be retained in the service record. The 14PA11 (SF 5812), or other form to notify master files of the opening, and the 6PA10 (SF 5822-C) may be initiated at this point.

(Text continued on next page)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

MANUAL H - REVISION 30

This revision to Chapter 54:

Updates the Table of Contents.

Changes the title of Section 54.12, changes "essential" to "adequate" medical care in item 2. a.; inserts subsection titles A. and B. and adds new subsection C., Third-Party Abuse/Neglect; and D., Sibling Abuse/Neglect.

Adds eligibility statement to 54.12.

Adds statement about Delinquency Prevention Services to 54.20.

Clarifies Child Protective Services interrelationship with law enforcement in 54.20, item 5.

Adds subsection headings A, and B. to 54.26. Under subsection A. and B. the scope of what is reportable to the Central Registry is limited to substantiated cases only. Reports are now directed to Administrative Services under subsection B.

Updates the list of eligible professionals and agencies.

Adds subsection C., Release of Central Registry Information, and D., Criteria for Reporting to the Central Registry of Child Abuse.

Clarifies 54.28, item 1. a. by specifying "program" information; updates item 1. b. by directing reports to Administrative Services; and adds item 2. b. regarding notification and substantiation responsibilities.

Because of the insertion of 2. b., the "lettering" of 2. b. - 2. g. is now 2. c. - 2. h.

Remove all of Chapter 54 and insert the attached pages.

On the Revision Control Sheet:

(1) Note the date this change was entered.

(2) Cross off Revision 22. It will not be issued.

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.04 Process Definition

54.08 Scope of Program

54.12 Child in Need of Protective Services

A. Basic Information

Abuse

Neglect

Exploitation

B. Unborn/Newborn

C. Third-Party Abuse/Neglect

D. Sibling Abuse/Neglect

54.14 Termination Criteria

54.16 Special Consideration

54.20 Interrelationships

With Other Programs

With Other Sections of DSHS

With Juvenile Court

With Other Agencies

Law Enforcement

Military Reservations

Indian Reservations

54.24 Resources Available Local Office

54.26 Central Registry

A. Definitions and Scope

B. Purposes

C. Release of Central Registry Information

D. Criteria for Reporting to the Central Registry

54.28 Standards

54.04 PROCESS DEFINITION

Child Protective Services is a specialized social service assigned to DSHS by law, given on behalf of children who are primarily in their own homes regardless of economic status. It is initiated on the basis of a complaint from the community in situations where it is believed that a child is being physically and/or emotionally neglected, abused, exploited and/or cruelly treated. The Child Protective Services worker intervenes at the point of crisis and referral, takes appropriate action to collect information and makes an assessment of the degree of maltreatment and the family's willingness to accept help. The Child Protective Services worker discusses the situation with the family, decides what action is needed in order to protect the child and takes such action. If the child is to remain in the homes, an agreement (contract) is made as to how the Child Protective Services worker can help and what the family can do to effect the change so that the child is no longer endangered. A continuous mutual reassessment of change during the crisis phase is made and a decision reached as to whether there is a need for continued service.

The continued or ongoing service may be provided by Child Protective Services staff or other designated staff who are skilled and experienced in using authority. The danger to the child caused by his situation is crucial in the determination of whether additional service is needed and who should provide it.

54.08 SCOPE OF PROGRAM

Place in overall program: Within rules and regulations, Child Protective Services staff must work in a flexible and innovative way with heavy reliance on collaborative efforts with other staff of this and other agencies.

Child Protective Services staff perform both Entry and Ongoing functions, and provide consultation to other DSHS staff and other agencies about problems of neglect, abuse and exploitation.

Cases which are active when a complaint alleging neglect, abuse or exploitation is received, must be reviewed for assignment but may be carried by a nonprotective service worker.

Specific philosophy: This service is initiated on the basis of a complaint from the community. Although the service is child-focused, the staff should orient the service to the entire family. The service is nonpunitive and seeks to prevent further neglect, abuse or exploitation. It focuses on rehabilitation of the home and treatment of the motivating factors which underlie the maltreatment.

Technical base: Staff chosen to do protective services use a wide range of methods and techniques to meet the varied problems clients present. These methods and techniques include, but are not limited to, "socialization."

54.12 CHILD IN NEED OF PROTECTIVE SERVICES

A. Basic Information

A child is in need of protection when he is abused, neglected, and/or exploited. Such a child may be referred to this agency for protective services. Often the referral is a complaint about the care afforded by the parents or persons responsible for the child. Failure by parents or other persons responsible for the child to provide proper care for the child is an important element of the need for protective services. This may be failure through their own efforts and/or through use of available community resources.

Abuse, neglect, and exploitation may be defined in the following ways:

1. Abuse (often thought of as an act of commission)

   a. Physical abuse - the child has sustained physical damage, such as bruises, lacerations, fractures or burns as a result of a nonaccidental physical act or acts.

   b. Emotional abuse - the child has sustained emotional damage as shown by his behavior or is endangered as a result of various acts, such as being told repeatedly he is not "good" or by observing a parent or other child abused.

2. Neglect (often thought of as an act of omission)

   a. Physical neglect - the child has sustained physical or material deprivation, such as not being fed, clothed or bathed, which sometimes results in a physical state of ill health. Adequate medical care is lacking. The child is unsupervised or unattended.

   b. Emotional neglect - the child has sustained emotional damage as shown by his behavior or is endangered by rejection, lack of love, attention, approval or security.

3. Exploitation - the child is forced to work at unreasonable tasks for unreasonable periods of time, or is sexually abused, or commits delinquent acts for adults.

The above examples are not inclusive.

There are three facets which must be considered in determining whether a child needs protective services:

1. The child's state or condition including the danger to the child.

2. The act or incident which resulted in the state or condition.

3. The parental (or parental surrogate) attitudes and responses to (1) and (2).

Also see 54.20, item (6), for situations on military reservations; and 54.20, item (7), for situations on Indian reservations.

B. Unborn/Newborn

Although referrals in the following situations typically come from medical and hospital personnel, a referral may come from any source. In terms of the danger to the unborn or newborn child, the report must deal with the present situation, and there must be direct evidence that the expectant mother's act, situation or condition is or will be harmful to the unborn child.

1. The expectant mother is not receiving medical care for a medical condition, which if left unattended or untreated, would clearly harm her unborn child.

2. The expectant mother is abusing usage of drugs and continued abuse has led/will lead to physiological dependency upon drugs by the unborn or anatomical/physiological impairment of the unborn child.

3. The expectant mother resides in or places herself in an injurious situation where she is beaten or mistreated thus harming or endangering her unborn child.

4. The expectant mother has an acute psychiatric disorder which, when left untreated, could clearly cause danger to the unborn child.

In these situations, Child Protective Services are not to be considered a first-line effort to help the expectant mother; rather her inability, unwillingness or failure to use pertinent available resources and services constitute cause for Child Protective Services intervention.

C. Third-Party Abuse/Neglect

Third-party abuse refers to those incidents of nonaccidentally inflicted death and physical injury, physical neglect or sexual abuse of children in which the alleged abuser is not the parent or surrogate parent. Ordinarily, the parents or surrogate parents are able to protect their child from this kind of abuse or otherwise take action about it and CPS intervention would not be appropriate.

The parents, for example, could invoke administrative action if the abusive incident took place in an agency setting, as well as invoking legal action, that is, reporting the matter to the police or prosecuting attorney. Typically, law enforcement handles the investigation of all third-party abuse incidents outside the family and Department of Social and Health Services settings. Law enforcement handles the investigation of possible criminal offenses.

Lack of supervision or other parental neglect or abuse may exist, however, and have contributed to the third-party incident. This "contributory" abuse or neglect may also be considered cause for CPS intervention, or, the parents may have failed or seem "unable" to take action to "protect" their child, thereby neglecting it. (Also, see Manual G, 54.10, 54.22 and 54.23.)

Generally speaking, abuse or neglect by parents or surrogate parents, includes incidents perpetrated by the child's own parents, stepparents, relatives as parents, foster parents, adoptive parents, parents' assumptive spouses, live-in relatives, live-in housekeepers. Because of the uncertainty about relationships and who perpetrated the act, a situation involving a baby sitter (as the alleged "abuser") would likely start as a non-third-party incident.

Third-party incidents include abuse or neglect in family day care, group care facilities for children, schools, DSHS, or assaults by adults other than those listed above.

(Policy and Procedure regarding abuse and neglect by DSHS employees or volunteers are being formulated at the time of this writing and will be issued as a policy statement and subsequently manualized.)

D. Sibling Abuse/Neglect

The fact that a child has been reported as allegedly abused/neglected within the context of the family is cause for CPS intervention. The act or incident which brought about the alleged abuse may be hard to determine, including who allegedly abused the child, that is, the parent, sibling, or a third party.

Assuming that a sibling did the alleged abusing, several kinds of service might be appropriate depending upon the findings and differential assessment. In one situation, the incident might have occurred during daily play. A superficial approach, e.g., advising the parents to carefully supervise and guide their children's play, may be sufficient.

In other situations, the sibling perpetrator (alleged) may be exhibiting atypical behavior which should be evaluated in depth. An information and referral service, with or without supportive activities during the evaluation, may be appropriate.

In other situations, other family members or the entire family may be exhibiting atypical behavior which contributed to the abusive incident and constitutes a continuing danger to the child(ren). CPS involvement may be needed in a variety of roles in conjunction with other services.

54.14 TERMINATION CRITERIA

A family ceases to need Child Protective Services when:

1. They have changed or corrected the circumstances which brought about the complaint of abuse, neglect or exploitation, and it can be determined with a fair degree of certainty that the change will be maintained when the case is transferred or terminated; or

2. They have demonstrated that they do not have the capacity or desire to use CPS and that the abuse, neglect or exploitation is of a nature that the court cannot become involved and there are no further actions that can be taken to protect the child(ren).

An arbitrary time period per se is not grounds for termination.

54.16 SPECIAL CONSIDERATION

A complaint or referral concerned with abuse, neglect or exploitation of children shall be accepted by the department from any source, including one made anonymously, when any of the foregoing conditions exist. (See 54.12)

Any child so reported shall be eligible for child protective services and shall remain eligible until it is determined that he is not suffering from maltreatment and his welfare is not or is no longer in jeopardy.

Mandatory Reporting and Immunity: Except on military reservations, the following persons are now required by law to report nonaccidentally inflicted deaths, physical injury (abuse), physical neglect or sexual abuse:

practitioner of the healing arts
professional school personnel
registered nurse
social worker
psychologist
pharmacist
clergyman
employee of the Department of Social and Health Services

The reporting of emotional abuse and emotional neglect is not mandatory.

These persons - all defined by law - are immune from civil liability that might otherwise be incurred in reporting abuse, neglect, and exploitation, except on military reservations.

54.20 INTERRELATIONSHIPS

1. With Other Programs

Homemaker Services may help in improvement of family standards in homemaking and child care. (See Chapter 70)

Child Care Services are a resource when there is a need for child care where the parents are working, or to give the parents and the children a break from being constantly together. (See Chapter 50)

Foster Care - When it is necessary because of neglect or abuse for a child to live other than with his natural parents, first consideration should be given to counseling with parents toward voluntary foster home placement of the child. Work with the parents should continue after the child is placed to help the parents improve to the point where the child can return to the home. (See Chapter 62)

Delinquency Prevention Services is a resource for children who could be considered pre-delinquent. Diagnosis and treatment, consultation, and community development are included in the array of social work services available. Adjudication is not necessary to initial service.

2. Other Sections of DSHS

Financial Assistance - should be considered as a resource to alleviate financial problems.

3. Juvenile Court - Referral to the juvenile court to remove a child from neglecting, abusing and exploiting parents or to secure cooperation of the parents should be made: a) when the child is in imminent danger and the parents refuse or are unable to make immediate changes to protect the child; and b) after all other possible attempts to help correct the problems have been exhausted. When it is necessary to refer to the juvenile court, the family should be informed of the reasons for the referral and helped to understand and participate in the court process. (See Chapter 74)

If the child is removed from the family by the court as part of the protective service casework plan, work with the parents should continue toward improving their capabilities as parents to the point that the child can safely be returned to them. (See "Foster Care" above)

4. Other Agencies - Referral of the family to other agencies in the community should be made when possible and appropriate.

When making referrals to another agency, the caseworker should continue working with a family until they are engaged in treatment in that agency. At that point, protective services for the family can be terminated and the agency informed to refer the family back to protective services if neglect continues or if the family discontinues treatment before the problems involving neglect and/or abuse have been resolved.

5. Law Enforcement - If a crime is being committed or may have been committed (nonaccidentally inflicted death, physical injury, physical neglect or sexual abuse) staff must notify the appropriate law enforcement agency

orally and in writing. Other crimes must also be reported to law enforcement, however, there are established DSHS procedures which must be followed if the alleged violation has taken place in the person's "dealings" with DSHS, e.g., fraudulent receipt of money, violation of probation or parole, etc. (Policy and procedure regarding abuse and neglect by DSHS employees or volunteers are being formulated at the time of this writing and will be issued as a policy statement and subsequently manualized.) In addition, help from law enforcement may be enlisted when:

a. a court warrant has been obtained and parents refuse to allow the child to be removed;

b. a child's life or safety is in immediate danger because of the parents' condition, or because the child is alone and neither of the parents nor other responsible persons can be located;

c. the child and/or worker may need protection against bodily harm;

d. the child is behind closed doors and it is necessary to obtain forcible entry.

6. Military Reservations - The military family residing off-post and reported by someone off-post for allegedly abusing/neglecting their child(ren) is to be considered just like any civilian family. All civil and criminal matters on the military reservation rest exclusively with the federal authorities. Therefore, the questions of reporting mistreatment of children from on-post to CPS and CPS providing services on-post must be resolved with the base commanding officer or his designee. Written guidelines and procedures may be necessary. Efforts in individual case situations should be closely coordinated with the base legal authorities and medical, social service and other personnel, as indicated.

7. Indian Reservations - The state of Washington has assumed complete civil and criminal jurisdiction on Indian reservations. Mandatory reporting and immunity therefore apply and the Department of Social and Health Services is obligated to provide Child Protective Services on Indian reservations.

54.24 RESOURCES AVAILABLE TO LO

1. Local Resources - Within the local office, specific program information and resources may be available regarding other programs such as Homemaker Services, Foster Care, etc., through consultation with the supervisors or casework specialists involved with such programs.

   The local office should have a resource file listing all known lay, professional and material resources available to the Protective Services worker.

2. State Office Resources - The specialists most likely to be useful are the Protective Services Specialist, Family Services Specialist, Homemaker Specialist, Foster Care Specialist and Juvenile Court Specialist. Other resources include: Assistant Attorney General, Support Enforcement Section, Services for the Blind Section, Medical Care Section, Employment Counseling Section and State Library.

54.26 CENTRAL REGISTRY

(Also see Manual G, 54.56.)

A. Definitions and Scope

The central registry is a centralized storage and retrieval system of case information in all substantiated reports of nonaccidentally inflicted death, physical injury or injuries (abuse), physical neglect or sexual abuse of a child or mentally retarded person of any age. (Please note that the scope of the central registry is narrower than the scope of Section 54.12, Child in Need of Protective Services.) If a report of these conditions is filed with DSHS, staff must, after finding the instances substantiated in fact, make certain that the report is transmitted to the central registry.

The State Office of DSHS has been given responsibility for the central registry. Located in the Administrative Services Division, the central registry contains the statewide accumulation of such information. Reports should come from or through local offices to the central registry.

The central registry operates 24 hours per day, 7 days per week with part of the coverage on a standby staff basis. A toll free telephone line has been established for the convenience of those who call the central registry directly from off-SCAN numbers. During the "standby" coverage the toll free line will be answered by a prerecorded message notifying the caller of (1) a non-toll free emergency number which he may call; or (2) the possibility of leaving his recorded request for answering the next working day.

According to law establishing the central registry, a "child" or "children" means any person under the age of 18 years of age and shall include any mentally retarded person of any age.

B. Purposes

The purposes of the central registry are:

1. To obtain accurate information of the incidence of substantiated, nonaccidentally inflicted death, physical injury (abuse), physical neglect, and sexual abuse of children and mentally retarded persons of all ages.

7. Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the perpetrator or perpetrators.

Release of other information from the department's records is governed by the provisions of WAC 388-48-010 - 100, Safeguarding Information.

D. Criteria for Reporting to Central Registry of Child Abuse

These criteria must be applied to all situations reported to the Central Registry. Definitions, descriptions and examples are listed for each of the four major categories with some aids as to how substantiation is accomplished. Questions regarding substantiation may be directed to an Assistant Attorney General or the CPS Specialist.

1. DEATH - That death was nonaccidental and caused by physical abuse, neglect, or sexual abuse shall be determined by a coroner, medical examiner, or law enforcement official at an inquest or other hearing.

2. PHYSICAL ABUSE (INJURY) - A physically abused child is one who has sustained physical injury resulting from a nonaccidental physical act or acts. The opinion of a physician or other expert is often required to determine whether a child has suffered physical injury. The medical examination admission by the alleged abuser, unbiased report by an eye witness, or a court hearing may substantiate whether such injury was inflicted nonaccidentally.

   The following are examples of those injuries which may result from physical abuse:

   Abrasions, lacerations;
   Alcohol addiction;
   Bone fractures;
   Brain damage;

   Bruises, welts;
   Burns (flame, chemical and hot object);
   Dismemberment;
   Drug addiction;

   Freezing;
   Internal injuries;
   Poisoning;
   Scalding (hot liquids or steam burns);

   Skull fracture;
   Sprains, dislocations;
   Subdural hemorrhage or hematoma;
   Wounds, cuts, punctures.

3. PHYSICAL NEGLECT - A physically neglected child is one who has sustained physical or material deprivation. Any determination of physical neglect should reflect reasonable and prudent expectations of the parents which are consistent with community standards. The consequences of inadequate parental behavior or conditions in the home, such as those considered below, are often observable in the child.

a. FEEDING - This subsection is concerned only with examples of inadequate provision for a child's nourishment. Neglect of any health problems which may result from inadequate nourishment should be considered under subsection (d).

(1) INADEQUATE SUPPLY OF FOOD - A child's food supply would be considered inadequate in cases where food is not available or where the caloric content of the food provided is acutely or chronically insufficient. For information purposes only, nutritionists have determined the daily number of K calories required by individuals to maintain good health. This may range from 54 K calories per pound of body weight for a young infant to about 20 K calories per pound of body weight for an adult. Children who do not receive an adequate supply of food are likely to suffer from malnutrition and may appear listless.

(2) NONNUTRITIOUS SUPPLY OF FOOD - A child's food supply would be considered nonnutritious in cases where the diet is acutely or chronically imbalanced or of low nutritive value. For information purposes only, children generally need the following each day: three servings of milk and milk products (four for teenagers); two servings of meat and other protein foods; four servings of fruits and vegetables (one serving vitamin C foods, one serving dark green and deep yellow, and two servings other fruits and vegetables); four servings of breads and cereals. In such cases, it is again likely that the child will suffer from malnutrition.

(3) IRREGULAR PROVISION OF MEALS - In homes where meals are not provided on a regular basis, children are often forced to forage for themselves. Interference with other aspects of the child's life is likely to occur in these cases and may be evidenced by such conduct as poor school attendance.

b. CLOTHING - The following are examples of clothing considered inadequate to meet the needs of a child:

(1) INADEQUATE APPAREL - Inadequate apparel includes that which is insufficient to meet the requirements of climatic conditions or personal modesty;

(2) INADEQUATE SUPPLY OF CLOTHING - The supply of clothing would be less than sufficient when a child must stay at home or wear inadequate apparel when clothing is laundered or repaired or when the child has no alternative to wearing unlaundered or unrepaired clothing;

(3) INADEQUATE CARE OF CLOTHING - Clothing is inadequately cared for when it is grossly misfitting, is not clean and/or not repaired. Other children often tease or ostracize a child whose clothing is in such condition;

c. HOUSING - This subsection is primarily concerned with situations in which parents are unable or unwilling to use available personal and/or community resources to make necessary changes in the condition of their housing. While cases of injury to a child which result from poor housing may be appropriate to section (2), this subsection has been included to protect the child's health and safety as well as that of other family members.

(1) INADEQUATE PHYSICAL STRUCTURE - While a building may not be condemned, its physical structure would be inadequate when in condition so poor as to be obviously in need of repair. Such poor condition may be evidenced by broken windows, broken flooring, or bare or otherwise dangerous wiring.

(2) INADEQUATE SPACE - Housing space is inadequate when a dwelling is too small to accommodate its number of residents and is thereby detrimental to the family's health and/or privacy.

For background information purposes only, WAC 388-64-210 (Minimum Licensing Requirements for Group Homes, "Required Rooms"...) refers to 50 square feet of floor space per occupant in a multiple occupancy bedroom.

(3) INADEQUATE HOUSEKEEPING PRACTICES - Housekeeping practices are inadequate in a home which is so unsanitary that it presents a risk to the family's health, for example, rotting garbage on the tables and floor, feces and moldy clothing on the floors. Homes characterized by such unsanitary conditions for prolonged periods of time are of much greater concern than those temporarily in such a condition.

(4) ABSENCE OF UTILITIES - This subsection is concerned with dwellings which lack those utilities essential for the maintenance of minimum standards for child care, for example, electricity, heat, water.

(5) ABSENCE OF HOUSEHOLD EQUIPMENT - The household equipment considered here to be necessary includes such items as a stove, refrigerator, plumbing, beds and bedding, table and chairs, and dishes and other utensils.

(6) ABSENCE OF HOUSING

d. MEDICAL CARE - Parents are expected to seek prompt and adequate medical care and observe disease prevention practices. The opinion of an expert is unnecessary to determine that a child's needs for medical examination and/or treatment have not been satisfied. Parents would be considered neglectful of the medical needs of their child in cases such as the following:

(1) when failing to respond to notification of the child's medical needs with arrangements for medical care;

(2) when responding to notification of the child's medical needs with inappropriate medical care;

(3) when failing to arrange for medical supervision of a child who is injured or ill when general evidence of being in poor health or of injury is displayed;

(4) when failing to arrange for medical supervision of a child suffering from a disease, disabling condition or injury when specific evidence of such disease, disabling condition or injury is displayed;

(5) when using a health resource inappropriately, e.g., preventing continuous or follow-up care by frequent changing of doctors, hospitals or clinics.

e. SUPERVISION - This section concerns the type and degree of supervision which is necessary for a child in relation to his level of development. As an example, the average child of age twelve may properly be left unattended for a short time when emergency procedures, including how and where to contact parents and others, have been explained. Examples of inappropriate or lack of supervision are the following:

(1) ABANDONED - A child is considered to be abandoned when the parents have indicated their intent to no longer provide care for the child;

(2) UNATTENDED/UNSUPERVISED - Unattended/unsupervised children are those who are alone for extended periods of time or whose whereabouts are unknown by the parents for extended periods of time. This classification differs from abandonment in that the parents intend to resume their care of the child;

(3) INADEQUATELY SUPERVISED - Supervision is inadequate in cases where the caretaker with whom the child is left does not possess the requisite skills for supervising or when the child is exposed to dangerous items or hazardous conditions in the home;

f. PERSONAL HYGIENE - A child's personal appearance and opportunity for self-care are likely to be influenced by previously mentioned conditions. Evidence of poor personal hygiene might include chronic dirtiness and body odor, a severe skin rash, or the presence of vermin.

4. SEXUAL ABUSE - Without an eye witness, an expert opinion is usually necessary to determine whether a child has been sexually abused, especially in cases which include physical injury. In accordance with Chapter 9.79 RCW, the following are examples of sexual abuse:

Rape
Carnal Knowledge
Compelling a female to marry or be defiled
Abduction for purposes of marriage, prostitution, defilement, intercourse, or any obscene, indecent or immoral purpose

Seduction
Indecent liberties, exposure, etc.
Incest
Sodomy

Lewdness
Solicitation

In addition, the following definitions and considerations may apply:

Sexual intercourse shall mean penetration, however slight, which may be substantiated by medical examination;

Deviate sexual intercourse shall mean sexual contact between persons not married to one another which consists of contact between the penis and the anus, the mouth and the penis, or the mouth and the vulva. That such sexual contact has occurred may be substantiated by an eye witness, admission of a participant, or a medical examination;

Sexual contact shall mean any touching of the sexual or other intimate parts of a person not married to the actor for the purpose of gratifying sexual desire of either party. That such sexual contact has occurred will ordinarily be substantiated by an eye witness or by admission of a participant.

54.28 STANDARDS

1. Each local office has the responsibility to:

   a. Establish a procedure for providing program information to the community and for receiving reports from community sources as well as from within the local office for both children and mentally retarded adults;

   b. Assure that all statistical and central registry reports are completed and transmitted to the Office of Program Analysis and Administrative Services Division respectively, at the required time each month;

   c. Investigate and evaluate the reports of abuse, neglect, and exploitation;

   d. Give protective services when it has been determined that abuse, neglect or exploitation exist. (See Section 54.12)

   e. When necessary and appropriate, refer to a law enforcement agency;

   f. Establish an agreement with local law enforcement agencies whereby they will transmit reports of abuse, neglect, and exploitation to the DSHS local office;

   g. Establish liaison with local law enforcement agencies so that appropriate referrals may be made between law enforcement agencies and DSHS local offices.

2. The service worker providing protective services has the responsibility to:

   a. receive the complaint or referral information;

   b. notify child's family and suspected or alleged perpetrator that a report has been received and provide them with the opportunity to supply information about the allegation and their situation. If the report is substantiated and reportable to the central registry, the parents must also be notified that it is being sent to the central registry;

   c. examine, evaluate and "remain in" a situation which warrants community concern on behalf of a child;

   d. offer help, although it may not be wanted or accepted;

   e. make clear that the community cannot allow a situation harmful to a child to persist;

   f. help carry out a treatment plan for the child and family which can lead to a permanent solution;

g. decide whether neglect, abuse, and exploitation has ceased and the service may be terminated, or

h. initiate action to remove the child from parents, or others serving in place of parents, and obtain adequate care for him.

3. The following workload standard will be used in the program monitoring of LO CPS programs:

(A DSHS committee is studying workload standards at the time this revision is being issued. The CPS Specialist may be contacted in the interim for information about the standards he has used in the monitoring or evaluating of an LO's CPS program.)

Protective services to mentally retarded persons 18 years of age and older are given by Adult Services Section.

Protective services to abused, neglected or exploited children under the age of 18 are given by Family and Children's Service Section.

Protective Services caseworkers must be prepared to act according to the requirements of each referral and situation.

When a complaint is based on a specific incident of maltreatment, or when the parents know they are being referred, this inherent advantage should be used. Reach the parents quickly even though there is no immediate danger to the children. It is more likely that the caseworker's help will be used if there is follow-up immediately after a referral.

Protective Services, on behalf of the child, help parents recognize and remedy the conditions harmful to the child and fulfill their roles more adequately, or initiate action, with parental cooperation and consent or through petition of the court, to obtain substitute care for the child to meet his minimum needs.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OLYMPIA, WASHINGTON

Manual H - Revision 35

Manual H, Chapter 54 is being revised in the following general areas.

1. Child Protective Services under Title XX.

2. Central Registry changes, including placing the name of the suspected or known "abuser" into the system.

3. Program and procedure changes corresponding with amendments to RCW 26.44 (manualizes Memorandum No. 75-221).

4. Miscellaneous - many clarifications too numerous to itemize.

Instructions	Remove	Insert
Chapter 54	Entire chapter	New Chapter

On the Control Sheet note the date Revision 35 was entered.

CHAPTER 54 - CHILD PROTECTIVE SERVICES

54.01 CPS Under Title XX

54.04 Process Definition

54.08 Scope of Program

54.12 Child in Need of Protective Services

A. Basic Information

Abuse

Neglect

Exploitation

B. Unborn/Newborn

C. Third-Party Abuse/Neglect

D. Sibling Abuse/Neglect

54.14 Termination Criteria

54.16 Special Considerations

54.20 Interrelationships

With Other DSHS Programs

With Juvenile Court

With Other Agencies

Law Enforcement

Military Reservations

54.24 Resources Available To ESSO

54.26 Central Registry

A. Definitions and Scope

B. Purposes

C. Release of Central Registry Information

D. Criteria for Reporting to the Central Registry

E. Definitions, Descriptions, Examples and Substantiation, Guidelines

54.28 Standards

54.01 CPS UNDER TITLE XX

Child Protective Services under Title XX is directed to Goal III - Preventing or remedying neglect, abuse or exploitation of children. There are several objectives, namely:

- To respond to all reports made to DSHS alleging abuse, neglect, or exploitation of children under the age of 18 years.	(See Chapters 54 of Manuals G and H.)
- To cooperatively develop and maintain interagency and interprofessional/paraprofessional agreements (guidelines for cooperation). These agreements are components of liaisons or networks of service for early detection and treatment.	(See Manual G, 54.38, especially 54.38, E, and Manual H, 54.20.)
- To maintain a statewide central registry of child abuse and neglect with around the clock accessibility.	(See Manual G, 54.56 and Manual H, 54.26.)
- To provide information about abuse, neglect and exploitation of children to the professional and lay communities.	(See Manual H, 54.28, 1, b.)
- To develop and maintain a statewide 24-hour emergency service for abused, neglected or exploited children or those who are vulnerable or at risk.	(Subject is under study; also see Manual H, 54.28, 1, j.)

54.04 PROCESS DEFINITION

Child Protective Services is a specialized social service assigned to DSHS by law, given on behalf of children who are primarily in their own homes regardless of economic status. It is initiated on the basis of a complaint (referral) from the community (including self-referrals) in situations where it is believed that a child is being physically and/or emotionally neglected, abused, exploited and/or cruelly treated. The Child Protective Services worker intervenes at the point of crisis and referral, takes appropriate action to collect information and makes an assessment of the degree of maltreatment and the family's willingness to accept help. The Child Protective Services worker discusses the situation with the family, decides what action is needed in order to protect the child and takes such action. If the child is to remain in the home, an agreement (contract) is made as to how the Child Protective Services worker can help and what the family can do to effect the change so that the child is no longer endangered. A continuous mutual reassessment of change during the crisis phase is made and a decision reached as to whether there is a need for continued service.

The continued or ongoing service may be provided by Child Protective Services staff or other designated staff who are skilled and experienced in using authority. The danger to the child caused by his situation is crucial in the determination of whether additional service is needed and who should provide it.

54.08 SCOPE OF PROGRAM

Place in overall program: Within rules and regulations, Child Protective Services staff must work in a flexible and innovative way with heavy reliance on collaborative efforts with other staff of this and other agencies.

Child Protective Services staff perform both Entry and Ongoing functions, and provide consultation to other DSHS staff and other agencies about problems of neglect, abuse and exploitation.

Cases which are active when a complaint alleging neglect, abuse or exploitation is received, must be reviewed by the appropriate CPS supervisor for assignment but may be carried by a nonprotective service worker. See Manual G, Sections 14.00, 2, b, 18.34 and 54.10.

Specific philosophy: This service is initiated on the basis of a complaint from the community. Although the service is child-focused, the staff should orient the service to the entire family. The service is nonpunitive and seeks to prevent further neglect, abuse or exploitation. It focuses on rehabilitation of the home and treatment of the motivating factors which underlie the maltreatment.

Technical base: Staff chosen to do protective services use a wide range of methods and techniques to meet the varied problems clients present. These methods and techniques include, but are not limited to, "socialization."

54.12 CHILD IN NEED OF PROTECTIVE SERVICES

A. Basic Information

A child is in need of protection when he is alleged to be abused, neglected, and/or exploited. Such a child may be referred to this agency for protective services. Often the referral is a complaint about the care afforded by the parents or persons responsible for the child. Failure by parents or other persons responsible for the child to provide proper care for the child is an important element of the need for protective services. This may be failure through their own efforts and/or through use of available community resources.

Abuse, neglect, and exploitation may be defined in the following ways:

(Also see Manual H, Section 54.26, E, for additional information.)

1. Abuse (often thought of as an act of commission)

   a. Physical abuse - the child has sustained physical damage, such as bruises, lacerations, fractures or burns as a result of a nonaccidental physical act or acts.

   b. Emotional abuse - the child has sustained emotional damage as shown by his behavior or physical manifestations, or whose health and welfare is endangered as a result of various acts, such as being told repeatedly he is not "good" or by observing a parent or other child abused. He may also sustain such damage with the infliction of physical abuse.

2. Neglect (often thought of as an act of omission)

   a. Physical neglect - the child has sustained physical or material deprivat ion, such as not being adequately fed, clothed or bathed, which sometimes results in a physical state of ill health. Adequate medical care is lacking. The child is unsupervised or unattended.

   b. Emotional neglect - the child has sustained emotional damage as shown by his behavior or physical manifestations, or whose health and welfare is endangered by rejection, lack of love, attention, approval or security. He may also sustain such damage with the incurring of physical neglect.

3. Exploitation - the child is forced to work at unreasonable tasks and/or for unreasonable periods of time, or is sexually abused, or commits delinquent acts for adults.

The above examples are not inclusive.

There are three facets which must be considered in determining whether a child needs protective services:

1. The child's state or condition including the danger to the child.

2. The act(s) or incident(s) which resulted in the state or condition.

3. The parental or (parental surrogate) attitudes and responses to (1) and (2).

Also see 54.20, item (6), for situations on military reservations, and 54.20, item (7), for situations on Indian reservations.

B. Unborn/Newborn

Although referrals in the following situations typically come from medical and hospital personnel, a referral may come from any source. In terms of the danger to the unborn or newborn child, the report must deal with the present situation, and there must be direct evidence that the expectant mother's act(s), failure to act, situation or condition is or will be harmful to the unborn child. Legal abortion is excluded.

1. The expectant mother is not receiving medical care for a medical condition, which if left unattended or untreated, would clearly harm her unborn child.

2. The expectant mother is abusing usage of drugs and continued abuse has led/will lead to physiological dependency upon drugs by the unborn or anatomical/physiological impairment of the unborn child.

3. The expectant mother resides in or places herself in an injurious situation where she is beaten or mistreated thus harming or endangering her unborn child.

4. The expectant mother has an acute psychiatric disorder which, when left untreated, could clearly cause danger to the unborn child.

   In these situations, Child Protective Services are not to be considered a first-line effort to help the expectant mother; rather her inability, unwillingness or failure to use pertinent available resources and services constitute cause for Child Protective Services intervention.

C. Third-Party Abuse/Neglect

Third-party abuse refers to those incidents of nonaccidentally inflicted death, injury (abuse), neglect or sexual abuse of children in which the alleged abuser is not the parent or surrogate parent. Ordinarily, the parents or surrogate parents are able to protect their child from this kind of abuse or otherwise take action about it and CPS intervention would not be appropriate.

The parents, for example, could invoke administrative action if the abusive incident took place in an agency setting, as well as invoking legal action, that is, reporting the matter to the police or prosecuting attorney. Typically, law enforcement handles the investigation of all third-party abuse incidents ouside the family and Department of Social and Health Services settings. Law enforcement handles the investigation of possible criminal offenses.

Lack of supervision or other parental neglect or abuse may exist, however, and have contributed to the third-party incident. This "contributory" abuse or neglect may also be considered cause for CPS intervention, or, the parents may have failed or seem "unable" to take action to "protect" their child, thereby neglecting it. (Also, see Manual G, 54.10, 54.22 and 54.23.)

Generally speaking, abuse or neglect by parents or surrogate parents, includes incidents perpetrated by the child's own parents, stepparents, relatives as parents, foster parents, adoptive parents, parents' assumptive spouses, live-in housekeepers. Because of the uncertainty about relationships and who perpetrated the act, a situation invoving a babysitter (as the alleged "abuser") would likely start as a non-third-party incident.

Third-party incidents include abuse or neglect in family day care, group care facilities for children, schools, DSHS, or assaults by adults other than those listed above. See Manual G, 54.10, item 7 for procedures to follow in abuse/neglect situations by DSHS employees and volunteers.

D. Sibling Abuse/Neglect

The fact that a child has been reported as allegedly abused/neglected within the family is cause for CPS intervention. The act or incident which brought about the alleged abuse may be hard to determine, including who allegedly abused the child, that is, the parent, sibling, or a third-party.

Assuming that a sibling did the alleged abusing, several kinds of service might be appropriate depending upon the findings and differential assessment. In one situation, the incident might have occurred during daily play. A superficial approach, e.g., advising the parents to carefully supervise and guide their children's play, may be sufficient.

In other situations, the sibling perpetrator (alleged) may be exhibiting atypical behavior which should be evaluated in depth. An information and referral service, with or without supportive activities during the evaluation, may be appropriate.

In other situations, other family members or the entire family may be exhibiting atypical behavior which contributed to the abusive incident and constitutes a continuing danger to the child(ren). CPS involvement may be needed in a variety of roles in conjunction with other services.

54.14 TERMINATION CRITERIA

A family ceases to need Child Protective Services when:

1. They have changed or corrected the circumstances which brought about the complaint of abuse, neglect or exploitation, and it can be determined with a fair degree of certainty that the change will be maintained when the case is transferred or terminated; or

2. They have demonstrated that they do not have the capacity or desire to use CPS and that the abuse, neglect or exploitation is of a nature that the court cannot become involved and there are no further actions that can be taken to protect the child(ren).

(Also see Manual H, 54.16 and 54.20 and Manual G, 54.28, 54.32 and 54.36.)

An arbitrary time period per se is not grounds for termination.

54.16 SPECIAL CONSIDERATIONS

A complaint or referral concerned with abuse, neglect or exploitation of children shall be accepted by the department from any source, including one made anonymously, when any of the foregoing conditions exist. (See Section 54.12)

Any child so reported shall be eligible for child protective services and shall remain eligible until it is determined that he is not suffering from maltreatment and his welfare is not or is no longer in jeopardy.

Mandatory Reporting and Immunity: Except on military reservations, the following persons are now required by law to report nonaccidentally inflicted death, injury (abuse), neglect or sexual abuse:

Practitioner of the healing arts
Professional shool personnel
Registered or Licensed nurse
Social worker
Psychologist
Pharmacist
Employee of the Department of Social and Health Services

Any other person who has reasonable cause to believe that a child has suffered child abuse or neglect may report such incident to the proper law enforcement agency or to the department.

The reporting of mental injury (emotional abuse and emotional neglect) is now mandatory by Legislative intent, although it is not specifically mentioned in RCW 26.44.

According to RCW 26.44.06 and WAC 388-16-515 (6),

> "Any person participating in good faith in the making of a report pursuant to this section or testifying as to alleged child abuse or neglect in a judicial proceeding shall in so doing be immune from any liability arising out of such reporting or testifying under any law of this state or its political subdivisions."

State law and its provisions do not apply on military reservations. See Section 54.20, 6.

According to RCW 26.44.040, such reports shall contain the following information if known:

1. The name, address, and age of the child;
2. The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;
3. The nature and extent of the child's injury or injuries;
4. The nature and extent of the neglect of the child;
5. The nature and extent of the sexual abuse;
6. Any evidence of previous injuries, including their nature and extent; and
7. Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the perpetrator or perpetrators.

54.20 INTERRELATIONSHIPS

1. With Other DSHS Programs

Homemaker Services may help in improvement of family standards in homemaking and child care. (See Chapter 70)

Child Care Services are a resource when there is a need for child care where the parents are working, or to give the parents and the children a break from being constantly together. (See Chapter 50)

Foster Care - When it is necessary because of neglect or abuse for a child to live other than with his natural parents, first consideration should be given to counseling with parents toward voluntary foster home placement of the child. Work with the parents by CPS or Family, Children and Adult Services should continue after the child is placed to help the parents improve to the point where the

child can return to the home. If Family, Children and Adult Services carry the case, then the CPS worker should terminate. (See Section 54.14 and Chapter 62)

Volunteer Services - (See Chapter 40)

Delinquency Prevention Services is a resource for children who could be considered predelinquent. Diagnosis and treatment, consultation, and community development are included in the array of social work services available. Adjudication is not necessary to initiate service.

Economic Services should be considered as a resource to alleviate financial problems.

2. Juvenile Court - Referral to the juvenile court to remove a child from neglecting, abusing and exploiting parents or to secure cooperation of the parents should be made: a) when the child is in imminent danger and the parents refuse or are unable to make immediate changes to protect the child; and b) after all other possible attempts to help correct the problems have been exhausted. When it is necessary to refer to the juvenile court, the family should be informed of the reasons for the referral and helped to understand and participate in the court process. (See Chapter 74)

   If the child is removed from the family by the court as part of the protective service casework plan, work with the parents should continue toward improving their capabilities as parents to the point that the child can safely be returned to them. (See "Foster Care" above)

   The report of a possible crime to Juvenile Probation Department personnel is not fulfilling DSHS's duty under the law to report to a law enforcement agency (RCW 26.44.020 and 26.44.040).

3. Other Agencies - Referral of the family to other agencies in the community should be made when possible and appropriate.

   When making referrals to another agency, the caseworker should continue working with the family until they are engaged in treatment in that agency. At that point, protective services for the family can be terminated and the agency informed to refer the family back to protective services if abuse/neglect continues or if the family discontinues treatment before the problems involving neglect and/or abuse have been resolved. (See Section 54.14 and Manual G, 54.24)

4. Law Enforcement - If a crime against a child is being committed or may have been committed (nonaccidentally inflicted death, injury, neglect or sexual abuse) staff must notify the appropriate law

enforcement agency orally and in writing. This means a report to the police and a report to the prosecutor; for example, a written original to one and a copy to the other. The prosecutor decides whether the case should be prosecuted. The court decides whether a crime has been committed, among other considerations.

In addition to reporting possible crimes against children, staff must report any child to the prosecutor who is reported to the Central Registry as a substantiated victim of nonaccidentally inflicted death, physical injury and sexual abuse (RCW 26.44.044, (3) and WAC 388-16-500 (2)) whether or not we know anything about the alleged perpetrator. The difference between reporting possible crimes and substantiated victims may only be reporting at a different point in DSHS case processing. The information to be reported is outlined in Section 54.16.

Other alleged crimes must also be reported to law enforcement, however, there are established DSHS procedures which must be followed if the alleged violation has taken place in the person's "dealings" with DSHS, e.g., fraudulent receipt of money, violation of probation or parole, etc. See Manual G, 54.10, item 7 for procedures to follow in abuse/neglect situations by DSHS employees and volunteers.

In addition, help from law enforcement may be enlisted when:

a. a court warrant has been obtained and parents refuse to allow the child to be removed. Law enforcement or the Juvenile Probation Department staff transport all children for whom there is (1) no specific court warrant or order to remove the child, (2) DSHS does not have custody. DSHS staff must be certain they have a legal right to transport children under any circumstances;

b. a child's life or safety is in immediate danger because of the parents' condition, or because the child is alone and neither of the parents nor other responsible persons can be located;

c. the child and/or worker may need protection against bodily harm;

d. the child is behind closed doors and it is necessary to obtain forcible entry.

5. Military Reservations - The military family residing off-post and reported by someone off-post for allegedly abusing/neglecting their child(ren) is to be considered just like any civilian family. All civil and criminal matters on the military reservation rest exclusively with the federal authorities. Therefore, the questions of reporting mistreatment of children from on-post to CPS and CPS providing services on-post must be resolved with the base commanding officer or his designee. Written guidelines and procedures

may be necessary. Efforts in individual case situations should be closely coordinated with the base legal authorities and medical, social service and other personnel, as indicated. The CPS Specialist may be contacted for additional information regarding military regulations on child abuse and neglect. See Manual G, 54.38, E.

6. Indian Reservations - The state of Washington has assumed complete civil and criminal jurisdiction on Indian reservations. Mandatory reporting and immunity therefore apply and the Department of Social and Health Services is obligated to provide Child Protective Services on Indian reservations.

54.24 RESOURCES AVAILABLE TO ESSO

1. Local Resources - Within the ESSO, specific program information and resources may be available regarding other programs such as Homemaker Services, Foster Care, etc., through consultation with the supervisors or casework specialists involved with such programs.

   The ESSO should have a resource file listing all known lay, professional and material resources available to the Protective Services worker.

2. State Office Resources - The specialists most likely to be useful are the Protective Services Specialist, Family Services Specialist, Homemaker Specialist, Foster Care Specialist and Juvenile Court Specialist. Other resources include: Assistant Attorney General, Office of Support Enforcement, Services for the Blind Section, Office of Personal Health Services, Employment Training Services and State Library.

54.26 CENTRAL REGISTRY

(Also see Manual G, 54.56)

A. Definitions and Scope

The Central Registry is a centralized storage and retrieval system of case information in all substantiated reports of nonaccidentally inflicted death, physical injury or injuries (abuse), physical neglect, sexual abuse or mental injury (emotional abuse and/or neglect) of a child or mentally retarded person of any age. (Please note that the scope of the Central Registry is narrower than the scope of Section 54.12, Child in Need of Protective Services, the difference being substantiated reports only are made to the Central Registry.) If a report of these conditions is filed with DSHS staff must, after finding the instances substantiated in fact, make certain that the report is transmitted to the Central Registry.

The State Office of DSHS has been given responsibility for the Central Registry. Located in the Administrative Services Division, the Central Registry contains the statewide accumulation of such information. Reports should come from or through ESSOs to the Central Registry.

The Central Registry operates 24 hours per day, 7 days per week with part of the coverage on a standby staff basis. A toll free telephone line has been established for the convenience of those who call the Central Registry directly from off-SCAN numbers. During the "standby" coverage the toll free line will be answered by a prerecorded message notifying the caller of (1) a non-toll free emergency number which he may call; or (2) the possibility of leaving his recorded request for answering the next working day.

According to law establishing the Central Registry, a "child" or "children" means any person under the age of 18 years of age and shall include any mentally retarded person of any age. (See RCW 26.44.020 and WAC 388-16-505 (2))

B. Purposes

The purposes of the Central Registry are:

1. To obtain accurate information of the incidence of substantiated, nonaccidentally inflicted death, physical injury (abuse), physical neglect, sexual abuse and mental injury of children and mentally retarded persons of all ages.

2. To make substantiated case information available in useable form on request to:

   a. Law enforcement agencies (police department, prosecuting attorney, state patrol, director of public safety, office of the sheriff) in the course of an investigation of alleged child abuse or neglect;

   b. Child protective services workers or juvenile court personnel who are investigating reported incidents of child abuse or neglect;

   c. Physicians who are treating the child or family;

   d. Any child named in the registry who is alleged to be abused or neglected or his or her guardian ad litem and/or attorney;

   e. A parent, guardian, or other person legally responsible for the welfare and safety of the child named in the registry;

f. Any person engaged in a bona fide research purpose, as determined by the department, according to rules and regulations, provided that information identifying the persons of the registry shall remain privileged. See WAC 388-16-545.

g. Any individual whose name appears on the registry shall have access to his own records.

h. Other persons or agencies only by court order.

C. Release of Central Registry Information

The Central Registry per se has limited information:

1. The name of the "known" perpetrator or "suspected" perpetrator, if identified, or whether the perpetrator is unknown."

2. The name, date of birth and place of birth;

3. Whether the "abused" is mentally retarded;

4. Date of incident;

5. Substantiated incidents of nonaccidentally inflicted:

   (a) Death
   (b) Physical injury or injuries
   (c) Physical neglect
   (d) Sexual abuse
   (e) Mental injury (abuse or neglect)

6. The name and code number of the ESSO which has additional information;

7. The social service case number;

8. The title and telephone number of the ESSO person to contact.

The remainder of the information which may be released to those who have access to the Central Registry can be found in the ESSO case record. This information is the following if known:

1. The name, address, and age of the child;

2. The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;

3. The nature and extent of the child's injury or injuries;

4. The nature and extent of the neglect of the child;

5. The nature and extent of the sexual abuse;

6. Any evidence of previous injuries, including the nature and extent; and

7. Any other information which may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the prepetrator or perpetrators.

Release of other information from the department's records is governed by the provisions of WAC 388-48-010 - 100, Safeguarding Information.

D. Criteria for Reporting to Central Registry of Child Abuse

(Also see Manual G, 54.22, and Chapter 99, Instructions for DSHS 2-142)

These criteria must be applied to all situations reported to the Central Registry.

All CPS complaints made to the ESSO are to be reported to the Central Registry on the DSHS 2-142, if the following conditions are met:

1. Type of Abuse/Neglect

   a. The child is dead and death was nonaccidental and/or death was caused by physical abuse, neglect, or sexual abuse; or

   b. The child has been identified as a "victim" of physical abuse, physical neglect, sexual abuse or mental injury.

2. Substantiation

   CPS worker and supervisor concur with the report source or otherwise determine through investigation that the facts of the situation reasonably support the conclusion that the child is or was a "victim" of 1. a. and/or b. above. If multiple types of abuse/neglect or multiple incidents or multiple "abusers" are reported, substantiation will have to be considered separately for each.

In addition, the identity of the alleged perpetrator ("abuser") must be reported as "known", "suspected" or "unknown."

E. Definitions, Descriptions, Examples and Substantiation Guidelines

Overview

The complainant determines if and subsequently reports when he/she has reasonable cause. The worker should ask or otherwise determine if the report source is calling to obtain "prereporting" consultation

or is calling with a "hunch" rather than reasonable cause. In terms of the Central Registry, the ESSO function is largely an administrative one when the information comes from an authoritative or expert source, namely that of screening to determine if the matter is already substantiated and reporting specified information to the Central Registry. As the reliability of the report source and/or information decreases the ESSO function shifts from one of administration to one of full investigation, evaluation, substantiation, etc.

Already Substantiated, Perpetrator "Unknown"

Information from the following sources is to be considered already substantiated for Central Registry purposes if: a child is alleged to be abused/neglected and the alleged perpetrator ("abuser") is unknown.

1. Those persons mandated to report, if they are reporting out of their professional experience and competence;

2. Law enforcement personnel, if they are reporting their own findings and nearly always when criminal abuse/neglect charges have been filed;

3. An unbiased eye witness;

4. An alleged perpetrator who admits or confesses without duress that he/she abused/neglected the child in question;

5. A grand jury, coroner's jury or inquest, or other legal hearing.

Already Substantiated, Perpetrator "Suspected"

Information from the following sources is to be considered already substantiated for Central Registry puposes if a child is alleged to be abused/neglected and an alleged perpetrator ("abuser") is named. The alleged perpetrator would be classified as "suspected" when the report comes from:

1. Those persons mandated to report, if they are reporting out of their professional experience and competence;

2. Law enforcement personnel, if they are reporting their own findings and nearly always when criminal abuse/neglect charges have been filed;

3. An unbiased eye witness;

4. An alleged perpetrator who admits or confesses without duress that he/she abused/neglected the child in question;

5. A grand jury, coroner's jury or inquest, or other legal hearing.

Already Substantiated, Perpetrator "Known"

All reports based on a court's findings or judgment are to be considered substantiated for Central Registry purposes, and if the perpetrator is named as being responsible, or convicted, he/she would be classified as "known."

To be Substantiated, Perpetrator "Suspected"

Information from the following sources will have to be substantiated by CPS staff before the DSHS 2-142 can be sent to the Central Registry. If named, the alleged perpetrator would be classified as "suspected."

1. Those persons reporting hearsay information;

2. Those persons who are not mandated to report, unless they are included in the other listings above.

Categories and Types

(See Section 54.12)

Definitions, descriptions and examples are listed for each of the five major categories with some aids as to how substantiation is accomplished. Questions regarding substantiation may be directed to a Regional Social Services Coordinator, the CPS Specialist, or an Assistant Attorney General. If multiple types of abuse/neglect or multiple incidents are reported, each type or incident will have to be evaluated and substantiated separately.

1. DEATH - That death was nonaccidental and caused by physical abuse, neglect or sexual abuse shall be determined by a coroner, medical examiner, or law enforcement official at an inquest or other hearing.

2. PHYSICAL ABUSE (INJURY) - A physically abused child is one who has sustained physical injury resulting from a non-accidental physical act or acts. The opinion of a physician or other expert is often required to determine whether a child has suffered physical injury. The medical examination, admission by the alleged abuser, unbiased report by an eye witness, or a court hearing may substantiate whether such injury was inflicted nonaccidentally.

   The following are examples of those "injuries" which may result from physical abuse:

   Abrasions, lacerations;
   Alcohol intoxication or addiction;
   Auditory damage (ears and hearing)
   Bone fractures;

Brain damage;
Bruises, welts;
Burns (flame, chemical and hot object);
Dental damage (teeth and supporting tissue)

Dismemberment;
Drug intoxication or addiction;
Freezing;
Internal injuries;

Ocular damage (eyes and vision)
Poisoning;
Scalding (hot liquids or steam burns);

Skull fracture;
Sprains, dislocations;
Subdural hemorrhage;
Wounds, cuts, punctures.

3. PHYSICAL NEGLECT - A physically neglected child is one who has sustained physical or material deprivation. Any determination of physical neglect should reflect reasonable and prudent expectations of the parents which are consistent with community standards and known needs of children. The consequences of inadequate parental behavior or conditions in the home, such as those considered below, are often observable in the child. Specifically document the impact on or danger to the child.

A report of findings from a court or other legal hearing, a report from an unbiased eye witness, an expert's opinion, an admission, et al, could provide substantiation of the allegation of neglect. Caretaker failure to provide the necessary standard of care is ordinarily assumed if there is an inadequacy/omission (unless there is evidence to the contrary).

a. FEEDING - This subsection is concerned only with examples of inadequate provision for a child's nourishment. Neglect of any health problems which may result from inadequate nourishment should be considered under subsection (d).

(1) INADEQUATE SUPPLY OF FOOD - A child's food supply would be considered inadequate in cases where food is not available or where the caloric content of the food provided is acutely or chronically insufficient. For information purposes only, nutritionists have determined the daily number of K calories required by individuals to maintain good health. This may range from 54 K calories per pound of body weight for a young infant to about 20 K calories per pound of body weight for an adult. Children

who do not receive an adequate supply of food are likely to suffer from malnutrition and may feel ill or may appear to be thin and listless.

Observation or accurate reporting of the actual food supplied (or ingested) and subsequent comparison of the amount of food required and supplied (or ingested) substantiates the size of the inadequacy. Doctors, nurses, dietitions, home economists or others who have nutritional expertise may be of assistance in this determination.

(2) NONNUTRITIOUS SUPPLY OF FOOD - A child's food supply would be considered nonnutritious in cases where the diet is acutely or chronically imbalanced or of low nutritive value. For information purposes only, children generally need the following each day: three servings of milk and milk products (four for teenagers); two servings of meat and other protein foods; four servings of fruits and vegetables (one serving vitamin C foods, one serving dark green and deep yellow and two servings other fruits and vegetables); four servings of breads and cereals. In such cases, it is again likely that the child will suffer from malnutrition, feel ill or be thin and listless.

Substantiation here is similar to item (1) above.

(3) IRREGULAR PROVISION OF MEALS - In homes where meals are not provided on a regular basis, children are often forced to forage for themselves. Interference with other aspects of the child's life is likely to occur in these cases and may be evidenced by such conduct as poor school attendance. (1) and (2) above may be present also.

Substantiation here is similar to item (1) above.

b. CLOTHING - The following are examples of clothing considered inadequate to meet the needs of a child:

(1) INADEQUATE APPAREL - Inadequate apparel includes that which is insufficient to meet the requirements of climatic conditions or personal modesty;

(2) INADEQUATE SUPPPLY OF CLOTHING - The supply of clothing would be less than sufficient when a child must stay at home or wear inadequate apparel when clothing is laundered or repaired or when the child has no alternative to wearing unlaundered or unrepaired clothing;

(3) INADEQUATE CARE OF CLOTHING - Clothing is inadequately cared for when it is grossly misfitting, is not clean and/or not repaired. Other children often tease or ostracize a child whose clothing is in such condition;

See introductory paragraph for substantiation aids; also use "common opinion."

c. HOUSING - This subsection is primarily concerned with situations in which parents are unable or unwilling to use available personal and/or community resources to make necessary changes in the condition of their housing. While cases of injury to a child which result from poor housing may be appropriate to section 2., Physical Abuse, this subsection has been included to protect the child's health and safety as well as that of other family members. Relate the categories below to the impact on or damage to the child(ren).

The following divisions of city and county government often have staff available to provide consultation and conduct housing and property inspections to determine if minimum standards are being met. For example, fire department, health department, public works - housing department, utility departments, et al.

(1) INADEQUATE PHYSICAL STRUCTURE - While a building may not be condemned, its physical structure would be inadequate when it is in a condition so poor as to be obviously in need of repair. Such poor condition may be evidenced by broken windows, broken flooring, or bare or otherwise dangerous wiring to which the child(ren) has access.

(2) INADEQUATE SPACE - Housing space is inadequate when a dwelling is too small to accommodate its number of residents and is thereby detrimental to the family's health and/or privacy.

For background information purposes only, WAC 388-64-210 (Minimum Licensing Requirements for Group Homes, "Required Rooms"...) refers to 50 square feet of floor space per occupant in a multiple occupancy bedroom.

(3) INADEQUATE HOUSEKEEPING PRACTICES - Housekeeping practices are inadequate in a home which is so unsanitary that it presents a risk to the family's health, for example, rotting garbage on the tables

and floor, feces and moldy clothing on the floors. Homes characterized by such unsanitary conditions for prolonged periods of time are of much greater concern than those temporarily in such a condition.

(4) ABSENCE OF UTILITIES - This subsection is concerned with dwellings which lack those utilities essential for the maintenance of minimum standards for child care, for example, electricity, heat, water.

(5) ABSENCE OF HOUSEHOLD EQUIPMENT - The household equipment considered here to be necessary includes such items as a stove, refrigerator, plumbing, beds and bedding, table and chairs, and dishes and other utensils. Document how the child(ren) is impacted or endangered.

(6) ABSENCE OF HOUSING - Living in automobiles, tents, or with no definite housing arrangement.

(7) INADEQUATELY MAINTAINED YARD - Parents are expected to maintain a play area which is reasonably free from physical hazards such as broken glass, surfacing sewage, garage and litter, old refrigerators and car bodies which might fall on or entrap a child, and uncovered wells. An unfenced yard in an area of heavy vehicular traffic or no play area at all in an apartment complex are other examples which could be considered here.

Inadequate supervision or no supervision which contributes to these hazards may be considered under item e., Supervision.

d. MEDICAL CARE - Parents are expected to seek prompt and adequate medical care and observe disease prevention practices. The opinion of an expert is unnecessary to determine that a child's needs for medical examination and/or treatment have not been satisfied. Parents would be considered neglectful of the medical needs of their child in cases such as the following:

(1) When failing to respond to notification of the child's medical needs with arrangements for medical care;

(2) When responding to notification of the child's medical needs with inappropriate medical care;

(3) When failing to arrange for medical supervision of a child who is injured or ill when general evidence of being in poor health or of injury is displayed;

(4) When failing to arrange for medical supervision of a child suffering from a disease, disabling condition or injury when specific evidence of such disease, disabling condition or injury is displayed;

(5) When using a health resource inappropriately, e.g., preventing continuous or follow-up care by frequent changing of doctors, hospitals or clinics.

e. SUPERVISION - This section concerns the type and degree of supervision which is necessary for a child in relation to his level of development. As an example, the average child of age twelve may properly be left unattended for a short time when emergency procedures, including how and where to contact parents and others, have been explained. Substantiation may be achieved with a variety or combination of methods, but frequently direct evidence and common opinion or an eye witness and common opinion will be used. Examples of inappropriate or lack of supervision are the following:

(1) ABANDONED - A child is considered to be abandoned when the parents have indicated their intent to no longer provide care for the child. A statement to this effect or a behavioral display, as for example, serial babysitters with little or no consistency in care or planning could be considered here;

(2) UNATTENDED/UNSUPERVISED - Unattended/unsupervised children are those who are alone for extended periods of time whose whereabouts are unknown by the parents for extended periods of time. This classification differs from abandonment in that the parents intend to resume their care of the child;

(3) INADEQUATELY SUPERVISED - Supervision is inadequate in cases where the caretaker does not possess the requisite skills for supervising or when the child is exposed to dangerous items or hazardous conditions in the home. The caretaker who is intoxicated with alcohol or drugs or is abusing usage of either is not providing adequate supervision.

f. PERSONAL HYGIENE - A child's personal appearance and opportunity for self-care are likely to be influenced by previously mentioned conditions. Evidence of poor personal hygiene might include chronic dirtiness and body order, a severe skin rash, or the presence of vermin. "Common opinion" is sufficient to substantiate poor personal hygiene.

4. SEXUAL ABUSE - Without an eye witness, an expert opinion is usually necessary to determine whether a child has been sexually abused, especially in cases which include physical injury. In accordance with Chapter 9.79 RCW, the following are examples of sexual abuse:

Rape
Carnal Knowledge
Compelling a female to marry or be defiled
Abduction for purposes of marriage, prostitution, defilement, intercourse, or any obscene, indecent or immoral purpose

Seduction
Indecent liberties, exposure, etc.
Incest
Sodomy

Lewdness
Solicitation

In addition, the following definitions from RCW 9.79 and considerations may apply:

"Sexual intercourse has its ordinary meaning and occurs upon any penetration, however slight." This may be substantiated by medical examination. It also "means any penetration of the vagina or anus however slight, by an object when committed on one person by another, whether such persons are of the same or opposite sex, except when such penetration is accomplished for medically recognized treatment or diagnostic purposes." And it also "means any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another whether such persons are of the same or opposite sex." That such sexual contact has occurred may be substantiated by an eye witness, admission of a participant, or a medical examination;

5. MENTAL INJURY

(This section includes emotional abuse and emotional neglect as per Manual H, Section 54.12, A.)

Parents are expected to provide a home environment and experiences that reasonably permit children to be happy, alert, confident, creative, curious, and have a positive self image, increasing concern and caring for others (as well as self) and increasing self control. In those instances where problems exist, parents are expected to take reasonable steps to resolve them including utilizing outside experts.

For CPS and Central Registry purposes, a mentally injured child is one who has sustained emotional or psychological damage, as shown by his behavior or physical manifestations, caused by a nonaccidentally inflicted traumatic act or by repeated acts or patterns of behavior by his/her caretaker(s). The child could also sustain such damage by being the victim of physical abuse/neglect or sexual abuse. Behavior and physical manifestations include: withdrawal; delinquencies; persistent, cruel and destructive behavior; inability to achieve at capacity; feeding and sleeping disorders; fears and phobias; persistent overactivity; and negative self image.

The opinion of a physician (especially a pediatrician or a psychiatrist), psychologist, social worker or other qualified counselor may be necessary to determine if the child has sustained emotional or psychological damage. Such an expert, an eye witness, or an admission from an alleged perpetrator may help make the connection between what was committed and/or omitted and the mental injury. In addition, a child may be able to describe how he has been treated and his/her statements of feelings about himself/herself may provide evidence of mental injury. It is often helpful to observe and differentially assess how the child in question behaves in different situations and with different people in relation to his/her developmental level and needs. One must be able to rule out, for example, the trauma and damage which occurs in spite of "normal," "positive" parenting efforts.

Patterns of <u>caretaker behavior</u> which are often thought of as being mentally injurious or emotionally abusive in nature include the following:

a. Related to discipline:

(1) Provides little or no guidance when the child needs external controls;

(2) Delivers harsh or torturous punishment, especially using the fears of the child to punish him/her (for example, locking the child who is afraid of the dark in a room without lights.)

b. Related to chaotic home situation:

(1) Mentally ill parent or marital discord which causes continuous friction in the home;

(2) Establishes no routine or consistency in household organization.

c. Related to love and affection:

1. Tells child he/she is not "good", not wanted not liked/loved.

2. Ignores, pushes away, threatens or treats child harshly when the child needs and should reasonably receive love and affection;

3. Shames, belittles or disapproves with little or no approval.

d. Related to performance and capacity:

1. Demands performance beyond the child's capacity or that which is inappropriate for a child.

2. Provides little or no stimulation (sometimes apathy) for child's normal mental growth and development.

The Casework Supervisor must concur that there has been mental injury before storage in the Central Registry may occur.

Failure of the parent to seek care for a child who has sustained mental injury particularly upon notification that such is or may be needed, may also be considered under Section 54.26, E. 3., d., Neglect, Medical Care.

54.28 STANDARDS

1. Each ESSO has the responsibility to:

a. Meet Title XX goals and objectives and provide Title XX services;

b. Establish a procedure for providing program information to the community and for receiving reports from community sources as well as from within the ESSO for both children and mentally retarded adults;

c. Assure that all statistical and central registry reports are completed and transmitted to the Office of Program Analysis and Administrative Services Division respectively, at the required times;

d. Investigate and evaluate the reports of abuse, neglect, and exploitation. The investigation must be initiated within 48 hours of the receipt of the report;

e. Give protective services when it has been determined that abuse, neglect or exploitation exist. (See Section 54.12)

f. When necessary and appropriate, refer to a law enforcement agency;

g. Establish an agreement with local law enforcement agencies whereby they will transmit reports of abuse, neglect, and exploitation to the DSHS ESSO;

h. Establish liaison with local law enforcement agencies so that appropriate referrals may be made between law enforcement agencies and DSHS ESSOs;

i. In cooperation with appropriate training resources, provide training or training opportunities for staff;

j. Develop in ESSO procedures and management "tools" for delivering viable and timely Child Protective Services.

2. The service worker providing protective services has the responsibility to:

a. Receive the complaint or referral information;

b. Notify child's family and suspected or alleged perpetrator that a report has been received and provide them with the opportunity to suply information about the allegation and their situation. If the report is substantiated and reportable to the Central Registry, the parents, must also be notified that it is being sent to the Central Registry;

c. Examine, evaluate and "remain in" a situation which warrants community concern on behalf of child;

d. Offer help, although it may not be wanted or accepted;

e. Make clear that the community cannot allow a situation harmful to a child to persist;

f. Help carry out a treatment plan for the child and family which can lead to a permanent solution;

g. Decide whether neglect, abuse, and exploitation has ceased and the service may be terminated, or

h. Initiate action to remove the child from parents or others serving in place of parents, and obtain adequate care for him.

3. The following workload standard will be used in the program monitoring of ESSO CPS programs:

(A DSHS committee is studying workload standards at the time this revision is being issued. The CPS Specialist may be contacted in the interim for information about the standards he has used in the monitoring or evaluating of an ESSOs CPS program.)

4. Other protective services to mentally retarded persons 18 years of age and older are given by Adult Services Section.

Protective Services caseworkers must be prepared to act according to the requirements of each referral and situation.

When a complaint is based on a specific incident of maltreatment, or when the parents know they are being referred, this inherent advantage should be used. Reach the parents quickly even though there is no immediate danger to the children. It is more likely that the caseworker's help will be used if there if follow-up immediately after a referral.

Protective Services, on behalf of the child, help parents recognize and remedy the conditions harmful to the child and fulfill their roles more adequately, or initiate action, with parental cooperation and consent or through petition of the court, to obtain substitute care for the child to meet his minimum needs.