



**A GUIDE FOR  
MANDATED REPORTERS**

Child Welfare Services

Introduction

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## Appendix

Mandated Reporter Checklist

## **What Is Child Welfare Services (CWS)?**

Child Welfare Services (CWS) is a social service provided to children and their families when children are reported to have been harmed, or are at risk of being harmed. Child Protective Service is one of several Child Welfare programs in the Social Services Division of the Department of Human Services.

## **What Is The Child Abuse Reporting Law?**

Chapter 350, Hawaii Revised Statutes, specifies:

- ❖ Who must report to the Department of Human Services or the police if there is reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect will occur in the reasonably foreseeable future
- ❖ What kinds of situations need to be reported
- ❖ How to report
- ❖ The action taken upon reporting
- ❖ Who is immune from liability
- ❖ The confidentiality of reports
- ❖ What's admissible evidence
- ❖ Penalty for not reporting

## **How Does The Law Define Child Abuse or Neglect?**

Child abuse or neglect is defined by Chapter 350, HRS as: ..."the acts or omissions of any person who, or legal entity which, is in any manner or degree related to the child, is residing with the child, or is otherwise responsible for the child's care, that have resulted in the physical or psychological health or welfare of the child, who is under the age of eighteen, to be harmed, or to be subject to any reasonably foreseeable, substantial risk of being harmed"...

The acts or omissions that must be reported pursuant to Chapter 350, HRS includes, but is not limited to:

1. When the child exhibits evidence of:

- A. Substantial or multiple skin bruising or any other internal bleeding;
- B. Any injury to skin causing substantial bleeding;
- C. Malnutrition;
- D. Failure to thrive;
- E. Burn or burns;
- F. Poisoning;
- G. Fracture of any bone;
- H. Subdural hematoma;
- I. Soft tissue swelling;
- J. Extreme pain;
- K. Extreme mental distress;
- L. Gross degradation;

- M. Death; and such injury is not justifiably explained, or when the history given concerning such condition or death is at variance with the degree or type of such condition or death, or circumstances indicate that such condition or death may not be the product of an accidental occurrence; or
- 2. When the child has been the victim of sexual contact or conduct, including, but not limited to, rape, sodomy, molestation, sexual fondling, incest, or prostitution; obscene or pornographic photographing, or filming, or depiction; or other similar forms of sexual exploitation, or
- 3. When there exists injury to the psychological capacity of a child as is evidenced by an observable and substantial impairment in the child's ability to function; or
- 4. When the child is not provided in a timely manner with adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision; or
- 5. When the child is provided with dangerous, harmful, or detrimental drugs as defined by section 712-1240; provided that this paragraph shall not apply when such drugs are provided to the child pursuant to the direction or prescription of a practitioner.”

### **When Must Child Abuse or Neglect Be Reported?**

Any mandated reporter who has reason to believe that child abuse or neglect will occur in the reasonably foreseeable future, must immediately report the matter to Child Welfare Services or to the Police Department.

### **Who Is Mandated To Report Child Abuse Or Neglect?**

- A. Licensed or registered professionals of the healing arts and any health-related occupation who examines, attends, treats, or provides other professional or specialized services including, but not limited to, physicians, including physicians in training, psychologists, dentists, nurses, osteopathic physicians and surgeons, optometrists, chiropractors, podiatrists, pharmacists and other health-related professionals.
- B. Employees or officers of any public or private school.
- C. Employees or officers of any public or private agency or institution, or other individuals, providing social, medical hospital, or mental health services, including financial assistance.
- D. Employees or officers of any law enforcement agency, including, but not limited to, the courts, police departments, correctional institutions, and parole or probation offices.
- E. Individual providers of child care, or employees or officers of any licensed or registered child care facility, foster home or similar institution.

F. Medical examiners or coroners.

G. Employees of any public or private agency providing recreational or sports activities.

Any of the above named persons who knowingly fails to report an incident involving child abuse or neglect, or who knowingly fails to provide additional information, or who prevents another person from reporting such an incident shall be guilty of a petty misdemeanor. A person who has been convicted of a petty misdemeanor may be fined or sentenced to imprisonment for a definite term which shall be fixed by the court and shall not exceed thirty days. In addition, any person who has reason to believe that child abuse or neglect will occur in the reasonably foreseeable future may immediately report the matter to the department or to the police department.

### How Do I Make A Report?

Call the Department of Human Services, Social Services Division, Child Welfare Services at the numbers listed below. Please call the location nearest to you when reporting abuse or neglect. In the event that the number has changed, please check with the telephone operator for the current number.

East Hawaii (Hilo)	1-800-494-3991 (Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
West Hawaii (Kona)	1-800-494-3991 (Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Kau (West Hawaii Intake Hotline)	1-800-494-3991(Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Kamuela	1-800-494-3991 (Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Maui	1-800-494-3991(Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Molokai	1-800-494-3991(Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Lanai	1-800-494-3991(Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Kauai	1-800-494-3991 (Toll Free-24 hours) 1-800-399-1615 (Toll Free-24 hours FAX line)
Oahu (24 Hours)	832-5300 (24 hours) 832-5292 (24 hours FAX line)

In case of **immediate threat of violence, call the police, 911.**

## **What Kinds of Information Will I Need To Provide?**

The social worker will want to obtain as much of the following information as possible before referring the matter for investigation:

- ❖ Name and address of the child victim and his/her parents or other persons responsible for his/her care
- ❖ Child's birthdate or age
- ❖ Names and ages of other persons who live with the child and their relationship to the child if known
- ❖ Nature and extent of the child's abuse or neglect (including any evidence or indication of previous abuse or neglect)
- ❖ Date, time, and location of incident
- ❖ Child's current location and condition
- ❖ Identity of the alleged perpetrator
- ❖ Whereabouts of the alleged perpetrator and any history if available
- ❖ Any other information that may be helpful in determining the cause of abuse or neglect and whether or not there is a family member who can protect the child

You are statutorily required, as a mandated reporter, to provide upon request to the department any information relating to the incident of abuse or neglect that was not contained in the original report. If additional information relating to the report of abuse or neglect is not requested but available, you must provide that information as well.

You are also required to allow the Child Welfare Services investigator to interview the child victim without the parents or caretakers present.

## **What If I'm Not Sure?**

You can consult with the Department of Human Services regarding your concerns or observations. You need not be prepared to prove that abuse or neglect has occurred before making a report. If the child has shared information with you about the abuse/neglect, this is enough for you to call us. Except for medical situations where history taking includes asking relevant questions to determine the appropriate kinds of tests or examination needed, the preference is that you make a referral immediately once the information is shared with you. Since the social worker may need to interview the child, it is our goal that the child not be subjected to numerous interviews about his/her abusive or neglectful situation by different people.

## **Do I Need To Follow Up In Writing?**

Yes. A Mandated Reporter Checklist report has been developed for your use. An example is attached to this booklet. The forms may be duplicated and used to report abuse and neglect.

## **What Happens Following My Report?**

If the report is accepted for investigation, a social worker will be assigned to investigate the referral to determine if the child has been harmed or is at risk of harm. The worker will gather as much information as possible by talking to the child, family members and if necessary, others in the community. Within sixty days of the date the report is assigned for investigation, a decision must be made whether the report is confirmed or not. You will be contacted regarding the disposition of your report.

## **Will The Police Get Involved?**

A report of suspected child abuse or neglect or substantial risk of child abuse or neglect must be made to the Department of Human Services, Child Welfare Services or to the police. Depending on the circumstances of the report and harm to the child, the police may become involved either at the request of the department or by a determination by the police that they need to take immediate action and/or conduct an investigation.

## **Will The Family Find Out Who Made The Report?**

The Department makes every reasonable effort to maintain the confidentiality of a reporter who requests that his/her name not be released. Anyone reporting in good faith is immune from liability.

## **Will I Need To Testify In Court?**

If the social worker finds that legal intervention is necessary as a means of helping the child and family, a petition will be prepared and filed in Family Court (civil proceeding).

We may need your testimony if we believe it is necessary in order to establish the court's jurisdiction to protect a child from abuse or neglect. Contact is usually made by the social worker or a representative from the Department of the Attorney General who will provide information regarding the type of testimony needed and the date and time of the court proceedings and other information you may need to know. The Department of Human Services may contact you in order to prepare you further for the proceedings.

## **What Services Can The Department Provide To Children and Families?**

The department provides or makes referrals to services to help remedy problems that may be occurring in a family. For children assessed as needing protection, services may include:

- ❖ Diversion services
- ❖ Comprehensive counseling services
- ❖ Ohana conferencing

- ❖ Childcare/daycare
- ❖ Chore services
- ❖ Emergency help such as food, clothing, or rent
- ❖ Referrals for other services not offered by the department
- ❖ Foster care and foster care related costs; e.g., clothing

## **What Is A Case Plan?**

When harm or threatened harm has been confirmed and there has been a determination that a need for protective services has been found, the department develops a case plan with the family to identify the areas, as agreed upon with the parents, that need to be worked on or corrected. The case plan includes:

- ❖ Safety issues that must be resolved
- ❖ Goal of the case plan and desired outcomes
- ❖ Objectives to accomplish the goal and outcomes
- ❖ Services to be provided to the parents and their children
- ❖ Responsibilities of the parents, the department, and others who are participating in the service plan
- ❖ Projected date to accomplish the goal and objectives
- ❖ Indicators of success or non-success of the parents
- ❖ Consequences for success or failure

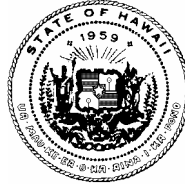
If you are continuing to provide services to the family that you have referred, you may be asked to participate in the service plan.

## **How Can I Get More Information?**

You can contact the Department of Human Services, Child Welfare Services Intake to discuss whether or not a case should be referred.

The laws, called Hawaii Revised Statutes, can be found in the reference section of major libraries. Sections that apply to Child Welfare Services are found in Chapters 350 and 587. You may also visit the Department of Human Services Website at: [www.state.hi.us/dhs](http://www.state.hi.us/dhs).





STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

**MANDATED REPORTER CHECKLIST  
FOR SUSPECTED CHILD ABUSE AND NEGLECT**

**When reporting to Child Welfare Services (CWS), Child Protective Services (CPS) please:**

1. Review available records.
2. Fill out the checklist as completely as possible using Y for yes, N for no. Leave blank if unknown, unless otherwise indicated.
3. Call the **CWS Intake Reporting Line at (808) 832-5300** or toll free for neighbor islands at **1-800-494-3991** to report your findings.
4. FAX or Mail this document with comments within 5 days to CWS after verbally reporting to the intake worker. **Doing so fulfills your statutory obligation under Chapter 350-1.1(c), Hawaii Revised Statutes, which requires a report in writing as well as the oral report.**
5. If your referral is accepted for investigation, you will be contacted with the disposition.

**To:**  
**Child Welfare Services**  
**420 Waiakamilo Road, Suite 300A**  
**Honolulu, HI 96817-4941**  
**Reporting Line: (808) 832-5300 Toll Free Neighbor Islands: 1-800-494-3991**  
**FAX: (808) 832-5292 Toll Free FAX: 1-800-399-1614**

Oral report made to:  
 Name of Intake Worker: \_\_\_\_\_ Date/time of report: \_\_\_\_\_ / \_\_\_\_\_

Police Report # \_\_\_\_\_ Officer Assigned (If applicable) : \_\_\_\_\_

FROM: (Name, Agency and Address of Reporter)	
Name/Agency:	
Address:	Telephone:

ALLEGED VICTIM/S:				
Name	DOB	AGE	School/Grade/SPED	Home Address
1.				
2.				
3.				

CAREGIVER/S: (Circle where applicable)							
FATHER	MOTHER	GUARDIAN	OTHER	FATHER	MOTHER	GUARDIAN	OTHER
Name:		DOB/Age		Name:		DOB/Age	
Address:				Address:			
Employment/Phone				Employment/Phone			
Home Telephone:		Military/Branch of Service		Home Telephone:		Military/Branch of Service	

<b>ALLEGED MALTREATER/S:</b>	
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to victim:	Relationship to victim:

<b>Please list other family members (siblings, others living in home, significant kin, etc.)</b>		
Name	DOB	Relationship to Victim
1.		
2.		
3.		
4.		
5.		
6.		

**FACTORS**

**1. Location and address of child: (at time of report, please check appropriate block and provide address)**

<input type="checkbox"/>	School	<input type="checkbox"/>	Office
<input type="checkbox"/>	Home	<input type="checkbox"/>	Other: (Specify)
Address:			Contact tel:

**2. Type of harm:**

<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Threatened physical abuse
<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Threatened sexual abuse
<input type="checkbox"/>	Physical neglect	<input type="checkbox"/>	Threatened physical neglect
<input type="checkbox"/>	Psychological/emotional abuse	<input type="checkbox"/>	Threatened psychological harm

**3. Evidence of harm:**

**A. Physical:**

a	Bruising, bleeding	i	Subdural hematoma (per medical diagnosis)
b	Injury causing substantial bleeding	j	Soft tissue swelling
c	Malnutrition	k	Extreme pain
d	Failure to thrive	l	Extreme impairment in child's functioning
e	Burns	m	Gross degradation (child's clothing, appearance)
f	Poisoning	n	Physical or medical evidence of sexual abuse
g	Any fracture	o	Failure to provide adequate care or supervision
h	Intentional drugging	p	Other

**B. Behavioral: (Has the child demonstrated any of the following behaviors?)**

a	Frequently tardy or absent from school	g	Seductive behaviors
b	Assaults or aggression toward others	h	Runaways
c	Withdrawal or depression	i	Status offenses or law violation
d	Self mutilation	j	Suicidal ideation
e	Chronic depression	k	Suicide attempts
f	Inappropriate sexual knowledge	l	Other

4. Please describe briefly what happened. Include what the child said and to whom. Include date/time (or approximate month/year) and location of incident.


5. What immediate action do you believe needs to be taken? Briefly comment:


6. Frequency and intensity of harm, if known by reporter:

Single incident	Occurs several times/year, escalating harm
Infrequent incidents, no escalation of harm	Chronic and serious, ongoing pattern of harm

7. Duration of harm, if known by reporter:

No history of harm, no previous incidents	Harm occurs repeatedly over a period of one year
Short duration of harm, less than one month	Harm is chronic

8. Is the reporter aware of any prior reports to CWS involving the child or family?

9. Has the victim expressed any of the following:

a	Fear of caretaker	e	The victim's sibling/s have also been harmed
b	Fear of returning to the family home	f	The harm occurs frequently (self or other)
c	Afraid of being harmed again	g	The harm has gotten worse
d	Harm was reported harm to friend	h	Other

10. Additional concerns regarding the child's health? Explain:

- a.        Mental: \_\_\_\_\_
- b.        Physical: \_\_\_\_\_

**SERVICES/TREATMENT HISTORY**

11. Has the family participated in any service or treatment prior to the report of harm such as:

a	Parenting classes	f	Substance abuse treatment (specify below)
b	Family violence services	g	1. Inpatient
c	Educational programs		2. Outpatient
d	Individual counseling	h	Other: Specify below
e	Home visitation		

12. Was the family offered or referred to any of the following services: (Please note choices listed below) (Yes, No, Unknown, or Declined)

a	Substance abuse treatment	f	Substance abuse counseling
b	Intensive homebased counseling services	g	In-home services (outreach, home visiting, etc.)
c	Individual counseling or therapy	h	Parenting classes
d	Anger management	i	Other: Specify below
e	Public Health Nursing		

**SUPPORT SYSTEM**

**13. Support system available to the child and family, willing and able to assist. Including the following:**

a	Parents	f	Friends
b	Maternal grandparents	g	Church members
c	Paternal grandparents	h	Community groups
d	Siblings	i	Service providers
e	Other relatives	j	Other: specify below

**FAMILY HISTORY**

**14. Is there a known history of (for mother, father or father figure):**

	<b>MOTHER</b>		<b>FATHER/FATHER FIGURE</b>
a	CWS involvement	g	CWS involvement
b	Domestic violence	h	Domestic violence
c	Substance abuse: (Specify)	i	Substance abuse: (Specify)
d	Mental illness	j	Mental illness
e	Victim of abuse	k	Victim of abuse
f	Perpetrator of abuse	l	Perpetrator of abuse

**Explain "yes" responses briefly below:**

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**15. May CWS share your identity with the local county police department for follow up? Yes \_\_\_ No \_\_\_**

**THANK YOU FOR YOUR ASSISTANCE.**

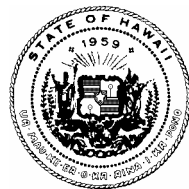
**FOR CWS USE ONLY**

**Disposition:** \_\_\_\_\_

**UNIT** \_\_\_\_\_ **WORKER** \_\_\_\_\_

**ADDITIONAL COMMENTS/NARRATIVE: Please attach comments/narrative if required or necessary for clarification.**

**November 2007**



Department of Human Services  
Social Services Division  
Child Welfare Services Branch  
State Wide Child Welfare Services Section  
Child Welfare Intake Unit 2  
420 Waiakamilo Road, Suite 201  
Honolulu, HI 96817