

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES



CONFIDENTIAL
MANDATED REPORTER CHECKLIST
FOR SUSPECTED CHILD ABUSE & NEGLECT

Mailing Address: INTAKE UNIT I
420 Waiakamilo Road, Suite 300A
Honolulu, HI 96817-4941

Oahu CHILD ABUSE & NEGLECT Reporting Line: (808) 832-5300
Oahu FAX: (808) 832-5292

Toll Free CHILD ABUSE & NEGLECT Reporting Line: 1-888-380-3088
Toll Free FAX: 1-888-988-6688

Hawaii Department of Human Services Website: <http://humanservices.hawaii.gov>

To file a report of CHILD ABUSE AND/OR NEGLECT, please:

- ✓ Complete **ONE CHECKLIST** for **EACH FAMILY**
- ✓ Review **ALL** available records and **FILL OUT CHECKLIST AS COMPLETELY** as possible. Leave blank if unknown, unless otherwise indicated. **Completion of the checklist will ensure that you have secured the required information ** and are prepared to file an ORAL report** (**indicates required fields)
- ✓ **UPON COMPLETION OF CHECKLIST, IMMEDIATELY CALL** the Child Abuse & Neglect Reporting Line (Oahu or TOLL FREE) to report your findings. Be sure to obtain the name of the intake social worker to document receipt and disposition of your referral.
- ✓ **FAX OR MAIL** this document with comments to **DHS** immediately **after** verbally reporting to the intake worker.

DUTY TO NOTIFY: Doing so fulfills your statutory obligation under **Chapter 350-1.(1-2) per Hawaii Revised Statutes, which requires a report in writing, as well as the oral report.**

DATE OF REPORT: _____

MANDATED REPORTER INFORMATION **

Name	Agency	Title
Address:		Telephone:

MANDATED REPORTER ORAL REPORT/CONTACT WITH DHS AND/OR POLICE

Name of DHS Intake Social Worker	Date/Time of Report
Name of Police Officer/Badge #	Date/Time of Report/Police Report #
May DHS share your identity with the county police, or contract VCM or FSS provider for follow up? Yes ___ No ___	

CHILD/VICTIM INFORMATION #1 **

Name	DOB/AGE	School/Grade/SPED
Description &/Or Special Needs for Child/Victim(Accommodations for Care, Medication, to access communication, interpreter etc)		
Address or Directions or Location Frequented		Telephone (s)
Employment/Phone		Other

CHILD/VICTIM INFORMATION #2 ** or SIBLING		
Name	DOB/AGE	School/Grade/SPED
Description &/Or Special Needs for Child/Victim(Accommodations for Care, Medication, to access communication, interpreter etc)		
Address or Directions or Location Frequented		Telephone (s)
Employment/Phone		Other

CHILD/VICTIM INFORMATION #3 ** or SIBLING		
Name	DOB/AGE	School/Grade/SPED
Description &/Or Special Needs for Child/Victim(Accommodations for Care, Medication, to access communication, interpreter etc)		
Address or Directions or Location Frequented		Telephone (s)
Employment/Phone		Other

PARENT/LEGAL CARETAKER/MALTREATOR INFORMATION **							
Name:		DOB/Age		Name:		DOB/Age	
Father	Guardian	Other	Maltreator	Mother	Guardian	Other	Maltreator
Address or Directions or Location Frequented				Address or Directions or Location Frequented			
Telephone:		Other/Accommodations?		Telephone:		Other/ Accommodations?	
Employment/Phone		Military/Branch		Employment/Phone		Military/Branch	

OTHER ALLEGED MALTREATOR(S) **							
Name:		DOB/Age		Name:		DOB/Age	
Relationship to Child//Victim (Specify)				Relationship to Child//Victim (Specify)			
Address or Directions or Location Frequented				Address or Directions or Location Frequented			
Telephone:		Other/ Accommodations?		Telephone:		Other/ Accommodations?	
Employment/Phone		Military/Branch		Employment/Phone		Military/Branch	

KIN or SOCIAL SUPPORT INFORMATION							
(Non offending Parent/ Relative/ Adult Sibling/ Friend/Church/Coach/ Community Group/ Service Provider/ Other)							
Name:		DOB/Age		Name:		DOB/Age	
Relationship to Child//Victim (Specify)				Relationship to Child//Victim (Specify)			
Address or Directions or Location Frequented				Address or Directions or Location Frequented			

Telephone:	Other/ Accommodations? (Placement Resource?)	Telephone:	Other/ Accommodations? (Placement Resource?)
Employment/Phone	Military/Branch	Employment/Phone	Military/Branch

FACTORS

A. ACTUAL HARM (Statutory Definition HRS 587 A-4)

PHYSICAL ABUSE (Evidence of Physical Injury/Death)			
	Substantial/multiple skin bruising/Internal Bleeding		Extreme Pain
	Substantial external or internal bleeding		Gross Degradation (physical act/trauma)
	Burn or Burns		Poisoning
	Malnutrition		Fracture of Any Bone
	Failure to thrive- Organic/Parental Failure or Impairment/ Inadequate Caloric or Nutrition		Subdural Hematoma
	Soft Tissue Swelling		Death
SEXUAL ABUSE			
	Sexual Contact: Molestation/Fondling/Incest		Sex trafficking or severe form of trafficking
	Sexual Conduct: Prostitution/ Obscene Pornographic Photographing/Film/Depiction		Labor trafficking
	Sexual Assault		
PSYCHOLOGICAL HARM (Impaired Functioning)			
	Psychological Well-Being Injured		Extreme Mental Distress
	Evidence of Substantial Impairment to Ability to Function		Gross Degradation-Inexcusable mental degrading of child/victim/ humiliation/indignity
NEGLECT (Untimely or Inadequate Care)			
	Adequate Food		Psychological Care
	Clothing		Physical Care
	Shelter		Medical Care
	Supervision		
INTENTIONAL DRUGGING			
	Provided with dangerous/harmful/detrimental drug (as defined by Penal Code 712-1240 Schedule I – V Substances under HRS 329)		Exception: Administered by child’s family as directed or prescribed by licensed practitioner.
	NO ACTUAL HARM as statutorily defined		

B. SAFETY

The four criteria (A, B, C, D) must be present to support SAFETY in the following 15 Factors **

A SPECIFIC & OBSERVABLE	B OUT OF CONTROL	C IMMEDIATE / LIABLE TO HAPPEN	D SEVERE CONSEQUENCES
1. Threatening/Violent Behavior by PARENT or OTHER the PARENT has allowed access to the child			
2. Supervision is inadequate to protect child			
3. Death of a sibling or other child due to abuse/neglect			
4. Dangerously Impulsive behavior by one or more parent/caregiver/ unable to control their behavior			
5. Severe Child Abuse/Neglect presenting imminent or threatened harm to child			
6. Parental Drug or Alcohol Abuse/Impairment seriously affecting ability to supervise/protect/care.			
7. Whereabouts of Child Cannot be Ascertained with reports of harm, believe family will flee/refuse access			
8. Child Fear of being harmed by parent/people living or frequenting home			
9. Failure to Meet Child’s Immediate Needs for food/clothing/shelter/medical care results in harm/threat			
10. Hazardous Physical Living Conditions presents harm/imminent/threat to child			
11. Parental Chronic Mental/Physical Illness or Disability with no protective controls to ensure child safety			
12. Child Special Needs/Vulnerability for child parent is unable to meet resulting in harm/imminent/threat			
13. Parental Negative Terms or Acts /Extremely Unrealistic Expectations given child’s development/age resulting in substantial, imminent harm to child			

	14. Parental Lack of Knowledge/Skill/Motivation to Parent child resulting in present/impending danger
	15. Access to Child by Parent/Caregiver and Others which could result in present/impending danger
	NO SAFETY as defined

C. RISK

CHILD VULNERABILITY			
	Self Protection		Special Needs/Behavior Problems (Accommodations for Care, Medication, to access communication, interpreter etc)
BASELINE FOR HARM			
	Severity/Chronicity of Abuse/Neglect History		Description of Current Report of Abuse/Neglect (Does NOT meet Actual Harm or Safety Definitions)
CAREGIVER CHARACTERISTICS			
	Parent History of Abuse/Neglect as a Child		Protection of Child by Non Abusive Caretaker
	Mental/Emotional/Intellectual/Physical Impairments (Accommodations?)		Level of Parental Cooperation with Intervention
	History of Violence by or between Caregivers towards Peers or Other Children (NOT Domestic Violence)		Parenting Skills/ Expectations of Child
	Substance Abuse		Empathy, Nurturance, Bonding Capacity
	Recognition of Problem/ Motivation to Change		
FAMILIAL, SOCIAL, ECONOMIC FACTORS			
	Domestic Violence		Social Support for Family
	Economic Resources of Family		Stressors for Family
	NO RISK as defined		

D. SERVICES/TREATMENT HISTORY

Has the family participated or been offered/referred to any service or treatment prior to the report of harm such as: (Yes, No, Unknown, or Declined, Identified as a need) If known, identify service provider and contact information.				
a	CWS Involvement (Hawaii or other) (Past or Present)	J		Substance abuse counseling/treatment Inpatient__ Outpatient__
b	Family violence services (domestic/family abuse/Anger Management)	k		Immigration
c	Criminal or Civil Court Involvement (specify)	l		Legal Services
d	Medical/Health Services	m		Law Enforcement (Local,State,Military,FBI etc)
e	Mental Health /Psychiatric Services	n		Public Health Nursing
f	Individual counseling or therapy	o		Parenting Classes
g	Family Counseling/Therapy	p		Other, Specify:
h	Educational Services/Programs			
i	Intensive home based (outreach,home visit)			

E. NARRATIVE INFORMATION:

Please provide information and/or attach documents to support responses for items A thru D.

THANK YOU FOR YOUR ASSISTANCE.