000 1501
001 000
002 108
003
005 Department of Services for Children, Youth and Their Families
006 Department of Health and Social Services
140 Child Protective Services Case Files
141
142
200 c1983
210 1984
220
241 3.5 cubic feet (in 4 cf boxes, one shared with 1501.25)
261 Files contain forms used by the Division of Child Protective Services to report new registrations, placements, and child's status.
27X Include registration and report forms, family service delivery plan update, placement entry forms, and child status event forms. Registration and report forms show name of person receiving the report, date of report, role code letter, rel. code number, parent's names, child's name, address, telephone number, sex, race, birthdate, DHSS I.D. number, school attended, family number, supervisor number, date information entered, county code, type of function assigned at time of report, report status, report source, priority, method of report, primary, secondary, and tertiary allegations, alleged perpetrator's relationship to child, narrative, and case worker's signature. Placement entry forms show child's name, case worker and supervisor numbers, assignment date, date case opened, county, type of unit, reason for the case, legal custodian, type of referral, agency referred to, type of court petition filed, hearing scheduled, reason for removal from home, who initiated the removal, reason for selection of resource, foster care eligibility type, type of payment or care, type of child's medical insurance, and employment information for mother and father of child. Child status event forms show case worker and supervisor numbers, assignment date, date of transfer, reason for case transfer, type of case review, results of review, and hearing schedule. Family/child service delivery plan update forms show family number, date information entered, goal type, goal status, next scheduled review date, date of closing, and reason for closing.
29X
310
329 WORK STATUS
_X_ needs sorting
___ needs unfolding
_X_ needs foldering/reboxing
___ other: _____

ARCHIVIST:
___ review for identification/ further determination
_X_ processing
___ determine origin/purpose
_X_ other: STAPLE REMOVAL

CONDITION:
___ totally disorganized
___ order not apparent
___ origin questionable
___ other: _____

FILM:
___ for security
___ destroy original
___ other:

330 Arrangement not apparent.
331 No index.
332 Form printed with writing.
360 Good; metal fasteners.
370 **CLOSED BY STATUTE.**
390 None.
430
900
990 November 10, 1987
995 May 10, 1988; June 10, 1988; April 24, 1996; April 17, 1997
999

rlg/ps