



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
Adult Services

South Carolina Department of Social Services

Adult Protective Services

Policy Manual

Investigation Services

**South Carolina Department of Social Services
Adult Protective Services Policy and Procedure Manual**

APS Program Policy – Investigation Services

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APS Program Policy: Investigations

100 PURPOSE AND SCOPE OF PROGRAM

PURPOSE. The purpose of the investigation is to determine if 1) the alleged victim is a Vulnerable Adult 2) the Vulnerable Adult is at substantial risk of being or has been abused, neglected or exploited, 3) whether the Vulnerable Adult is unable to protect herself or himself and 4) Protective Services are necessary to protect the Vulnerable Adult from substantial risk of or from abuse, neglect or exploitation.

INTENT. It is the intent of the Adult Protective Services Program to conduct a thorough Investigation that promotes the protection of the Vulnerable Adult. While performing assigned duties as an investigative entity, the APS Program seeks to reduce risk and promote the safety of the Vulnerable Adult while restoring each individual's highest level of independence and integrity.

SCOPE OF INVESTIGATIVE SERVICES. The scope of APS Investigative Services includes Timely Initiation of an Accepted Intake Report, Conducting the Investigation, Completing the Risk Assessment, Completing the Case Decision Process, Documenting the Investigation in CAPSS and Participating in Court Proceedings.

INTRODUCTION

The Adult Protective Services Program seeks to complete a thorough investigation of all accepted Intake Reports in a timely manner while safeguarding the safety of Vulnerable Adults. This Chapter sets forth the Department's policy and procedures for investigating reports of abuse, neglect, self-neglect and exploitation of Vulnerable Adults.

110 INITIATING THE INVESTIGATION

All accepted APS Intake Reports will be investigated in a timely manner. In all cases, to initiate the investigation, a visit must be made to the location of the Vulnerable Adult and he/she must be directly observed (face to face) and assessed within the specified time frame of the typology. If the client cannot be located or observed in the specified time frame of the typology, the investigator must complete an activity note in the Child and Adult Protective Services System (CAPSS) to show the continued efforts to make contact in the required time frame and the reason(s) why face to face contact with the client was not made. Failed attempts to make face to face contact with the alleged victim must be staffed immediately with the APS Supervisor to obtain further instruction and direction.

Emergency situations are determined based on the risk and safety for the alleged victim and requires immediate action (0-2 hr. response).

Accepted reports of Physical, Psychological and Sexual Abuse must be initiated no later than 24 hours after Intake Time. Neglect by a Caregiver must be initiated no later than 48 hours after Intake Time. Self-Neglect must be initiated no later than 48 hours after Intake Time. Exploitation must be initiated no later than 72 hours after Intake Time. Once the investigation is initiated, the Investigator must conduct a thorough investigation of all typologies.

All DSS forms mentioned throughout APS policy can be found in the Master Forms Index with instructions located on the DSS Unite page.

111 COMPLIANCE WITH CIVIL RIGHTS LAWS

The South Carolina Department of Social Services and its providers must serve the people of South Carolina without discrimination. At the on-set of the investigation, DSS Brochure 2416 - Know Your Rights must be given to the alleged victim explaining that DSS is in compliance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Food and Nutrition Act of 2008, the Americans with Disabilities Act of 1990, the Multi-Ethnic Placement Act of 1994 and all federal

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and state civil rights laws. The APS Investigator must note in CAPSS that this brochure has been explained and given to the alleged victim.

112 NOTICE OF HIPPA PRIVACY PRACTICES ACKNOWLEDGEMENT

At the on-set of the investigation, a copy of DSS Booklet 4017- Notice of HIPPA Privacy Practices must be explained and given to the alleged victim. The APS Investigator must complete and have the alleged victim or the representative of the alleged victim to sign Notice of HIPPA Privacy Practices Acknowledgement (DSS Form 4000). CAPSS must be noted and a signed copy must be placed in the hard file and uploaded into the electronic file.

113 ADULT PROTECTIVE SERVICES MEDICAL STATUS REPORT

The Adult Protective Services Medical Status Report (DSS Form 1568) must be sent to all Medical Providers including mental health professionals so that an accurate status of the alleged victim's mental and physical well-being can be assessed. This form must be sent out at the on-set of the investigation to assist the Investigator in determining if the alleged victim is a Vulnerable Adult and if any abuse or neglect has occurred or the potential thereof. The form must be placed in the hard file and uploaded into the electronic file. Medical information must be secured once a year and updated as needed in each Vulnerable Adult's file.

114 ACCOMMODATING SPECIAL NEEDS

During the course of an investigation, information is gathered from the reporter and from the client to determine if the client has a communication limitation (limited English proficiency, speech or hearing impairment). The Case Manager must assess the client's language needs and provide an interpreter, translated materials, or other appropriate language accommodations for the client. For detailed instructions, please refer to the Civil Rights ToolKit found on the DSS SharePoint Unite page under manuals for guidance and directions on accommodating special needs. This policy was revised on 11/21/2016 to provide instructions on how to effectively communicate with all clients and to ensure that both staff and clients have information about and access to the resources that they need. Instructions on how to service persons with limited English Proficiency or Sensory Impairment is addressed in this policy.

115 NOTIFICATION TO LAW ENFORCEMENT

When an accepted Intake Report reaches the county APS office, the county staff must determine if Law Enforcement notification is necessary because of a reasonable suspicion of criminal activity. Criminal activity involves the intentional abuse, neglect, or exploitation of a Vulnerable Adult by another person or the potential thereof. Immediate involvement of Law Enforcement is always important if evidence needs to be preserved. Reports involving financial exploitation, sexual battery, and physical abuse with visible injuries are appropriate for immediate notification. The APS Supervisor will review the Intake Report to make the determination regarding notification to Law Enforcement. If he/she decides that Law Enforcement should be notified before the Case Manager begins the assessment, the APS Supervisor will complete Notification to Law Enforcement (DSS Form 1506). However, the APS Supervisor may also determine that law Enforcement has already been appropriately notified by the Intake Practitioner. In this case, the APS Supervisor will ensure that the Law Enforcement case is properly monitored by the APS Case Manager. The APS Case Manager will immediately notify Law Enforcement if at any time during the Investigation he/she suspects that the allegation of abuse, neglect or exploitation may involve a criminal element. Should the Case Manager call Law Enforcement to the location of the client and the client is taken into Emergency Protective Custody (EPC), Law Enforcement will complete Emergency Protective Custody of a Vulnerable Adult (DSS Form 15109) and the Law Enforcement Incident Report. The Case Manager will note Law Enforcement's involvement in CAPSS and the completed forms will be filed in the hard file and uploaded into the electronic file.

129 ASSESSING RISK AND SAFETY

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During the investigation, the APS Investigator must assess the vulnerability of the client and the risk and safety factors in the situation. The purpose of assessing the risk is to identify the client's vulnerability, medical condition, culture, resources, verbal ability, stability and ability for accepting or refusing services. All areas that pose a risk or identifies a need of the client must be documented during the assessment and properly entered into the Risk Assessment Tool.

During the investigative process, the Case Manager will gather information and records from the client's physician, the Department of Disabilities and Special Needs (DDSN), the Department of Mental Health (DMH), family members, etc. These areas may include but are not limited to the Client's Vulnerability, Health Functions, Adult's Financial Functioning and Household Management, Living Arrangements, Social Skills, Legal Protection, and post Institutional Care needs.

130 ASSESSING PHYSICAL INDICATORS OF ABUSE, NEGLECT BY A CAREGIVER, SELF-NEGLECT AND EXPLOITATION

Indicators are signs or clues that abuse or neglect has occurred. Physical Indicators include visible signs on the body such as bruises etc. Behavioral Indicators demonstrate ways in which the alleged victim behaves and how he/she interacts with the suspected abuser. The APS Investigator must be familiar with physical and behavioral indicators of Physical Abuse, Psychological Abuse, Sexual Abuse, Neglect by a Caregiver, Self-Neglect and Exploitation. The following is a list of some physical and behavioral Indicators but is not entirely inclusive of all Indicators:

Indicators of Physical Abuse

Timeframe for initial client contact—within 24 hours

Cuts, lacerations, puncture wounds; Bruises, welts, discoloration; Any injury incompatible with history; Loss of weight; Soiled clothing or bedding; Dehydration and/or malnourished without illness-related cause; An injury which has not been properly cared for; Medical examination should be done; Unexplained withdrawal from normal activities; A sudden change in alertness; Use of power control; Frequent arguments between caregiver and adult.

Bruises around the breasts or genital area may result from sexual abuse; Genital or anal pain, irritation, or bleeding; Bruises on external genitalia or inner thighs; Difficulty walking or sitting; Torn, stained, or bloody underclothing; Sexually transmitted diseases; Inappropriate sex-role relationship between victim and suspect; Inappropriate, unusual, or aggressive sexual behavior.

Deliberate threats; Harassment or other forms of intimidating behavior causing fear, confusion or emotional stress; Threats and unusual depression may be indicators of emotional abuse; Vulnerable Adult may not be given the opportunity to speak or see others without the caregiver (suspected abuser); Attitudes of indifference or anger toward the dependent person; Family or caregiver blames the Vulnerable Adult; Unexplained withdrawal from normal activities; Previous history of abuse to others; A sudden change in alertness; Use of power control; Inappropriate display of affection by the caregiver; Conflicting accounts of incidents by family members; Unwillingness to comply with service providers.

Indicators of Neglect by a Caregiver

Timeframe for initial client contact---within 48 hours

Unusual weight loss, malnutrition, dehydration; Untreated physical problems, such as bed sores; Unsanitary living conditions: dirt, bugs, soiled bedding and clothes; Being left dirty or unbathed; Unsuitable clothing or covering for the weather; Unsafe living conditions (faulty electrical wiring, other fire hazards) Abandonment of a Vulnerable Adult.

Indicators of Self-Neglect

Timeframe for initial client for Self-neglect---within 72 hours

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Inability to manage personal finances; Inability to manage activities of daily living; Inadequate clothing, fecal/urine smell; Change in intellectual functioning e.g. confusion, disorientation to time and place; Inability to toilet independently; Bedsores, bedridden, unattended medical needs, poor hygiene, and unusual weight loss may indicate possible neglect; Hoarding; Failure to take essential medications; Not keeping medical appointments for serious illnesses; Leaving a burning stove unattended; Poor hygiene; Confusion; Inability to attend to housekeeping; Dehydration; Stage one, two, three or four decubitus (assessed by healthcare provider).

Indicators of Exploitation

Timeframe for initial client contact---within 72 hours

Unusual or inappropriate activity in bank accounts; Unusual concern by caregiver; Numerous unpaid bills; Deliberate isolation by a caregiver; Power of attorney given when the person is capable of making own decisions; Missing personal belongings; Sudden changes in financial situations may be the result of exploitation.

131 COMPLETING THE INITIAL RISK ASSESSMENT

The Initial Risk Assessment is due within forty - five (45) days from the date the Intake Report is accepted for investigation. The Initial Risk Assessment must be completed in the Investigation Service Line in CAPSS. The Risk Assessment is to address each allegation listed in the APS Intake Report. The Risk Assessment should include specific statements made by the client, caregiver, collaterals, or anyone having knowledge of the alleged problem. Observations should reflect behavioral, environmental, and physical indicators with supporting documentation. The Initial Risk Assessment is to address the allegations as they were at the time of the APS report, NOT the situation at the end of the assessment timeframe.

It is the APS Supervisor's responsibility to review the Risk Assessment and to annotate in CAPSS that the review of the tool was completed.

The APS Investigator must complete the entire Risk Assessment examining three tabs in CAPSS: Client Factors, Caregiver and Interpretation. The completion of the Risk Assessment ensures that a thorough investigation has been completed.

132 ASSIGNING THE RATING TO THE RISK ASSESSMENT

The Risk Assessment is a decision making tool that guides the APS Investigator to assign a rating of High, Medium, or Low to the case. If the Investigator assigns a rating of High indicating that there is evidence that the allegations are true, the case should be substantiated and the alleged victim should be under protective custody and a Safety Plan must be completed at the bottom of the Risk Assessment ensuring the safety of the Vulnerable Adult. If services need to be provided to the Vulnerable Adult and there is evidence that the allegations are true, the Investigator should assign a rating of Medium and the case should be substantiated moving the case to Treatment Services. The APS Supervisor must close the Assessment Service Line and open the Treatment Service Line on the same day to avoid an over-lap of program services. If the rating is Low, the case may be unsubstantiated and closed after all referrals to other services have been completed.

133 THE SAFETY PLAN (COMPLETED WITHIN 2-24 HOURS TO FOCUS ON SAFETY)

A safety threat is serious harm that is currently occurring. Safety must be assessed at the initial and subsequent visits. If there is a safety threat, APS must respond within 2-24 hours and the APS Investigator and Supervisor must make a determination of the appropriate response time to the safety threat. Safety Planning is designed to address the current danger present that affects the well-being of the adult including the presence of current serious harm or the likelihood of serious harm. Assessing safety assists the Investigator in identifying what safety threats need to be controlled.

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A Safety Plan is a specific and concrete strategy for controlling threats of imminent harm to a Vulnerable Adult and/or supplementing protective capacities of the caregiver, if appropriate. The Safety Plan is implemented immediately when the caregiver's protective capacities are not sufficient to manage immediate safety threats during the investigation. A Safety Plan is an immediate solution to ensure the Vulnerable Adult's safety and must be put into place within 2-24 hours of identifying the need. The Safety Plan is created in an effort to provide an immediate response to eliminate unsafe conditions and allow the alleged victim when possible, to remain in his/her home during the investigation. However, a Safety Plan does not transfer legal custody of the Vulnerable Adult.

During the initial assessment period, the Case Manager must take into consideration any reasonable requests from the Vulnerable Adult or family members which does not place the client's health or well-being at risk. If the Case Manager identifies indicators and family dynamics that will place the Vulnerable Adult at risk, the case must be staffed with the APS Supervisor and legal team to decide what legal action is appropriate for the case (i.e. EPC, Ex-Parte, court intervention through Family Court, etc.). The Case Manager and APS Supervisor must not base their decision solely on the fact that the Vulnerable Adult and/or family members have refused DSS intervention. Their decision must be based on the safety and well-being of the Vulnerable Adult.

A Safety Plan is not necessary for every investigation reported to Adult Protective Services alleging abuse, neglect, self-neglect or exploitation. A Safety Plan is used in situations where threats of safety are identified that require immediate attention. For example, the Vulnerable Adult is bedbound with what appears to be stage three decubitus ulcers on his back and thighs; the caregiver appears to be unconcerned about the client's medical condition or lacks knowledge of the level of care needed.

A safety issue may be identified at the initial contact or at any time during the investigation or life of the case. In order to adequately assess the safety to the Vulnerable Adult and the degree of intervention necessary for his/her protection, the APS Case Manager must consider the following:

the health of the Vulnerable Adult;
the degree of his/her vulnerability;
the caregiver's protective capacity;
if there is a real caregiver;

Does law enforcement or EMS need to be called to assess the alleged victim;

Is the Vulnerable Adult's behavior detrimental to his/her well-being?

Does the Vulnerable Adult have relatives in the area who may agree to provide immediate assistance?

Documentation of all Safety Plans must be completed in CAPSS in the Risk Assessment tool, in the factor which identifies the safety issue, beneath the collateral information. All immediate actions must be documented along with the date and time. Actions taken by the Case Manager such as calling Law Enforcement resulting in the client being placed in Emergency Protective Custody, securing food, coordinating with EMS, relocating the Vulnerable Adult with his/her consent should be documented in CAPSS. The assistance of Law Enforcement must be secured immediately if an adult is in imminent danger in his/her present environment and he/she refuses the agency's assistance. It is the responsibility of the APS Case Manager to remain with the alleged victim until the client's safety has been secured. The APS Case Manager must continue to assess the situation for other urgent actions needed like petitioning the court for protective services and Ex-parte Removal of the Vulnerable Adult.

130 CRITICAL STAFFINGS

APS Supervisors are required to complete Staffings (structured meetings) with their Case Managers to ensure that Case Managers are provided with direction and guidance on how to process the investigation. Staffings should be completed

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on an as needed basis throughout an investigation. However, the following Staffings are critical and mandatory throughout the duration of each individual case: After Initial Contact Staffing, Transfer Staffing, and Transfer Staffing to Another County, Staffing with Legal Department, Interagency/Multi H Agency Inter-Disciplinary Staffing, and Case Decision Staffing.

131 5 Day Staffing

Within five (5) business days (not including holidays) after the intake decision date, the Case Manager must staff with the APS Supervisor to inform the Supervisor of the status of the case and receive directions and guidance on how to proceed with the investigation. Prior to staffing, initial contact and/or diligent efforts must be made. The Staffing must be completed on a Case Transfer and/or Case Staffing (DSS Form 3062), entered into CAPSS by the APS Supervisor and uploaded into the electronic case file. The Case Manager must complete the recommendations of the staffing and enter the accomplishment of each task into the narrative in CAPSS. The following is the accepted outline of a Critical Staffing:

- Supervisory Staffing: (Enter the type of staffing completed).
- Participants: (Enter the names of the persons who were present at the Staffing).
- Allegations: (What the allegations are as listed on the Intake Summary Sheet).
- Current Situation: (What the Investigator discovered in response to the allegations).
- Recommendations: (The Supervisor must list the tasks for the Case Manager to complete).

132 TRANSFER STAFFING

When cases are transferred from Investigators to the Treatment Services Case Managers, the Supervisor will have to complete a Case Transfer and/or Case Staffing (DSS Form 3062) to inform the new Case Manager of the circumstances surrounding the case. Tasks are outlined under Recommendations from Staffing informing the Case Manager(s) of the tasks that they are expected to complete and the time frame in which they are to be completed. Cases can also be transferred amongst workers as the APS Supervisor deems appropriate. All documentation including the Initial Contact narrative, collateral contact narratives, medical information, financial information and arrangements must be completed. The Risk Assessment and Case Decision must be entered into CAPSS and all recommendations from Staffings with the APS Supervisor must be completed before the case is transferred to the Treatment Services Case Manager.

133 TRANSFER STAFFING TO ANOTHER COUNTY

Before an investigation is transferred to another county, the primary county must have a Staffing with the receiving county APS Supervisor and complete a Case Transfer and/or Case Staffing (DSS Form 3062) to ensure the receiving county is aware of all of the circumstances surrounding the case and what the primary county has completed up until the Staffing date. All documentation must be entered into CAPSS and in the case file in the appropriate order.

When transferring a case to another county due to jurisdiction reasons, certain procedures must be followed. After Initial Contact has been made with the alleged victim and the county where the accepted Intake Report has been assigned determines and verifies that the client has returned to his/her permanent residence, the case may be transferred to the county where the alleged victim is permanently located. The Initial Contact must be made and entered in CAPSS. The APS Supervisor must staff the case with the Supervisor in the county where the case will be transferred. However, if the Vulnerable Adult remains in the county where he/she is located at the time of the accepted Intake Report, then the case will stay in that county. The roles of involved parties are as follows:

Responsibilities of the Case Manager where the case is initially assigned

Make Initial Face to Face contact with the alleged victim at his/her present location according to the time frames that are outlined in APS Policy. Respond rapidly.

Enter Initial Face to Face contact into CAPSS along with any other narratives.

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Staff with APS Supervisor re: status of the Vulnerable Adult, current situation and desire to transfer case to another county.

Determine and verify that alleged victim is permanently located at another residence in county where case is to be transferred.

Ensure electronic and hard case files are updated and in order according to APS Policy.

Responsibilities of the APS Supervisor in assigned/primary county

Staff with Case Manager under immediate supervision.

Review electronic and hard case files.

Contact and staff with APS Supervisor in county where case is being transferred within five (5) business days of the date that the Intake Report was accepted.

Annotate Transfer Staffing in CAPSS and complete a Case Transfer and/or Case Staffing (DSS Form 3062)

Responsibilities of APS Supervisor where case is being transferred

Staff with APS Supervisor in county where case is being transferred from.

Reassign case in CAPSS and assign to new county and Case Manager.

Responsibilities of the new Case Manager

Make monthly face to face contact with client.

Complete recommendations of immediate APS Supervisor.

Continue to process APS Investigation according to APS Policy.

134 STAFFING WITH LEGAL DEPARTMENT

All cases that have court involvement must be staffed with the county legal department before the court hearing. All court summaries and court paperwork must be completed before the Case Manager and APS Supervisor schedules a staffing with the county legal team. Legal Staffing sheets should be marked clearly.

135 INTERAGENCY/MULTI -AGENCY INTER-DISCIPLINARY STAFFING

Information about clients, may be discussed during Staffings with other agencies when the purpose is to secure/coordinate services for the benefit of the clients. The case record may be present as needed for reference. Members of formal Interdisciplinary Teams sign confidentiality pledges when they become team members. All counties are required to conduct interagency Staffings with community partners to ensure maximum service delivery to the Vulnerable Adult.

136 CASE DECISION STAFFING

After the completion of the Risk Assessment and within forty-five (45) days of the on-set of the investigation, the Case Manager and APS Supervisor must complete a Case Decision Staffing to determine the outcome of the investigation. The Case Decision Staffing must be entered into CAPSS by the Supervisor stating the results of the investigation, if the allegations were substantiated or unsubstantiated. If there is evidence that the alleged victim is a Vulnerable Adult and that abuse, neglect and exploitation has occurred or has the potential to occur, the Investigation should be substantiated. If there is no evidence that the alleged victim is a Vulnerable Adult and no evidence of abuse, neglect or exploitation, the Investigation may be unsubstantiated. The Case Decision Staffing must include recommendations from the Supervisor to direct the Case Manager on how to proceed with the case after the Case Decision.

140 THE CASE DECISION

Case Decisions are made after the completion of the Risk Assessment and during a Case Decision Staffing. Case Decisions will be documented on or before forty-five (45) days following the date of the Intake Report. Cases that have unusual situations may take longer than forty-five (45) days. Should the decision take longer, fifteen (15) days may be extended to the Case Decision date by the County Director. The reason for the extension must be documented in the case

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narrative in CAPSS with documentation of a Staffing with the APS Supervisor and the County Director. The Case Decision must be entered under the Decision Tab by the APS Supervisor. If the case is Unsubstantiated it may be closed. However, if the client needs services from another agency or from another section of DSS, the referrals must be made before the case is closed. If the case is substantiated, the Assessment Service Line must be closed and a Treatment Service Line must be opened.

The above information will be entered into CAPSS in the Case Decision Tab.

The Case Decision is due forty-five (45) days from the date the intake/referral is received. Reminder: If an adult is taken into custody by EPC or Ex-Parte action and in order to provide investigative and case planning information to the Family Court at the forty (40) Day Merits Hearing, the Case Manager should complete the investigation as quickly as possible.

If the Case Decision cannot be made within forty-five (45) days, permission to extend the Decision Date must be made by the County Director in a Staffing with the APS Supervisor and Case Manager prior to the due date and thoroughly explained by the Case Manager in the narrative in CAPSS. Reasons to extend the case decision date includes but is not limited to the following: Delay in locating and interviewing important collaterals, alleged victim or alleged perpetrator; delay in receiving medical records to properly assess client; delay in receiving substantial reports such as financial documents that influence the case decision; and delay in receiving key evidence from law enforcement that is vital to the case decision.

When completing the Case Decision screen, be sure to address each allegation that was made in the Intake Report as well as any new issues you discovered during the Investigation.

Example: A report is received with allegations of abuse and exploitation. No abuse was found, but exploitation is documented. Both allegations need to be addressed.

Example: A report is received with allegations of exploitation. No exploitation is found but neglect is documented.

Be sure to complete all the screens under the Case Decision and answer all of the questions asked in the Case Decision process.

APS Case Manager Responsibilities

Case Manager receives an Intake Report and initiates an investigation.

Face to face contact is made with the alleged victim and client is assessed for safety and services.

Client is interviewed alone and collaterals are interviewed.

In cases that involve abuse/neglect by a Caregiver, Perpetrators are also interviewed by the APS Investigators.

Medical records and other documents are secured by the APS Investigator.

The Risk Assessment is completed within forty-five (45) days of the Intake report by the APS Investigator.

After Initial Contact Staffings is completed, the Decision Staffing is completed. Other Staffings are completed as they are relevant to the completion of the case.

Case Managers must ensure that all narratives are entered into CAPSS.

Case Managers must complete the Case Decision screen ensuring that all questions are answered on to prevent errors on Clean Up Report.

APS Supervisor Responsibilities

APS Supervisor must ensure that all Staffings are completed.

Supervisor must review completed Risk Assessment and annotate in CAPSS that review is completed.

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Supervisor must enter Decision Staffing in CAPSS.

Supervisor must review completed hard and electronic case files and annotate review in CAPSS.

Supervisor must close case if case is unsubstantiated.

Supervisor must close Assessment line and open Treatment Services line if case is substantiated.

Supervisor must coordinate Transfer Staffing if necessary.

County Director Responsibilities

Participate in Staffing to grant extension of Case Decision when relevant. Makes decision to extend case decision date. Case Decision date may only be extended for fifteen (15) days.

150 EMERGENCY PROTECTIVE CUSTODY (EPC)

A Law Enforcement Officer may take a Vulnerable Adult in a life-threatening situation into Emergency Protective Custody if:

there is probable cause to believe that by reason of abuse, neglect, or exploitation there exists an imminent danger to the vulnerable adult's life or physical safety;

the vulnerable adult or caregiver does not consent to protective custody; and

there is not time to apply for a court order.

When a law enforcement officer takes protective custody of a Vulnerable Adult, the officer must transport the Vulnerable Adult to a place of safety which must not be a facility for the detention of criminal offenders or of persons accused of crimes. The Adult Protective Services Program has custody of the Vulnerable Adult pending the family court hearing to determine if there is probable cause for protective custody.

The APS Investigator will initiate an assessment upon Law Enforcement placing an alleged victim into Emergency Protective Custody and the Investigator must notify the County Legal Department via telephone or e-mail within two (2) hours that the EPC has occurred. The Investigator will secure a copy of the incident report from the law enforcement officer stating that the alleged victim is placed into Emergency Protective Custody. If a copy of the incident report cannot be secured, a signed copy of, Emergency Protective Custody of a Vulnerable Adult (DSS Form 15109) may be completed and signed by the officer. The attorney for DSS will file a petition within one business day of receiving notification of the Emergency Protective Custody action. The Family Court will hold a hearing within 72 hours of the Vulnerable Adult being placed in Emergency Protective Custody. The DSS attorney will represent DSS at the hearing. The purpose of the hearing is to determine if there was probable cause for law enforcement to take the adult into emergency protective custody. If the APS assessment reveal a need for continued custody by DSS, the petition will also request that the adult remain in DSS custody, services be coordinated and a Merits Hearing be held within forty days.

151 EMERGENCY PROTECTIVE CUSTODY PROCEDURE

This procedure outlines the roles and responsibilities of involved parties when a Vulnerable Adult is placed into Emergency Protective Custody (EPC) by a Law Enforcement Officer.

Law Enforcement Officer Responsibilities

- Places a vulnerable adult into Emergency Protective Custody.
- Transports a vulnerable adult to a place of safety. The officer must transport the vulnerable adult to a place of safety which must not be a facility for the detention of criminal offenders or of persons accused of crimes.

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- Notifies DSS. When a law enforcement officer takes protective custody of a Vulnerable Adult, the Law Enforcement Officer must immediately notify the Adult Protective Services Program and the Department of Social Services in the county where the Vulnerable Adult was situated at the time of being placed into protective custody.
- This notification must be made in writing or orally by telephone or otherwise and must include the following information:
 - (a.) the name of the Vulnerable Adult, if known, or a physical description of the adult, if the name is unknown;
 - (b.) the address of the place from which the Vulnerable Adult was removed by the officer; (c.) the name and the address, if known, of any person who was exercising temporary or permanent custody of or control over or who was the caregiver of the Vulnerable Adult at the time the adult was taken into protective custody;
 - (d.) the address of the place to which the vulnerable adult was transported by the officer;
 - (e.) a description of the facts and circumstances resulting in the officer taking the Vulnerable Adult into protective custody.

APS Case Manager Responsibilities

- Initiates an investigation.
- Notifies the County Legal Department within two (2) hours by telephone or e-mail that the EPC has occurred.
- Obtains copy of Law Enforcement Incident Report or a signed copy by Law Enforcement of
- Emergency Protective Custody of a Vulnerable Adult (DSS Form 15109).
- Ensures that Probable Cause court paperwork is completed in a timely manner.
- Make referral to Legal Case Management System.

APS Case Manager and APS Supervisor Responsibilities

- Staff case with County Attorney to determine whether or not DSS needs continued custody of the client.

County DSS Attorney Responsibilities

- Files petition with Family Court within one work day of notification of EPC.
- Ensures Guardian ad Litem and Guardian ad Litem Attorney and Attorney for Vulnerable Adult is appointed within ten (10) days of the filing of the petition.
- Family Court Responsibilities
- Holds a hearing within seventy-two (72) hours of the vulnerable adult being taken into EPC. The family court shall hold a hearing to determine whether there is probable cause for the protective custody within seventy-two hours of the Department of Social Services filing the petition, excluding Saturdays, Sundays, and legal holidays.
- Appoints Guardian ad Litem, Guardian ad Litem Attorney and the Attorney for the Vulnerable Adult.

152 EX-PARTE REMOVAL ORDER

When a Vulnerable Adult is at substantial risk of being abused, neglected, or exploited and consent cannot be obtained to provide services or placement, DSS may petition the family court for an order to provide the necessary services. In an emergency situation involving imminent danger an Ex-Parte Complaint will be presented to the court by the attorney representing the DSS county. In those cases requiring emergency protective services or emergency removal of the Vulnerable Adult from the place the adult is located or residing, the Adult Protective Services Program may seek ex-parte relief. The court may expedite the ex-parte proceeding to any extent necessary to protect the vulnerable adult. The family court may order ex-parte that the Vulnerable Adult be taken into emergency protective custody without the consent of the Vulnerable Adult or the guardian or others exercising temporary or permanent control over the

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Vulnerable Adult, if the court determines there is probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the vulnerable adult's life or physical safety. The court also may order emergency services or other relief as necessary to protect the Vulnerable Adult.

153 THE PROBABLE CAUSE HEARING

The Probable Cause hearing will commence within seventy-two (72) hours after an alleged victim is placed into Emergency Protective Custody. At this time, the judge will determine if there is probable cause for an alleged victim to be in the custody of the Adult Protective Services program. Sometimes, the judge will rule that there is no need for the alleged victim to be in the custody of DSS; but, the case file is to remain open to provide services to the client. Client's case files may be taken to court for reference if needed unless instructed by the DSS attorney not to do so. It is not necessary to have a Probable Cause hearing if the Family Court judge issues an ex-parte order of custody.

154 THE MERITS HEARING

A Merits Hearing must be held forty (40) days after the filing of the petition (the adult coming into care of DSS). The court will appoint a Guardian ad Litem and attorney for the client. Notice will be given to interested parties.

The Case Manager will conduct a Comprehensive Evaluation and write a report. The report will cover the items addressed in S.C. Code of Laws, SECTION 43-35-45(C).

Before the Merits Hearing, the Adult Protective Services Program must conduct a Comprehensive Evaluation of the Vulnerable Adult. The original copy of the report should be turned over to the legal department and the legal department will ensure that the report is filed with the clerk with copies submitted to the required interested parties. A copy of the Comprehensive Evaluation report will be provided to the court, the Guardian ad Litem, and the attorney for the client at least five (5) working days before the hearing. The evaluation must include, but is not limited to:

The Vulnerable Adult's current address and with whom the Vulnerable Adult is residing;
a list of all persons or agencies currently providing services to the Vulnerable Adult and the nature of these services;
a summary of services, if any, provided to the Vulnerable Adult by the Adult Protective Services Program;
if needed, a medical, psychological, social, vocational, or educational evaluation;

Recommendations for Protective Services which would serve the best interests of the Vulnerable Adult; however, when these services are to be provided by another state agency, these recommendations must be developed in consultation with the other agency. A copy of the evaluation must be provided to the court, the Guardian ad Litem, and the attorney at least five working days before the hearing on the merits. Reasonable expenses incurred for evaluations required by this subsection must be paid by the Adult Protective Services Program which must seek reimbursement for these evaluations, where possible.

At the hearing on the merits, the court may order the Adult Protective Services Program to provide Protective Services if it finds that:

the Vulnerable Adult is at substantial risk of being or has been abused, neglected, or exploited and the Vulnerable Adult is unable to protect herself or himself; and

Protective Services are necessary to protect the Vulnerable Adult from the substantial risk of or from abuse, neglect, or exploitation.

155 THE FULL HEARING

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Legal action in nonemergency situations begins with a full hearing. The action is necessary when a Vulnerable Adult is at substantial risk to be or has been abused, neglected, or exploited and consent to provide services cannot be obtained. The attorney representing the county office will draft a petition and file it with the court. Notice will be served on interested individuals. Within ten (10) days of the petition, the court will appoint a Guardian ad Litem and attorney for the client. The Case Manager will conduct a comprehensive evaluation and prepare a report covering the items addressed in S.C. Code of Laws, SECTION 43-35-45(C). A copy of the report will be provided to the court, the Guardian ad Litem, and the attorney for the client at least five (5) working days before the hearing. Reasonable expenses incurred for the evaluations required by this subsection must be paid by the Adult Protective Services Program.

160 UNABLE TO LOCATE VULNERABLE ADULT

A diligent search must be provided to locate the Vulnerable Adult to include but is not limited to the following actions: contacting family members if provided on the report; contacting the reporter; contacting hospitals; checking with neighbors; checking with the postal service; contacting law enforcement and interviewing the client's landlord, if applicable. The Case Manager must document all diligent searches in CAPSS, staff with the APS Supervisor and complete the Risk Assessment and Case Decision indicating the Case Manager was unable to locate the client.

161 SECURING ACCESS TO THE VULNERABLE ADULT

If consent cannot be obtained for access to the Vulnerable Adult or the premises, the investigative entity may seek a warrant from the family court to enter and inspect and photograph the premises and the condition of the Vulnerable Adult. Videotaping is not allowed. The county Attorney will ask the court for the warrant based on information from the Case Manager and the court shall issue a warrant upon a showing of probable cause that the Vulnerable Adult has been abused, neglected, or exploited or is at risk of abuse, neglect, or exploitation. Refer to S.C. Code of Laws, SECTION 43-35-45(A).

162 SECURING ACCESS TO INFORMATION

During the course of an investigation, it may become necessary to view documents such as bank records, medical reports, etc. The institution holding the documents may provide them after a verbal request or may require that the request be written. A written request must include the relevant section of the statute (S.C. Code of Laws, SECTION 43-35-20). If the institution does not respond to the written request, an Administrative Subpoena (DSS Form 1504) may be issued to require that the documents be brought to the office or any designated location. Subpoenas may also be issued requiring the appearance of a person. DSS Form 1504 must be completed by the APS Case Manager or Supervisor and signed by the County Director or his/her designee.

170 CASES INVOLVING TWO VULNERABLE ADULTS

When there is a situation involving the abuse or neglect of two Vulnerable Adults living in the same household (i.e. husband/wife, sister/brother; sister/sister and/or brother/brother) there must be two separate intakes and two separate cases. The APS process must be completed with a thorough investigation in both cases.

171 INVESTIGATIONS INVOLVING MULTIPLE COUNTIES

Usual investigation procedures and time frames will apply even though several counties may be involved in an assessment. Unusual situations will require cooperation and agreement among county offices. The following guidelines will apply:

Should the alleged abuse, neglect, or exploitation happen in the county of the adult's usual residence (where the client pays rent, .taxes and/or receives mail) and the client is hospitalized in another county, where the adult is currently

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located will be the primary assessment county (case management county). The primary county where the client is hospitalized will make initial face to face contact, interview the client and complete any appropriate forms.

Should the alleged abuse, neglect, or exploitation take place in a county where the adult is visiting, the county where the client is currently located will be the primary assessment county.

172 CHILDREN AGING OUT OF FOSTER CARE

When children are out of Foster Care and protective services are still necessary, it is in the best interest of the child to remain in the current placement through an extension of Foster Care services. Adult Protective Services is not a continuation of Foster Care and should not be used as an ageing-out plan. The Intensive Foster Care & Clinical Services (IFCC) Case Manager may include APS in case staffings as consultants. APS should only be used as temporary protection and should not be used as a long-term solution.

180 HEALTH CARE CONSENT ACT

The Department does not secure custody of adults for the sole purpose of giving consent for medical treatment. Relatives, guardians, and persons named as the health care power of attorney may give consent for medical treatment of impaired adults who are unable to give informed consent. In the absence of relatives, a guardian, or health care power of attorney, the health care provider should follow procedures in the Adult Health Care Consent Act: S.C. Code of Laws, § 44-66-10 et seq.

190 APS CASE MANAGER RESPONSIBILITIES

1. Conducts at least one face to face interview per month with the Vulnerable Adult and enters into CAPSS within five (5) business days but no later than by the end of the month in which the visit was conducted.

Reviews monthly APS Batch Reports to assist in managing caseload.

Keeps the CAPSS file current.

Enters in CAPSS within thirty (30) calendar days of all case narratives documenting a routine event (i.e. monthly contact to review/monitor service delivery, assess client functioning, non- eventful sharing of information, etc.).

Enters in CAPSS within ten (10) calendar days of the contact all case narratives documenting a Critical Incident (i.e. injury, placement/address change, change in medication, injury, arrest, legal status change, etc.)

Enters in CAPSS within five (5) business days documenting an initial face-to-face contact with the client to avoid a “flag”/edit on your Monthly Case Management report, but no later than by the end of the month in which the visit was conducted.

191 APS SUPERVISOR RESPONSIBILITIES

Supervision is a management function that has a direct and crucial role in case management. The APS Supervisor should direct, plan, staff, evaluate, motivate, and communicate with staff. Some of the specific duties APS Supervisors perform include:

Ensures that Case Manager per caseload ratio is maintained. The standard ratio is 1:20. It is recommended that APS Case Managers carry a caseload of no more than 20 cases each.

Ensures that an electronic case and a hard file is created for each Intake Report that is accepted and assigned to the county office. Assigns accepted Intake Reports to county APS staff and ensures that response times according to typologies are successfully met.

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Arranges a schedule for Supervisory Staffings to ensure each report has been staffed after the Initial Contact, for the Case Decision and as needed. Ensures documentation on the Case Transfer/Case Staffing (DSS Form 3062), and ensures the Staffing is documented in CAPSS.

Conducts a Supervisory Review after the Case Manager has completed the Risk Assessment and prior to Case Decision to ensure that all areas of the report have been adequately assessed, that recommendations from the Staffing have been addressed, confirms that the case narrative(s) are up to date and supports the case manager's recommendations, and documents supervisory review in CAPSS.

Staff all Critical Incidents with Case Managers and documents the Staffing in CAPSS. Examples of Critical Incidents include but are not limited to: EPCs, emergency removals, injuries to the client, hospitalization of the client, suicide attempts by the client or caregiver, client or caregiver threats to harm another, client whereabouts unknown, death of the client or caregiver, etc. The APS Supervisor completes the Critical Incident Reporting Form (DSS Form 3010). Refer to the DSS Human Resources Policy and Procedure Manual, 137, Critical Incident Reporting Policy and Procedures for further guidance.

Reviews the electronic file in CAPSS and the paper file prior to case closure and documents that the case has been reviewed in CAPSS.

Monitors the Case Managers workload to include assistance or instruction in prioritizing workload if and when necessary. Ensures that new Case Managers are assigned cases according to their ability to manage their caseload.

Reviews CAPSS generated reports such as APS Batch Reports and Clean up reports with the Case Manager to help manage the caseload and meet performance outcomes.

Monitors Case Manager training hours to ensure that staff meet twenty (20) recommended training hours with ten (10) mandatory hours in Adult Protective Services subject matter.

Review monthly APS Batch reports to manage and supervise APS staff and caseloads. APS Supervisors will review Batch Reports monthly to assist them in maintaining the quality and integrity of cases ensuring that Vulnerable Adults are safe and receiving the best care. Weekly reports are viewed to assist in the management of meeting and maintaining performance outcomes.

192 APS COUNTY DIRECTOR RESPONSIBILITIES

The County Director approves all late or misplaced entries in CAPSS.

The County Director staffs with the APS Supervisor and Case Manager to authorize the extension of case decisions.

County Director ensures that every county has at least one Case Manager who is fully certified in adult protective services.

200 CONFIDENTIALITY OF ADULT PROTECTIVE SERVICES RECORDS

Adult Protective Services records may not be viewed by members of the public. All requests from individuals asking to either review or copy the file shall be referred to the county legal department for appropriate response. According to S.C. Code of Laws SECTION 43-35-60: Sharing of report information by investigative entities; public confidentiality, unless otherwise prohibited by law, a state agency, an investigative entity, and law enforcement may share information related to an investigation conducted as a result of a report made under this chapter. Information in these investigative records may be shared between investigative entities only. Information must not be disclosed publicly.

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201 CASE FILE MANAGEMENT

An organized case file ensures a uniform approach for entering information into CAPSS. This process will assist the Case Manager to readily retrieve information enabling the Case Manager to better meet the client's needs. Timely and complete case records also ensures continuity of service delivery when there is a change of Case Managers. Case records serve as a basis for reports required by either State or Federal laws. Timely documentation in CAPSS will ensure immediate access to case information and ensure the electronic case file is comprehensive and complete.

APS Supervisors will ensure the creation of the initial case file in CAPSS that is attached to an accepted Intake Report. A hard file will be created according to the APS Policy Organization of Adult Protective Services Case File and a single case record will be maintained for each client to provide a continuing record of the service to the client. When the amount of material compiled in an ongoing service case necessitates the use of more than one file folder, each folder must be marked as a volume of the single case record. CAPSS is the official electronic file. Staff and Supervisors must utilize the forms and tabs in the system to ensure that the electronic file is comprehensive and complete.

202 CONTENTS OF THE CASE RECORD

A complete case record contains all required documents and related information, such as correspondence, case narratives, and documentation of all case activity pertaining to the person or family unit requesting or receiving services. Complete case records should reflect that the Case Manager has a thorough understanding of the client's problems, has explored appropriate resources, and has followed through on a sound plan to meet the needs of the client. Case Managers are not required to print narratives, risk assessments, and service plans from CAPSS. However, when the above forms are printed from CAPSS, each page must be signed and dated reflecting the date they were printed.

203 ADULT FACE SHEET

The Adult Services Face Sheet Client and Household Members (DSS Form 1564), is used in all Adult Services type cases when the client receives direct services from the Department. The form allows the Case Manager to maintain demographic information in a central location which will assist the Case Manager in identifying resources for the client.

204 CONTENTS OF CASE NARRATIVE

At a minimum, the case narrative should contain the following:

1. The purpose of the contact or case activity;
2. The person or persons with whom the contact occurred and the relationship to the client;
3. The case management intervention delivered;
4. The location where the activity took place (Sources provided) or (site visits with the Vulnerable Adult);
5. The outcome of the contact/activity; and
6. The follow-up needed/plan (Future plans for working with the Vulnerable Adult. i.e. assessment of needs, monitoring service plan, etc.)

Note: All case narratives or forms printed from CAPSS and placed in the hard case file must be initialed and dated by the Case Manager

210 REPORTING CRITICAL INCIDENTS AND FATALITIES INVOLVING VULNERABLE ADULTS

Any incident that endangers the life, health, or physical safety of a Vulnerable Adult in the Custody of DSS or Known to DSS must be reported up the Case Manager's chain of command and reported on the Critical Incident Reporting Form (DSS Form 3010). Refer to the South Carolina Department of Social Services Human Resources Manual, Policy, 137,

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Critical Incident Reporting Policy and Procedures for further instructions and guidance on the procedure for the initial, rapid reporting of Critical Incidents to senior management.

Clarification is provided on Identification of Critical Incidents, Critical Reporting Procedures, Confidentiality of Critical Incident Communications and Definitions.

220 CASE CLOSURE

APS Investigations may be closed after Case Decisions are completed and it has been determined that the Investigation is unsubstantiated because there is no evidence of abuse, neglect or exploitation and/or the client has not been deemed a Vulnerable Adult or is no longer in need of Protective Services from DSS.

Referenced Documents

S.C. Code of Laws, Title 43, Chapter 35: Omnibus Adult Protection Act Adult Services Policies and Procedures Manual (11/18/2002)
Social Services Block Grant Services Rights and Responsibilities (DSS Form 3795) Know Your Rights (DSS Brochure 2416)
Notice of HIPAA Privacy Practices (DSS Booklet 4017)
Notice of HIPAA Privacy Practices Acknowledgement (DSS Form 4000) Adult Protective Services Medical Status Report (DSS Form 1568)
Civil Rights ToolKit found on the DSS SharePoint Unite page (11/21/2016)
Notification to Law Enforcement (DSS Form 1506)
Emergency Protective Custody of a Vulnerable Adult ((DSS Form 15109) Case Transfer and/or Case Staffing Form (DSS Form 3062) Administrative Subpoena (DSS Form 1504)
P.A.T.T.Y.: Providing Assistance To Transitioning Youth Program (DSS Form 30206)
S.C. Code of Laws, Title 44, Chapter 66: Adult Health Care Consent Act Critical Incident Reporting Form (DSS Form 3010)
Adult Services Face Sheet Client and Household Members (DSS Form 1564)
Case Evaluation/Case Closure Summary (DSS Form 1599) Request for Homemaker Services (DSS Form 1537) Homemaker Services Rendered (DSS Form 1541)
Critical Incident Reporting Form (DSS Form 3010)
Human Resources Manual, Policy, 137, Critical Incident Reporting Policy and Procedures NCPEA: National Committee for the Prevention of Elder Abuse Website HELPGUIDE.ORG
South Carolina DSS Human Resources Manual
Adult Protective Services Risk Assessment (DSS Form 1565) Electronic Version