

FOR YOUR INFORMATION

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Issue 20-05

Date: 04/02/20

ADDING ALLEGATIONS TO AN EXISTING REFERRAL

This is to inform staff of the process when adding allegations to an existing referral. If new allegation(s) are discovered that require investigation by DCFS, consult with the ER SCSW to determine if the allegation(s) should be added to the referral. All allegations of physical abuse, sexual abuse, emotional abuse, severe neglect, and/or exploitation should be reported to the Child Protection Hotline (CPH) via email to DCFS Adding Allegations or AddingAllegations@dcfs.lacounty.gov.

- Requests must be made within thirty (30) days of the referral date. Requests after thirty (30) days of the referral date will not be accepted through “DCFS Adding Allegations” and must be reported to CPH as a new ER referral.
- Requests must be made prior to the disposition of existing allegations on the open ER referral and prior to the closure of the ER referral.
- General neglect, caretaker absence/incapacity, and ‘at risk’ allegations should be added by the ER CSWs since these allegations do not require a cross report to law enforcement.

The following are important instructions for adding new allegation(s):

1. Inform the CPH of the open referral so the new allegation(s) can be added to the existing referral. The ER CSW shall complete the [Request for Adding Allegation](#) form (see attached) and provide all information regarding the new allegation(s) and the existing referral number. The ER CSW shall attach the form and email it to DCFS Adding Allegations.
2. The CPH will assess the information to determine if the threshold for abuse allegations has been met and if allegation criteria is met, will complete the adding allegation(s) request and cross report any applicable allegation(s) to required agencies by sending the SCAR-SS 8572.
3. Upon completion of the request, the CPH will reply to the CSW’s email request to confirm that the allegation(s) have been added and cross reported as necessary. Also, the ER CSW will receive an email advising them if the allegation(s) does not meet the criteria.



If you have any questions regarding this release please e-mail your question to:

Policy@dcfs.lacounty.gov

REQUEST FOR ADDING ALLEGATION			
DATE	OFFICE	CSW/SCSW NAME	TELEPHONE NUMBER

REFERRAL NUMBER:			
REFERRAL NAME:			
REFERRAL DATE:			
TYPE OF ALLEGATION(S):			
LOCATION OF INCIDENT:			
LAW ENFORCEMENT AGENCY:			
IS THIS AN OPEN CASE?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TYPE OF CASE:

NARRATIVE DESCRIPTION OF ALLEGATION TO BE ADDED TO REFERRAL
(Please provide detailed information regarding the allegation to be added including victim(s) name, other minors in the home, name of perpetrator, date/time of incident.)

NOTE: Email completed form to: "DCFS Adding Allegations"

FOR CPH USE ONLY		
	APPROVAL:	REASON:
DATE:		
TIME:		
PROCESSED BY:		