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Assessing a Child's Development & Referring to a Regional Center

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Overview

This Policy provides staff with guidelines for assessing a child's development and well-being, and the process for referring to and collaborating with a Regional Center.

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Version Summary

This policy guide was updated from the 07/01/14 version to reflect changes in the use of terms, to add the DCFS Regional Center Section's email address, additional instructional Attachments regarding CWS/CMS, "substantial disability" determination guidelines, the 2016-2017 Operational Agreement with the Seven (7) Regional Centers Within Los Angeles County; and other clarifications. A hyperlink to the DCFS Referral Portal has been added for submitting the automated DCFS 5004, Referral to the Regional Center. The term, "Holder of Education Rights" has been changed to, "Education Rights Holder." Information and instruction regarding Nonminor Dependents (NMD) has also been added.

POLICY

Regional Centers

California Regional Centers are nonprofit, private corporations that contract with the State's Department of [Developmental Services](#) (DDS) to provide or coordinate:

- Direct services and supports for individuals with [developmental delays or disabilities](#).
- Direct services through California's Early Start [Intervention Services](#) for eligible infants and toddlers from birth to thirty-six (36) months.
- Referrals for services to [families of children with low incidence disabilities or women with high risk pregnancies](#).

An Operational Agreement has been established under the [Memorandum of Understanding \(MOU\)](#) between the County of Los Angeles and Regional Centers serving Los Angeles County including:

- Department of Children and Family Services (DCFS)
- The County of Los Angeles Chief Administrative Office (CAO)
- Probation Department, and Department of Mental Health (DMH)
- Regional Centers in Los Angeles County, including:
 - Eastern Los Angeles Regional Center

- Frank D. Lanterman Regional Center
- Harbor Regional Center
- North Los Angeles County Regional Center
- San Gabriel/Pomona Regional Center
- South Central Los Angeles Regional Center
- Westside Regional Center

DCFS has a Regional Center Section that provides support and acts as a liaison between DCFS and all Regional Centers (RC) (including other states), as well as caregivers, child advocates and other county departments.

Developmental Screening and Medical Examinations

A CSW is to conduct a brief developmental screening of the child using the list below and as outlined in the Procedure Section of this policy even if the child does not have an open DCFS case. A CSW is not responsible for diagnosing developmental disorders or creating treatment plans to address developmental problems. After the initial screening, it is the CSW's responsibility to refer the child to the appropriate RC or other agency, such as education or mental health.

Birth Information

- Indicators of prenatal exposure to drugs
- Premature birth.
- Neonatal Intensive Care Unit (NICU).
- [Developmental Milestones Checklist](#)

Social Relationships

- Little interaction and/or isolation
- Inappropriate aged friends
- Misunderstanding normal social cues
- Poor adaptability
- Communication: Inability/poor communication skill
- Difficulty regulating emotions

School Information

- Below or far below standard school performance measures
- Behavior problems
- Has an Individualized Education Program (IEP)

Medical examinations are required for all DCFS-placed children. Initial medical examinations are to be conducted within the first 10 days of initial placement for high risk children and for infants/children 0-3 years of age. As part of the initial exam, all detained children aged 0-36 months will be screened to determine whether or not they need to be referred to a Regional Center. A CSW can utilize the [Medical HUB](#), [MAT Assessment](#) or other resources in his/her Service Planning Area (SPA) for the screening of a detained child.

When a CSW finds that a child's development may not appear to be appropriate for their age, the CSW must discuss this with their SCSW and contact a Public Health Nurse (PHN) immediately to obtain a consultation.

Referrals to Regional Centers

A CSW is responsible for making all referrals to a Regional Center and other agencies and for following-up with caregivers to monitor the results of any developmental assessments conducted by any agencies. A referral to a Regional Center must be done within 7 days of a suspected or identified developmental concern in a child.

- At the time of referral or as soon as possible, the RC should be provided a [legal consent](#) document.

If a CSW and SCSW determine that an [Emergency Response \(ER\)](#) referral should not be promoted to a case and that no further DCFS services are necessary, but that the child may not have met the appropriate developmental milestones, the CSW must collaborate with the family as to the most appropriate plan for the child. This may include providing the family with [resources](#) for assessments and services before the referral is closed. The CSW must review the screening results with the PHN prior to the referral closure.

[Federal and State law](#) emphasizes enhanced linkages between child protective services, public health, mental health, and developmental disabilities agencies. Child protective services and/or Early Intervention services are also [required to refer](#) children, aged 0-36 months, who are involved with a substantiated case of child abuse or neglect.

DCFS Regional Center Unit staff are available during regular business hours to respond to questions and needs for all DCFS staff, Regional Centers, Attorneys, Community Agencies and Advocates via email: Regionalcentersupport@dcs.lacounty.gov

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Consent for Regional Center Services

With the exception of Nonminor Dependents (NMD), a child's parent or legal guardian is the Holder of Educational Rights (HER), and a Developmental Services Decision Maker (DSDM) unless the court has appointed another responsible adult as the ERH or DSDM. An ERH makes decisions regarding the child's education (including early intervention services received through the RC between birth and 36 months old) and a DSDM makes decisions about RC services for a developmentally delayed or disabled child age three (3) or older. [An adult appointed by the court to act as the child's ERH or DSDM](#) may include, but is not limited to, a foster parent, a relative caregiver, Nonrelated Extended Family Member (NREFM), Legal Guardian or a Court Appointed Special Advocate (CASA).

- All NMDs who are not under a Department 95 Conservatorship must consent to their own RC referral and services.

For more information on the ERH and the DSDM, see [Appointment of an Education Representative, Educational Surrogate Parent, or Developmental Services Decision Maker](#). Consent must be obtained as early as possible to facilitate services for a child. However, consent is not required to be obtained prior to referring the child to RC.

CSWs cannot and must not provide consent or sign any consent forms for RC services or assessments. Although the RC will accept a referral without consent, no assessments or evaluations can be completed, nor can services for the child start, without consent from either the child's:

- Biological Parent (if (s)he still holds educational/developmental decision making rights) or;
- Court appointed ERH/DSDM

In some cases, the court itself may also directly order a referral. The court can then make decisions regarding developmental or educational services including, but not limited to, signing consent for assessments or services for the child when the biological parents are not available or have had their education rights limited and an appropriate ERH or DSDM cannot be identified. Only an [Educational Surrogate Parent](#) may make educational decisions for a Special Education eligible child.

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PROCEDURE

Developmental Screening of DCFS-Supervised Children

If a child is detained on a new referral and placed in out-of-home care, and the child is Medi-Cal eligible, the designated Multidisciplinary Assessment Team (MAT) provider will complete a developmental assessment of the child.

ER/ERCP/Case-Carrying CSW Responsibilities

1. During all face-to-face contacts, conduct a brief screening of the child.
 - If the child is asleep, ask the caregiver to wake the child.
 - i. If the child is unconscious, call 911 and request emergency medical services.
 - ii. During an ERCP investigation, if a 0-5 year old child is not sufficiently alert to demonstrate his or her developmental milestones, send a referral as a follow-up to the DCFS Regional Office.
2. Utilize the for Developmental Milestones Checklist 0-5 year old children by interacting with the child and consulting with the caregiver. Conduct a basic screening.
 - If the child shows one or more indicators of delay, refer to the RC.
3. Observe the child's physical development to assess for indicators of abuse or neglect.
 - If there is reasonable cause, conduct a visual inspection of the child.
 - Any child under the age of three (3) with a substantiated case of neglect or abuse, should be referred to the RC for Early Start Intervention Services.
4. Screen for developmental delays and disabilities in older children (over five (5) years old) (birth history, school and medical records, IEPs, discipline, psychological assessments, etc.).
5. Ask the parents/caregivers if the child demonstrates developmental skills appropriate for his/her age.
 - Solicit and listen to any concerns/input the parents may have
 - Utilize the Developmental Milestone Checklist to ask questions and/or identify concerns
 - Engage the parents in planning for the necessary next course of action.
6. Document all contacts with the child, including the brief screenings, in both the Contact and Health Notebooks. Describe the child's appearance

and behaviors, all efforts to wake the child (if applicable), and any concerns observed regarding the child's development.

7. Based on the assessment, if it appears that there are developmental delays, immediately perform the following steps:
 - Discuss the concern with the SCSW.
 - Inform the PHN in writing via the PHN Consultation Request Form.
 - i. Provide a copy of the written notification to the SCSW and PHN requesting a consultation and/or joint visit.
 - ii. A **joint visit** is mandatory for referrals regarding serious medical problems. Such conditions include, but are not limited to: diabetes, failure to thrive, allegations of severe neglect, or allegations of general neglect where a medical or developmental condition is indicated.
 - iii. A joint visit with the PHN may not be required if the child has a recent medical professional evaluation, unless there is a newly identified medical condition.
 - iv. If there is a difference in opinion between the CSW and the PHN on the need for a joint visit, discussion on the need for a joint visit **must** include the SCSW and PHN Supervisor.
8. Follow the recommendations made by the PHN.
9. Make the appropriate referrals to the Regional Center and other needed agencies within seven (7) business days of assessment of a possible developmental concern.
 - Consult with the Regional Center Section or the Regional Center in the child's area if there are any questions regarding where to refer children for developmental assessment and services.
10. Monitor the results of any developmental assessments conducted by other agencies.
11. Continuously collaborate with the caregiver, family, and/or other identified support person(s) for the child.
12. Document all follow-up activities in both the Contact and Health Notebooks.

Public Health Nurse (PHN) Responsibilities

1. Upon receipt of the request for a consultation regarding the child's developmental screening, review the child's history gathered by the CSW and consult with the CSW.
 - Make skilled observations of the general health, nutritional and developmental status of the referred child during joint visits with the CSW.
 - Ensure that necessary medical questions are raised and answered.
 - If there is insufficient information, contact the child's medical provider to obtain information regarding the child's developmental and medical history (including birth and medical records).
 - Include referrals to appropriate agencies if necessary.
 - Document these recommendations in the child's CWS/CMS Health Notebook.
2. Consult with the CSW and SCSW regarding the necessity of a face-to-face contact with the child and the PHN.
 - If you believe that a face-to-face contact with the child is unnecessary, consult with the PHNS and the SCSW before making a decision not to have face-to-face contact with the child.
3. Collaborate with CSWs on a plan that protects the child's health and safety needs through the use of Structured Decision Making while preserving the family.
4. Provide recommendations to the CSW regarding the child's needs.
 - Include referrals to appropriate agencies if necessary.
 - Document these recommendations in the child's Health Notebook in CWS/CMS.

MAT Coordinator / Service Linkage Specialist (SLS) Responsibilities

1. When the Child Welfare Mental Health Screening Tool (MHST) states that a child is a RC Consumer, indicate this in the Health Notebook .
2. Complete all [MAT/SLS responsibilities](#) to ensure that the child's mental health and developmental needs are met.

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Referring a Child to the Regional Center

CSW Responsibilities

1. For all referrals, whether or not a child is detained, follow existing procedures for a [joint response](#) referral.
 - A RC referral is warranted if recommended by any of the following:
 - Mental Health provider
 - CSW brief screening or consultation
 - [Regional Center Liaison](#)/Service Linkage Specialist
 - MAT Assessor
 - CFT
 - Medical HUB
 - PHN or medical provider
 - School
 - Caregiver

2. When it is determined that a referral is warranted:
 - Discuss the reason for the referral with the ERH, DSDM, caregiver and family.
 - i. Explain the referral process and collaborate with them in this process.
 - ii. Provide the “[Monitoring Your Child’s Development](#)” brochure and/or encourage the family to fill out the [Developmental Milestones Checklist](#) when conducting brief screenings and/or when identifying developmental concerns. This form can provide needed information when the Regional Center contacts the family.
 - iii. Obtain ERH signature on both sides of the DCFS 179-MH and submit with referral.
 - When a Nonminor Dependent (NMD) is being referred, attach the completed and signed:
 - [DCFS 6009](#), NMD Informed Consent, and
 - [DCFS 6010](#), NMD 2-Way Authorization for Sharing Information
 - iv. Document the information from this form and its completion date in the Health Notebook.
 - For a child who has not been detained or is receiving [Voluntary Family Reunification \(VFR\)](#), proceed as follows:
 - i. Discuss the reason for the referral with the parent
 - ii. Gather parent’s input for the referral
 - iii. Advise the parent to call the [Regional Center](#) assigned to the [child’s zip code](#) area to make a referral for services.
 - iv. If necessary, assist the parent with making the referral and providing necessary documentation.

- Obtain ERH signature on both sides of the DCFS 179-MH and submit with referral.
3. Make a referral to the RC in the child's residence zip code area within seven (7) days of identifying the child's developmental needs.
 - Generate and complete the DCFS 5004, Referral to the Regional Center form via the [LAKids Referral Portal](#).
 - Obtain ERH signature on both sides of the DCFS 179-MH and submit with referral
 - Ensure that the court has appointed an appropriate ERH and DSDM for the child. Ensure the ERH/DSDM contact information is correct on the form.
 - Immediately send the DCFS 5004, DCFS 179-MH and other supporting documents to the Intake Coordinator at the appropriate RC.
 - i. Keep a copy of the DCFS 5004, the DCFS 179-MH and the fax confirmation sheet.
 4. Notify the parent that a referral has been made. Explain that the Regional Center may call in the near future and that it is important for the parent to discuss any concerns about the development of the child with the RC.
 5. Contact the RC in 2-3 days and confirm the receipt of the referral. Re-send the referral if it has not been received.
 6. Once receipt of the referral is confirmed, follow up in 1~2 weeks to see if the Regional Center has set up a phone interview or an intake appointment with the parent/caregiver.
 - Confirm the date of the intake, phone interview, or an assessment with the parent/caregiver by the next visit.
 - Discuss any questions or concerns he/she may have about the process.
 - Determine any existing barriers to completing the intake process and/or if Regional Center needs any additional information.
- d. The Regional Center must complete the evaluation and assessment and must hold an **Individual Program Plan (IPP)** meeting [for children three (3) years of age or older] within 120 days or an Individualized Family Service Plan (IFSP) meeting (for children age 0-36 months) within 45 days from the date that the DCFS 5004, with appropriate consent, is received by the RC. The timeline must be monitored. CSWs should assist the Regional Center, when requested, in getting the documentation/information.

- For children three (3) years of age or older, starting on the date that you make the referral to the RC, the RC has 15 working days to process an initial intake to determine if an eligibility evaluation and assessment will be performed.
 - If no intake interview or assessment has been scheduled, call the RC to remind them of the 45 day timeline for children 0-36 months or the 120 (or in some cases 60*) day timeline for children three (3) years and older for evaluation, assessment, and creation of an IFSP or IPP if the child is found eligible.
 - *Where any delay would expose the client to unnecessary risk to his or her health and safety or to significant further delay in mental or physical development, or the client would be at imminent risk of placement in a more restrictive environment.
7. Follow-up with the RC Intake Coordinator to find out evaluation/assessment results.
 - If no action has been taken or no response received after Day 45 (for IFSP referrals) or 120 (for IPP referrals) or if IFSP/IPP has not been completed, immediately consult with SCSW and DCFS Regional Center Section and contact the RC.
 8. If the child is not accepted by the Regional Center and/or the parent has not received a denial letter/Notice of Action, request a copy of the denial letter/Notice of Action from the caregiver and/or the RC.
 - Send a copy of denial letter to the Regional Center Liaison and a copy to the child's attorney as soon as possible.
 - RC decisions must be appealed within 30 days to be considered timely.
 9. Document all contacts with the PHN, CFT meeting facilitator, RC staff and caregiver/parent/ERH/DSDM in the Contact Notebook. Document the eligibility status for any child found to have a developmental disability or delay, in the Health Notebook.

DCFS Regional Center Section Responsibilities

1. As requested, assist the CSW and/or current caregiver and ERH/DSDM with troubleshooting and/ or resolving concerns and issues that may hinder the regional center referral process.
2. If there is a dispute with the Regional Center regarding the submission and processing of the referral that cannot be resolved, consult first with

DCFS Regional Center Section staff and, if need be, consult with the Regional ARA/RA.

MAT Coordinator/Service Linkage Specialist Responsibilities

1. When the Child Welfare Mental Health Screening Tool (MHST) states that a child is a RC consumer, indicate this in the Health Notebook.
2. Complete all MAT/SLS responsibilities to ensure that the child's mental health and developmental needs are met.

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Obtaining Consent for Regional Center Services Referral

ER/ERCP/Case-Carrying CSW Responsibilities

CSWs cannot provide the consent or sign any consent forms for Regional Center Services.

1. Explain the process to the ERH/DSDM and obtain the his/her signature on both sides of the DCFS 179-MH and attach to the DCFS 5004.
2. If child is eligible for and/or receiving RC services, the ERH must sign the IFSP and the DSDM must sign the IPP to consent for services.
3. Proceed with obtaining consent, based on the following chart:

Consent Scenario	Next Steps
Child is eligible for Regional Services.	<ul style="list-style-type: none">■ ERH/DSDM must sign the DCFS 179-MH and the IPP/IFSP.
ERH/DSDM refuses to provide consent.	<ul style="list-style-type: none">■ Provide literature to the ERH/DSDM regarding developmental delays and/or disabilities and the benefits of seeking early intervention or developmental services.■ Immediately notify the child's attorney and the court of the refusal.

<p>Consent cannot be obtained as the ERH/DSDM is not involved in the child's life and/or is unable/unwilling to fulfill his/her duties in that role.</p>	<ul style="list-style-type: none"> ■ Immediately notify the court and the child's attorney. ■ Attempt to identify an alternative ERH/DSDM for the court to appoint.
<p>There is a need to appoint an ERH/DSDM during a case's pre-disposition.</p>	<p>The Dependency Investigator (DI) will:</p> <ul style="list-style-type: none"> ■ Prepare the Jurisdiction/Dispositional Report. ■ Bring the matter to the court for resolution. ■ Immediately notify the child's attorney.
<p>An alternative ERH/DSDM is identified and appointed.</p>	<ul style="list-style-type: none"> ■ Provide the RC with a Court Order (or JV-535 authorized by court) identifying the current ERH/DSDM.

4. Regional Centers are prohibited from providing early Intervention and developmental services through the IFSP from the ERH, or the IPP from the DSDM without one of the following:
- Consent to all or part of the IFSP from the ERH, or the IPP from the DSDM or;
 - A court order that limits the parent's educational rights/developmental services decision-making and;
 - i. Appoints an ERH/DSDM (JV-535 or Minute Order) to make educational decisions for the child or;
 - ii. Determines that no ERH/DSDM is available for the child and specifies that the court is consenting to the IFSP/IPP.

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Providing Ongoing Services to a Child who Receives Regional Center Services

A DCFS Regional Center Section will work closely with the RCs, to ensure coordinated services to a child with developmental disability.

CSW Responsibilities

1. Once a child receives Regional Center Services, go to the Summary Page of the Health Notebook. Select “Regional Center” in the field named “Currently Receiving Services From.” Save to the database.
2. Enter the following information in the “Summary of Current Health Condition:”
 - Name of the Regional Center
 - Name and telephone number of the RC Service Coordinator assigned to the case
3. Enter the appropriate [Special Projects Code](#).
4. Search and attach any existing service provider information as an Associated Service in a Contact Notebook or on the Service Provider Page of the Client Notebook.
 - Prior to creating a service provider, search the Service Provider database to avoid duplicating a service provider.
 - If the service provider does not appear in the search, create the service provider and attach it in the same note form.
5. To expedite the transfer of a child’s case from one Regional Center to another Regional Center due to a change in the child’s residence, the following protocols should be noted:
 - DCFS notifies the RC by completing the Notification form on the [Referral Portal](#) or by telephone.
 - Each RC has a Transfer Coordinator who will facilitate a “transfer” based upon the RC Service Coordinator’s recommendation.
6. If appropriate, ensure that the child is receiving the appropriate [Dual Agency Rate and/or Supplemental Rate](#), when applicable [three (3) years of age or older only].
7. Maintain regular contact with the RC and collaborate with the ERH/DSDM and caregiver to ensure that the child is receiving appropriate services.
 - If possible, attend all IFSP and IPP meetings and obtain current copy of the IFSP or IPP.
8. In the event a disagreement arises with the Regional Center regarding the services provided to the child, consult with the DCFS Regional Center Section.
9. Document all contacts in the Contact Notebook and all developmental diagnosis and services information in the Health Notebook.

10. Document in the court report a summary of the diagnosis, RC eligibility date, resources and services the child receives from the Regional Center and whether the child has benefited from these services. Include who the ERH and/or DSDM is/are for the child.

SCSW Responsibilities

1. Determine, after consultation with the CSW, if a consultation with the DCFS Regional Center Section is necessary to address any issues pertaining to the needs of a child who has or may have a developmental disability.

DCFS Regional Center Section Staff Responsibilities

1. Offer consultation to CSWs regarding where to refer a child for developmental screening and/or services.
2. Participate in Child & Family Team (CFT) meetings, TAY conferences, regarding rate/payment disputes, placements, rate letters, coordination of services and placement issues. Hold regularly scheduled meetings with the RC Liaisons to discuss the best practices, resources, services, and/or legal issues pertaining to a child with a developmental disability.
3. Assist the DCFS RC Liaisons*, the DCFS staff, and families in resolving questions and issues concerning the child's developmental disability and services being provided by the RC.
 - *Regional staff assigned as additional support to office staff who interface between the DCFS Regional Center Section, DCFS staff and RCs.

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APPROVALS

SCSW Approval

- Requests for consultation and joint visits

PHN Approval

- Requests for consultation and joint visits

HELPFUL LINKS

Attachments

[Clinical Recommendations for Defining "Substantial Disability"](#)

[Operational Agreement with the Seven \(7\) Regional Centers Within Los Angeles County\(2016-2017\)](#)

[Entering Regional Center Services into CWS/CMS](#)

[Recording Developmental and Mental Health Screenings, Referrals and Plan Interventions in CWS/CMS](#)

Forms

CWS/CMS

[DCFS 179-MH, Consent For Mental Health And Regional Center Developmental Assessment](#)

LA Kids

[DCFS 5004, Referral to the Regional Center via \[DCFS Referral Portal\]\(#\) \(for automated DCFS 5004\)](#)

[0-5 Developmental Milestones Checklist](#)

[0-5 Developmental Milestones Checklist \(Spanish\)](#)

[JV-535, Order Designating Educational Rights Holder](#)

["Monitoring Your Child's Development" Brochure](#)

Referenced Policy Guides

[0070-516.15](#), Screening and Assessing Children for Mental Health Services and Referral to the Coordinated Services Action Team (CSAT)

[0070-531.10](#), Visual Inspection of Children

[0070-560.05](#), Joint Response Referral: Consulting with PHN

[0400-503.10](#), Contact Requirements & Exceptions

[0600-500.00](#), Medical Hubs

[0600-500.05](#), Multidisciplinary Assessment Team (MAT) Assessments and Meetings

[0600-501.09](#), Consent for Mental Health Treatment and/or Developmental Assessments and Services

[0700-504.20](#), Referring Children for Special Education or Early Intervention Services

[0700-507.10](#), Appointment of an Educational Representative, Educational Surrogate Parent, or Developmental Services Decision Maker

[0900-511.12](#), Dual Agency Rates

Statutes

[All County Letter \(ACL\) 06-54, Keeping Children and Families Safe Act of 2003](#) – Emphasizes enhanced linkages between child protective services, public health, mental health, and developmental disabilities agencies.

[California Department of Social Services Manual of Policy and Procedures, Division 31.320.111](#) – Specifies in pertinent part that the purpose of social worker contact with the child is to verify the location of the child, monitor the safety of the child, assess the child’s well-being and to gather information to assess the effectiveness of services provided to meet the child’s needs, to monitor the child’s progress.

[The Child Abuse and Prevention Act \(CAPTA\) \(P.L. 93-247\)](#) – Requires child protective services to refer children aged 0-36 months who are involved with a substantiated case of child abuse or neglect to Early Intervention Services.

[34 CFR 303.303\(a\)\(2\)\(i\)](#) – States that a referral must be made as soon as possible, but in no case more than seven days, after the child has been identified.

[Welfare and Institution Code \(WIC\) Section 4643\(a\)](#) - Sets time frames for assessments and states If assessment is needed, the assessment shall be performed within 120 days following initial intake. Assessment shall be performed as soon as possible and in no event more than 60 days following initial intake where any delay would expose the client to unnecessary risk to his or her health and safety or to significant further delay in mental or physical development, or the client would be at imminent risk of placement in a more restrictive environment.

[Welfare and Institution Code Section \(WIC\) 4512\(a\)](#) – Provides a definition of “developmental disability.”

[WIC 16010](#) – States, in part, that “when a child is placed in foster care, the case plan for each child recommended ... shall include a summary of the health and education information or records, including mental health information or records, of the child”.

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