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Disposition of Allegations and Closure of Emergency Response Referrals

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Overview

This policy reviews the process of investigating child abuse/neglect allegations and outlines the steps an Emergency Response CSW must follow to prepare for, conduct, document and close an emergency response referral.

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Version Summary

This policy guide was updated from the 05/02/19 version to instruct staff to complete Structured Decision Making (SDM) Risk Assessments on all referrals, to incorporate recommendations from the Children's Research Center's (CRC) SDM Fidelity Review, and to include time frames for SCSW review of SDM tools.

POLICY

Assessment of the Child

Child abuse investigations must be completed within 30 calendar days of the initial face-to-face contact. The purpose of an initial [Emergency Response Investigation](#) and [Emergency Response Assessment](#) is to determine:

- If [Child Abuse/Neglect](#) occurred (allegation conclusion)
- If there is an immediate safety concern for the child and, if so, is there an intervention that will ensure the child's immediate safety while keeping the child within the family home or with family members, if at all possible, or taking steps to protectively place the child if [safety planning](#) is unsuccessful
- The [household's](#) risk of future maltreatment -- and what is that level of risk -- to inform the decision about DCFS interventions needed to address any effects of child abuse/neglect and/or to reduce the risk of future maltreatment

Each child's safety and well-being should be assessed, supported by the structure and definitions of the [SDM Safety Assessment](#), based upon the following variables, and must be documented before closing a referral:

- Health/physical condition
- Condition of the home
- Child age, developmental stage and vulnerability
- Family and/or environmental stress
- Parenting skills(discipline used by parents or caregivers)

- Parent's current or history of substance use disorder, domestic violence, mental health issues
- Availability of day care
- Pertinent medical/psychological/police reports (including attempts to obtain these reports)
- Pertinent Collateral Contacts such as law enforcement, school personnel, medical personnel, other mandated reporters, family members, and neighbors (including attempts to contact collateral contacts). Household members sharing the home may provide information as part of the investigation, but pertinent collateral contacts must be from individuals/agencies who reside outside of the home.
- Ability of the family to provide for the safety and well-being of the child
- Impact of any mental health issues (child and/or parent)
- Family's support system
- Ability of the family to meet the child's immediate needs for supervision, food, clothing, medical and mental health care

Investigating CSWs may obtain confidential medical and mental health information relevant to an incident of suspected child abuse or neglect without submitting a written request, per Civil Code 56.10 & 56.104.

The SDM Safety (including SCP Safety) and Risk Assessments, as part of the state requirement to use a standardized safety and risk assessment, are to be used to support information gathering and decision making during the initial assessment and investigation to inform decisions about child safety and ongoing interventions.

Each allegation is to be investigated thoroughly. The CSW must assess if any other safety threats not previously alleged are present using the structure and definitions of the SDM Safety Assessment and, if necessary, add allegations to the referral. When concluding the investigation, it must be determined if child abuse or neglect has occurred. If child welfare services are necessary to ensure child safety, appropriate referrals should be provided and/or a case should be opened for service. If child welfare services are not necessary, the referral should be closed as appropriate.

Although it is possible to promote a referral to a case within CWS/CMS without a substantiated allegation, no case may be so promoted without a substantiated allegation using Family Services as the Case Intervention Reason.

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Assessment of the Family

Part of a child abuse/neglect investigation is the assessment of the family, to determine whether and what services are needed to prevent child abuse and neglect, taking into consideration any previous history of alleged/confirmed child abuse or neglect.

An array of services that can be provided to ameliorate or prevent child abuse, from least restrictive to most protective, include:

- Community Response Services
- Alternative Response Services
- Voluntary Family Maintenance (VFM) with or without Family Preservation
- Non-Detained Dependency Court Petitions
- Voluntary Placement under a Voluntary Family Reunification plan
- Court intervention following an out-of-home removal

If the investigation results in Voluntary Family Maintenance, (VFM), Voluntary Family Reunification (VFR) or Court-supervised Family Maintenance/Family Reunification (FM/FR) services, the MAT Coordinator and/or Service Linkage Specialist (SLS) will assist the CSW to ensure that the child receives a mental health assessment and is linked to the appropriate resources.

Collateral Contacts

CSWs are to make necessary Collateral Contacts with persons having knowledge of the condition of the children that will help in understanding the nature and extent of the alleged child abuse/neglect, and in assessing the risk to and safety of the child. Such collateral contacts may include law enforcement, school personnel, medical personnel, other mandated reporters, family members, and neighbors.

In situations where referral closure is delayed due to unsuccessful attempts to make contact with a collateral contact/agency or the delayed receipt of a written report (not including a Medical Hub/forensic report), the information gathered so far regarding the allegation(s) in the referral appears to be unfounded and/or inconclusive and the child appears to be safe, the referral may be closed in consultation with the SCSW if all of the following exist:

- No SDM safety threats were identified or if identified, it has been clearly documented how they were resolved
- All attempts to contact and/or requests to obtain written reports are clearly documented in the Contact Notebook
- The Investigation Narrative clearly documents how the allegations were concluded based on the evidence obtained and interviews completed throughout the investigation

Child Abuse Multidisciplinary Team (MDT)

The establishment of a Child Abuse MDT allows provider agencies (e.g. social services, children services, health services, mental health services, probation, law enforcement, and school) to share confidential information in order to:

- **Investigate reports of Suspected Child Abuse or Neglect made pursuant to the CANRA**
- **Inform a child welfare agency in making a determination about whether or not to detain a child from a home**

A Child Abuse MDT requires two or more persons trained in the prevention, identification and treatment of child abuse and neglect, who are qualified to provide services. The team may include the CSW and at least one of the following: (this is not an exhaustive list of people that may participate in an MDT)

- **Psychiatrists, psychologists, marriage and family therapists, or other trained counseling personnel**
- **Police officers or other law enforcement agents**
- **Medical personnel with sufficient training to provide health services**
- **Social services workers with experience or training in child abuse prevention**
- **Any public or private school teacher, administrative officer, supervisor of child welfare attendance, or certified pupil personnel employee**

Members of an MDT can:

- **Disclose/exchange confidential information telephonically and writings electronically**
- **Exchange information during a 30 day period, or longer if documented good cause exists, following a report of suspected child abuse or neglect**

Information must be believed to be generally relevant to the prevention, identification, or treatment of child abuse. Any discussion related to the disclosure or exchange of information or writings during the MDT meeting is confidential and notwithstanding any other provision of the law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding.

Reporting a Child Death to the Child Protection Hotline (CPH)

CPH must be notified when a child on an open case or referral has died even if child abuse or neglect is not suspected. Follow the steps outlined in [Reporting and Recording Child Fatalities and Near Fatalities](#).

Individualized Investigation Narrative

For the [Individualized Investigation Narrative](#), the following steps are required:

- The CSW completes the initial interview with the referred family
- The CSW and SCSW have an in-person work plan case conference to discuss investigative components, next steps, and the rationale for those steps.
- Additional conferences may be required as the investigation develops
- The SCSW documents the work plan by entering a contact in CWS/CMS
- The CSW completes the investigation and documents the findings and the rationale on the Individualized Investigation Narrative document

Time Frame for Disposition

Child abuse investigations must be completed within thirty (30) calendar days of the initial face-to-face contact. If a referral has not been closed within the required thirty (30) day period, additional follow-up actions (including, but not limited to, additional contacts, interviews, telephone calls, documentation gathering, etc.) should be discussed in a case conference with a Supervising Children's Social Worker (SCSW). Since not all referrals will require the same investigative steps, in light of the flexibility allowed by the Individualized Investigation Narrative, CSWs and SCSWs should use sound social worker practice and critical thinking skills in determining any remaining actions needed to conclude the investigative process. A work plan should be updated a minimum of every thirty (30) days, or more often if needed.

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PROCEDURE

Preparing for the Investigation

[ER CSW Responsibilities](#)

1. Identify all households (including [identification of caregivers and household members](#)) and identify which households have allegations.

2. Review the screener narrative using the structure of the [SDM Safety Assessment's](#) child vulnerabilities and safety threat sections to identify potential safety threats. Review [SDM Risk Assessment](#) items and prepare a strategy for gathering information to support assessment of household risk level at conclusion of investigation or closure.
3. Complete a CWS/CMS search on the parents and alleged perpetrators, including any history of a parent as a child and out-of-county history.
 - Consult with the SCSW to determine if a CWS/CMS search should be conducted on other adults residing in the home.
 - If necessary, use the following tools to complete a thorough CWS/CMS search.
 - i. [Instructions for Accessing Out-of-County Referral/Case Records on CWS/CMS](#)
 - ii. [CWS/CMS Search Tips for Child Abuse Referrals](#)
 - iii. Contact your COA for State read access
 - If there was a prior history, review the results of the investigation and if child welfare services were provided, and assess the family's prior level of compliance.
 - Review of a comprehensive Investigation Narrative may suffice as review of a referral.
 - Determine with the SCSW if additional review of the referral/case is necessary, e.g. reviewing contacts, reports, hard copy of the referral/case, etc.
 - Discuss prior DCFS history with applicable parties and document his/her statements in the Contact Notebook.
2. Review [the Family & Children's Index](#) (FCI) Report for collateral information.
 - If the report indicates that the family had contact with other public agencies, all the public agencies listed on the report must be contacted in the early stages of the referral investigation process to avoid delaying the referral's closing.
 - All contacts and attempted contacts with the agencies must be documented in the Contact Notebook.
 - Referrals cannot be closed or promoted to a case until after all FCI hits are followed up on, with the following exceptions:

<u>Type of FCI Hit</u>	<u>Reason for Exception</u>
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<u>DCFS Matches</u>	<u>Information can be downloaded from CWS/CMS records</u>
<u>Hits that have been followed-up in a prior DCFS investigation</u>	<p><u>Information should be documented in that case record or in CWS/CMS.</u></p> <ul style="list-style-type: none"> ■ <u>Care should be taken that the current FCI hit is an exact record match to the one referenced in prior referral history.</u> ■ <u>Be sure to document that the record was reviewed.</u>
<u>FCI hits which occurred prior to a prior referral</u>	<ul style="list-style-type: none"> ■ <u>Information can be obtained from the CWS/CMS or hard copy record from the previous investigation.</u> ■ <u>Any subsequent FCI hits after the last prior referral are subject to further investigation or must be cleared.</u>
<u>FCI hits from LASD or LAPD (or other law enforcement agencies)</u>	<ul style="list-style-type: none"> ■ <u>Prior referral folder & CWS/CMS contains a full documentation of the outcome of the incident (potentially including police reports)</u> ■ <u>Check E-SCARS to confirm the law enforcement disposition is the same as stated in the prior referral investigation.</u>
<u>DMH hits</u>	<ul style="list-style-type: none"> ■ <u>Information is available via a current therapist, can be obtained via parental consent or via an MDT outside of the DMH centralized FCI unit</u>

- If FCI participating county departments or partner agencies do not respond within 5 business days from the time the request was made, contact the DCFS FCI leads at FCILead@dcfs.lacounty.gov with the following information: FCI record number, name of participating department, and participating agency contact name.
 - Do not close the referral without receiving a response from the FCI leads. A response should be received within 3 business days.
3. Evaluate the pattern of **past/current** compliance as a risk factor in **assessing** the current allegations. Contact the current (open case) or last CSW/SCSW assigned to the case or referral and gather additional information regarding the family.
 - If unable to contact either the current or the last CSW/SCSW, document efforts to do so in the Contact Notebook.
 4. Contact the reporting party/mandated reporter (if known), to verify and obtain additional information that can be used to assess the validity of the allegations and the well-being of each child. Document all contacts and attempted contacts in the Contact Notebook. Contact with the reporting party or mandated reporter will count as a pertinent collateral contact.
 - If the reporting party/mandated reporter is not reached after three (3) attempts and there is an address on file, send a certified letter to the reporting party/mandated reporter explaining the attempts made and request a telephone response to the letter.
 - If the referral has remained open due to no contact with the reporting party/mandated reporter, once the return receipt for the certified letter is received, the referral may be closed as long as nothing else is pending.
 - If necessary, request the assistance of SCSW or supportive staff that can assist in contacting the reporting party/mandated reporter.
 5. Evaluate whether to use Law Enforcement to conduct a concurrent investigation and/or to assist in the investigation, particularly on the following referrals:
 - **Physical abuse**
 - **Sexual abuse**
 - **Severe Neglect**
 - **Domestic violence**

- Any other type of referral when law enforcement and DCFS mutually agree
6. Consult with the Public Health Nurse (PHN) within three (3) days of receiving a referral regarding serious medical problems such as:
- Diabetes
 - Shaken Baby Syndrome
 - Failure to thrive
 - Allegation of severe neglect
 - Allegation of general neglect where it is determined that a child has a known or suspected medical or developmental condition

Prior to closing the referral, the CSW and PHN will determine and complete the most appropriate course of action, which may include, but is not limited to: a joint CSW/PHN visit, the need to obtain additional medical information, and/or a referral to a specialty provider or agency.

- If the child has a recent HUB or other medical professional evaluation, a joint visit with the PHN is not required unless a new medical condition has been identified.
 - If there is a difference in opinion between CSW and PHN on the need for a joint visit, consult the SCSW and PHN Supervisor.
 - If a child meets the MCMS Intake Criteria, consult with Medical Case Management Services (MCMS) Unit.
7. For referrals with mental health concerns, in consultation with the SCSW, determine if it is necessary to consult with the co-located Department of Mental Health (DMH) professionals and/or the Coordinated Services Action Team (CSAT) team leads Service Linkage Specialist (SLS) or Multidisciplinary Assessment Team (MAT) Coordinator representing the Bureau of the Medical Director and document this consultation in the Contact Notebook.
- If the child has a mental health need, and there are concerns about the parent's willingness or ability to ensure the child is linked with appropriate mental health services, ensure a mental health assessment is completed for the child.
 - If the parent refuses mental health services for the child, the CSW must document concerted efforts to engage the parent to address this need.
 - ERCP does not have co-located DMH staff. A follow-up to the region will be made to complete this consultation.

8. For referrals where a relative caregiver is providing care to a child in a parent's absence, in consultation with the SCSW, determine if there are any issues of child abuse and neglect that warrant DCFS intervention. If there are no issues that warrant DCFS intervention, CSWs must provide the relative caregiver with the "Resources for Probate Court Legal Guardianship", which provides a list of organizations that can assist the caregiver in determining if a Probate Court legal guardianship is desirable. the CSW may not require the relative caregiver to obtain Probate Court legal guardianship as a condition to closing the referral. The assessment and consultation with the SCSW must be documented in the CWS/CMS Contact Notebook.


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Conducting the Investigation

ER CSW Responsibilities

Investigations should include an assessment of all [safety threats](#) present beyond the allegations on the referral using the structure and definitions of the [SDM Safety Assessment](#). If discovered, new allegations must be added to the referral. All interviews, as well as attempts to obtain information related to the investigation, must be documented in detail in the Contact Notebook.

1. If exigent circumstances do not exist, consent from the parent/legal guardian is required to enter a home and/or interview a child.
 - If the parent/legal guardian does not provide consent, obtain an [investigative warrant](#).
2. Conduct interviews with all the children and adults residing in the home, even if they are not listed on the referral.
 - If there is more than one family living in the home, consult with SCSW to determine if a referral needs to be generated for the other children.
 - If the home is a licensed foster home or foster family agency (FFA) but not identified as one on the referral, contact the Child Protection Hotline to request that this be cross reported to the Community Care Licensing Division (CCL).
 - i. Document this contact in the Contact Notebook.
 - If the child on the referral has [died](#), notify CPH even if child abuse or neglect is not suspected.
 - Inquire if any children have been adopted, including international adoption.

3. Account for the whereabouts of all children associated with the family.
- Interview alleged victim(s) and all the children in the family regarding the allegation(s) individually and privately.
 - i. Document if the children were interviewed individually and privately, and if not, state the reasons.
 - ii. For further guidance, see procedures for [interviewing the alleged victim at school](#), observation techniques, and [visual inspection](#) of children.
 - If the parent/legal guardian has other children who reside outside the home:
 - i. Inquire about their whereabouts.
 - ii. Locate, interview and assess each child for possible abuse/neglect. At a minimum, address the following:
 - How long has the child been living outside the home and why?
 - What is the nature and frequency of the parent's contact with the child?
 - Is there a plan for the child to return home?
 - Is this a permanent plan for the child?
 - Any other relevant questions to assess the child's safety.
4. Provide and complete the following with the parent/guardian:
- Provide the parents with [DCFS 2457](#), Civil Rights Information Form and the [Civil Rights Pub 13 Pamphlet](#).
 - Have the parents sign and date form [DCFS 485](#), Primary Language Designation Form and ensure that their [communication needs](#) are met.
 - i. If a parent provides his/her [own interpreter](#), complete the [DCFS 74A](#), Interpreter Usage and Consent for Release of Information.
 - ii. If a child (under 18 years of age) is used as an interpreter, document the circumstances requiring temporary use of the interpreter in the case record of the Contact Notebook.
 - iii. If bilingual services were provided, document the method used in the Contact Notebook.
 - Inquire about American Indian Ancestry by completing the [DCFS 5649](#)  for all referrals.
 - i. If a child is or may be [American Indian](#), provide active efforts to prevent or eliminate the need for removal. Document these efforts in the Contact Notebook.
 - If information from outside agencies needs to be obtained and/or verified, have the parent/legal guardian complete the

Applicant's Authorization For Release of Information (ABCDM 228).

5. Interview each parent/legal guardian with access to the child separately and in person regarding the allegations. A phone interview is acceptable only when the parent resides outside of LA County.
 - If conducting a concurrent investigation with law enforcement, collaborate to coordinate interviews of the alleged perpetrators. Defer to their judgment on matters pertaining to forensic interviewing.
 - There may be situations where interviewing the alleged perpetrator(s) would not be within the scope of your investigation.
 - Example: if the alleged perpetrator is a neighbor rather than the child's parent, law enforcement would conduct the interview.
 - Comply and document if asked not to interview the perpetrator directly.
 - Inform the alleged perpetrator in private:
 - i. Of the allegation(s) against him/her
 - ii. That if any of the allegations of abuse, severe neglect or exploitation are found to be substantiated, this information will be reported to the Department of Justice.
 - Allegations of general neglect and allegations that are concluded as unfounded or inconclusive are not reported to the Department of Justice
6. Case conference with SCSW to inform him/her of information obtained and to determine the next steps in the investigation.
 - Additional conferences may be required as the investigation develops.
7. When one or more immediate safety threats are present, prior to leaving the home, engage the caregivers and their network in safety planning and complete the Structured Decision Making (SDM) Safety Plan when:
 - A safety threat is identified
 - After consulting with the SCSW, it is determined that it is safe to leave the child in the home with short-term interventions to mitigate safety threat(s)
 - Mitigation interventions are implemented and documented in the Safety Plan

8. Refer the family/child to the following services/programs where appropriate:
 - **Medical HUB**
 - **Child and Family Team Meeting**
 - **Family Preservation Assessment Services (FPAS)**
 - **Multidisciplinary Assessment Team (MAT)**, in cases where children are detained and placed in out-of-home care
9. If the child is in **Imminent Danger** of **Serious bodily injury** and the only protecting intervention possible is placement, obtain SCSW approval and take the child into **temporary custody**.
10. If new allegations are discovered, consult with the SCSW to determine if the allegations should be added to the referral. All allegations other than **General Neglect** should be reported to the Child Protection Hotline (CPH).
 - Inform the CPH of the open referral so the new allegation can be added to the existing referral.
 - i. The CPH will cross-report any applicable allegations to required agencies by sending the SCAR-SS 8572.
 - Create “**At Risk, Sibling Abused**” allegations for any siblings for whom safety is investigated but no allegations currently exist.
11. If safety threats exist, and there are mental health concerns within a referral but an upfront assessment has not been conducted, **consult** with the co-located Department of Mental Health professionals and/or the CSAT team leads (SLS/MAT Coordinator) representing the Bureau of the Medical Director.
12. Make all reasonable efforts to contact pertinent collateral contacts that may have knowledge of the child’s alleged abuse or neglect. If necessary, utilize the **collateral contact letter**. Document all contacts and attempted contacts in the Contact Notebook.

Family members residing in the home may provide information as part of the investigation, but pertinent collateral contacts must be from individuals/agencies who reside outside of the home.

Examples of pertinent collateral contacts include:

<u>Child aged 0-59 months</u>	<ul style="list-style-type: none"> ■ <u>At least one professional (licensed day care provider or pediatrician)</u>
<u>School Age Child</u>	<ul style="list-style-type: none"> ■ <u>Educational professionals</u>
<u>Referrals with open cases or history of open cases or referrals</u>	<ul style="list-style-type: none"> ■ <u>Current or previous CSW(s)</u>
<u>Other examples</u>	<ul style="list-style-type: none"> ■ <u>Neighbors, Teachers, Physicians, Therapists, Parole Officers, Probation, etc.</u>

- Ask about:
 - The care and well-being of each child
 - Concerns about the child's safety
 - Parent's ability to meet the child's needs
 - Other information about the family to assess validity of the allegations
- Do not reveal details of the allegations. Indicate that you are checking on the "safety and well-being of the children."

13. Request all available written reports, photos and other documents that will assist in determining whether child abuse or neglect occurred. Document all attempts to obtain these reports in the Contact Notebook and document the results of any criminal check (including dismissal, conviction or release) on the Demographics Page of the Client Notebook in the Arrests section. If necessary consult with County Counsel on the interpretation of the criminal history.

<u>Situation Encountered</u>	<u>What to Do</u>
<u>Allegation of:</u> <u>Physical Abuse,</u> <u>Sexual Abuse, and/or</u> <u>Severe Neglect</u>	<ul style="list-style-type: none"> ■ <u>Contact Law Enforcement to get an update and/or outcome of their investigation</u> ■ <u>Request Police Report</u> ■ <u>Retrieve all available information from E-SCARS,</u>

	<u>and follow-up when there is a “Crime Suspected Alert”.</u>
<u>Allegation of:</u> <u>Domestic Violence,</u> <u>Physical Abuse,</u> <u>Sexual Abuse,</u> <u>Substance Abuse,</u> <u>Exploitation,</u> and/or <u>Severe Neglect</u>	<ul style="list-style-type: none"> ■ <u>Request a CLETS on the parents, any adult residing in the home, and any person who has significant contact with the child</u>
<u>Allegation of: Emotional Abuse and/or General Neglect</u>	<ul style="list-style-type: none"> ■ <u>If appropriate, initiate a criminal background check and determine if the results indicate any risk to the child</u>
<u>Child aged 14-17 residing in home may have criminal record</u>	<ul style="list-style-type: none"> ■ <u>Request a Juvenile Automated Index (JAI) Clearance</u>

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Documenting the Investigation

ER CSW Responsibilities

1. Complete the applicable SDM Tools:

SDM Tool	Time Frame
Safety Assessment	Within two (2) business days of initial contact
Substitute Care Provider Safety Assessment*	Within two (2) business days of initial contact
Risk Assessment	Before closing the referral or promoting to a case

*Only when the child resides in family-based care (e.g., Resource Family Homes, Foster Family Agency homes, approved NREFMs, emergency placements, Single Family Homes,

open-dependency legal guardian homes, adoptive homes if the adoption has not yet finalized) and not for children residing in residential or institutional care (i.e., group homes, STRTPs, institutions, residential treatment facilities).

2. If there is an allegation of physical abuse or marks or bruises are observed, complete the [DCFS 550](#), Body Chart.
3. Document the following in the Contact Notebook:
 - Observations and facts gathered from all sources and witnesses
 - All contacts and attempted contacts made with the reporting party and pertinent collateral contacts
 - Relevant information from all available written reports such as police reports, Up-Front Assessments, medical evaluations, probation/parole reports and mental health history on children and/or parents
 - Document all efforts to obtain these documents and the results of these efforts.
 - File these reports and photos in the case file.
 - All referrals to outside agencies or services provided to the family
 - The findings of the [SDM Safety and Risk Assessments](#) and the supporting facts
4. Update all fields of the referral, including information in the Client Notebook
 - Ensure that the correct perpetrator and/or perpetrator type is listed in the ID page and that the Occurrence Information is correct.
 - If the family unit names or state ID numbers need to be corrected, submit a DCFS 264 to the Search, Attach, Assign and Merge (SAAMs) Unit and provide them with any requested information.
 - Apply any Alcohol/Drug/Mental Health (ADMH) issues discovered during the investigation to the parent that is an alleged perpetrator.
 - If applicable, complete the [Near Fatality](#) grid on the Demographics page of the Client Notebook.
5. If applicable, conduct a subsequent [FCI search](#) for all additional household members or persons associated with the home discovered upon the initial contact or during the investigation.

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Concluding the Investigation

[ER CSW Responsibilities](#)

1. Ensure the appropriate disposition is made for each allegation. Clearly document the reasons for why and how the allegations were concluded, including how any safety threats were resolved. Each allegation must have one of the following dispositions:
 - Unfounded
 - Substantiated
 - Inconclusive
 - If the CSW was not able to locate the family, the disposition of the allegation will be inconclusive and not reportable to the DOJ.
2. Complete the SDM Risk Assessment and use these findings (along with findings of the most recent Safety Assessment) to support a decision related to ongoing agency or community interventions.
3. For each allegation, enter the "Start Date" and "End Date" "Number of Occurrences" and the "Location of the Incident." Refer to [Instructions for Entering Occurrence Information in CWS/CMS](#).
2. If a [safety threat](#) was previously identified and has since been resolved, complete an updated or referral closing [SDM Safety Assessment](#) to indicate that safety threat(s) no longer exists.
 - Do not close a referral if there are current safety threats, even if it is covered by a [safety plan](#).
 - If unresolved safety threats remain present at the end of the investigation, promote the referral to a case regardless of risk level.
4. Use the [Individualized Investigation Narrative](#) Template to create the Investigation Narrative on CWS/CMS. Do not revise the template itself. When using the [Individualized Investigation Narrative](#):
 - Clearly document how the allegations were concluded.
 - If the child was detained, cross-reference the completed Detention Report with "See Detention Report dated [insert date]" in the appropriate areas.
 - Cross-reference the Contact Notebook where details of the investigation are to be documented.
 - Select a Client Disposition for each child in the referral and obtain SCSW approval.
5. Depending on the Disposition of Allegations selected, proceed as follows:

<p><u>Inconclusive or Substantiated Allegations with low to moderate SDM risk</u></p>	<ul style="list-style-type: none"> ■ <u>If at least one prior referral exists and the family is in need of preventative services in order to avoid promoting the referral to a case, consult with the SCSW to determine if Alternative Response Services (ARS) are appropriate.</u>
<p><u>Unfounded and/or Inconclusive Allegations</u></p>	<ul style="list-style-type: none"> ■ <u>If the family had no prior referrals and the CSW believes the family could benefit from it, consult with the SCSW to determine if Community Response Services are appropriate.</u>
<p><u>Substantiated allegation for a 0-36 month old child</u></p>	<ul style="list-style-type: none"> ■ <u>Assess the child's developmental milestones to determine if the child is on target and if the services of Regional Center are necessary.</u>
<p><u>Substantiated allegation* with an identified perpetrator</u></p>	<ul style="list-style-type: none"> ■ <u>Complete and submit a BCIA 8583 to the DOJ for each known and suspected child abuser.</u> ■ <u>If the CSW was not able to locate the family, the disposition of the allegation is to be inconclusive and the DOJ does not require notice.</u> ■ <u>Within five (5) business days of the submission of the BCIA 8583, Complete the SOC 832 for each identified/suspected perpetrator and mail it, along with SOC 833 and SOC 834</u>

	<p><u>to the identified or suspected perpetrator(s).</u></p> <ul style="list-style-type: none"> ■ <u>Enter into CWS/CMS the date these forms were mailed</u>
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*A substantiated allegation of general neglect is not reportable to DOJ.

6. Time frame for disposition: Child abuse investigations must be completed within thirty (30) calendar days of the initial face-to-face contact. If a referral has not been closed within the thirty (30) day period, additional follow-up actions (including, but not limited to, additional contacts, interviews, telephone calls, documentation gathering, etc.) should be discussed in a case conference with an SCSW. Since not all referrals will require the same investigative steps, in light of the flexibility allowed by the Individualized Investigation Narrative, CSWs and SCSWs should use sound social worker practice and critical thinking skills in determining any remaining actions needed to conclude the investigative process. A work plan should be updated a minimum of every thirty (30) days, or more often if needed.
7. If Law Enforcement was involved, inform the detective or officer of the disposition of the referral. Document this contact in the Contact Notebook.
8. Inform the mandated reporter of the results of the investigation and any action the agency is taking with regard to the child/family. Document the method used to inform the mandated reporter in CWS/CMS.
9. If the referral involved an inter-country adoption child, it must be documented in CWS/CMS to identify the case as a legally disrupted adoption or a disrupted adoption before finalization.
10. If a referral is promoted to a case:
 - Use the Family Background 1 form to gather available family information.
 - Give the Family Background 3 form to the parent(s) with a postage-paid, return-addressed envelope and instructions to complete and return the form.
 - Complete an initial case plan.

- If a child is detained and **Family Reunification Services** are to be provided to a non-custodial parent, complete the **Structured Decision Making** Initial Risk Assessment on the non-custodial parent's household in WebSDM/SDM Live once the case has been promoted in CWS/CMS.
 - Complete the Child Welfare Mental Health Screening Tool (MHST) (0-5) or (5 to Adult).
 - If the result is positive, submit the attached DCFS 179 MH and 179 PHI to the CSAT in-box.
 - Notify the parent of his/her assigned Case-Carrying CSW using the **DCFS 2221**.
11. If the referral is being closed, complete the **DCFS 196**.
- If after closing the referral, the CSW receives new information to suspect a child may be at risk, contact CPH and make a referral based on the new information.
12. Submit the following documentation to the SCSW for approval:
- Referral
 - **SDM Safety Assessment**
 - **SDM Risk Assessment**
 - **SDM Safety Plan**

Referrals with inconclusive allegations and classified as Very High Risk or High Risk must also be reviewed by the ARA prior to closure.

ER & ERCP SCSW Responsibilities

1. Case conference with CSW to determine the investigative work plan for the referral and the rationale for those steps, supporting the CSW in identification of **households and caregivers** and prioritizing the investigative strategy using the structured of the **SDM Safety Assessment**.
 - Document the work plan in the Contact Notebook.
 - As the investigation develops, case conference as needed.
2. Activate/Deactivate applicable Safety Alerts confirmed by the ER CSW in the ID page of the Client Management Section. Reasons for Safety Alert Activation include:
 - **Dangerous Animal on Premise**
 - **Firearms in Home**
 - **Hostile**

- Aggressive Client
 - Threat of Assault on Staff Member
 - Remote or Isolated Location
 - Severe Mental Health Status
 - Gang Affiliation or Gang Activity
 - Dangerous Environment
 - Other
- Review the online referral in its entirety including all prior referrals/cases and when appropriate, hard copy case files.
3. If a referral is being submitted for closure:
- Within three (3) calendar days, approve the disposition of the referral and submit to the ARA and if applicable, the RA for review and approval.
 - Approve the disposition for each child in CWS/CMS
 - Approve the SDM tool(s) and Safety Plan after assuring that the investigation's documentation supports the CSW's assessment completion:

SDM Tool	Time Frame for Approval
Safety Assessment	Within twenty-four (24) business hours of submission for approval
Substitute Care Provider (SCP) Safety Assessment*	Within twenty-four (24) business hours of submission for approval
Risk Assessment	Within forty-eight (48) business hours of submission for approval (and within 30 calendar days)

- If necessary, return the referral to the CSW for corrective action.

ARA/RA Responsibilities

1. Review the online referral in its entirety including all prior referrals/cases and when appropriate, hard copy case files.
2. Within five (5) calendar days of the referral being submitted for closure or promotion to a case, approve the decision by:

- Signing and dating the Individualized Investigation Narrative
- Approving the Client Disposition for the child on CWS/CMS
- Returning the referral and supporting reports to the SCSW

3. If necessary, return the referral to the SCSW for corrective action.

[Back to Procedure](#)

APPROVALS

SCSW Approval

- Disposition for each child in CWS/CMS
- All [SDM tools](#) used
- To take a child into temporary custody if the child is in imminent danger and there is not enough time to obtain a detention warrant

ARA Approval

- To close a referral without promoting it to a case if there is a prior history of five or more referrals or if two or more prior referrals have been received in the past 12 months and there is no current open case
- To release a child back to the parents after a child has been taken into temporary custody by DCFS or Law Enforcement
- Before closing high or very high risk referrals with inconclusive allegations, no current open case, and the referred child is under the age of five (5)
- To close high or very high risk referrals with one or more substantiated allegation

RA Approval

- To close high or very high risk referrals with one or more substantiated allegation

[Back to Approvals](#)

HELPFUL LINKS

Attachments

[Accessing Out-of-County Referral/Case Records on CWS/CMS](#)

[CWS/CMS Search Tips for Child Abuse Referrals](#)

[Instructions for Entering Occurrence Information in CWS/CMS](#)

[SDM Safety Threats](#)

Submission and Approval of Structured Decision Making (SDM) Tools

Forms

CWS/CMS

BCIA 8583, Child Abuse or Severe Neglect Indexing Form

SOC 832, Notice of Child Abuse Central Index Listing

SOC 833, [Grievance Procedures](#) for Challenging Reference to the Child Abuse Central Index

SOC 834, Request for Grievance Hearing

LA Kids

ABCDM 228, Applicant's Authorization for Release of Information

ABCDM 228(SP), Applicant's Authorization for Release of Information

Child Welfare Mental Health Screening Tool (0-5)

Child Welfare Mental Health Screening Tool (5 to Adult)

Civil Rights Pub 13 Pamphlet

DCFS 74A, Interpreter Usage and Consent for Release of Information

DCFS 179-MH, Parental Consent for Child's Mental Health/ Developmental Assessment and Participation in Mental Health/ [Developmental Services](#)

DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information

DCFS 264, SAAMs Inquiry & Action Request

DCFS 485, Primary Language Designation

DCFS 550, Body Chart

DCFS 2457, Civil Rights Form

DCFS 5649 , Indian Ancestry Questionnaire

DCFS 196, Notice of Referral Closure

DCFS 2221, Notification of Change of Worker

DCFS 2221(S), Notification of Change of Worker

Family Background #1

Family Background #1 Sibling & Relative Addendum

Family Background #2

Family Background Addendum (Use with FB1 and/or FB2)

Family Background #3 – Medical and Social History Information About the Birth Mother/Father

Family Background #3 Coversheet

Individualized Investigation Narrative

Resources for Probate Court Legal Guardianship

SDM Safety Plan
Collateral Contact Letter

Referenced Policy Guides

0050-501.10, Child Abuse and Neglect Reporting Act (CANRA)
0050-504.25, Reporting and Recording Child Fatalities and Near Fatalities
0070-501.10, Communication Needs of Non-English Speaking Clients
0070-506.11, Interviewing the Alleged Victim at School for the Purpose of Investigating a Child Abuse Referral
0070-516.10, Assessing a Child's Development & Referring to a Regional Center
0070-516.15, Screening and Assessing Children for Mental Health Services and Referring to the Coordinated Services Action Team (CSAT)
0070-529.10, Assessing Allegations of Physical Abuse
0070-531.10, Visual Inspection of Children
0070-547.13, Concurrent Investigations with Law Enforcement
0070-548.00, Community-Based Resources
0070-548.01, Child and Family Teams
0070-548.17, Completion and Submission of the BCIA 8583, Child abuse or Severe Neglect Indexing Form
0070-548.20, Taking Children into [Temporary Custody](#)
0070-548.24, Structured Decision Making (SDM)
0070-548.25, Completing the Structured Decision Making (SDM) Safety Plan
0070-559.10, Clearances
0070-560.05, Joint Response Referral: Consulting with PHN
0070-570.10, Obtaining Warrants and/or Removal Orders
0080-502.10, Case Plans
0400-503.10, Contact Requirements and Exceptions
0600-500.00, Medical Hubs
0600-500.05, Multidisciplinary Assessment Team (MAT) Assessments and Meetings
0600-500.20, Health and [Medical Information](#)
0600-501.09, Consent for Mental Health Treatment and/or Developmental Assessments and Services
1000-504.10, Case Transfer Criteria and Procedures
1200-500.05, Adopting and Serving Children Under the Indian Child Welfare Act (ICWA)

Statutes

All County Letter (ACL) 09-31 – Safety and Risk Assessments

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 31-084.4 – Sets forth the Emergency Response protocol and general intake requirements.

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 31-125 – Summarizes the protocol for the social worker initially investigating a referral to determine the potential for the existence of any condition(s) which places the child, or any other child in the family or household, at risk and in need of services and which would cause the child to be a person described by WIC Sections 300(a) through 300(j).

California Rules of Court, Rule 5.481 – Mandates that the juvenile court and DCFS inquire whether a child is or may be an Indian child.

Civil Code (CIV) 56.10 (c) – Describes when a provider of health care or a health care service plan may disclose medical information.

CIV 56.104 – Authorizes a health care provider or a health care service plan to disclose information relevant to the incident of child abuse or neglect that may be given to an investigator from an agency investigating the case, including the investigation report and other pertinent materials that may be given to the licensing agency.

Penal Code Section (PEN) 11165.12 – Provides the definitions of unfounded, substantiated and inconclusive reports.

PEN 11166.1 – Agency notice to licensing officer and attorney; alleged child abuse or death.

PEN 11169 – Provides regulations pertaining to the provisions of a written report to the Department of Justice.

PEN 11170(b)(2) -- States in pertinent part that when a report is made pursuant to subdivision (a) of section 11166 or Section 11166.058, the investigating agency, upon completion of the investigation or after there has been a final disposition in the matter, shall inform the person required to report or authorized to report of the results of the investigation and of any action the agency is taking with regard to the child or family.

Welfare and Institutions Code (WIC) Section 224 -- Legislative findings and declarations on the importance of maintaining Indian families together by providing active efforts to prevent the out-of-home placement of the child or to return an Indian child home.

WIC Section 224.3 -- States that child welfare department have a duty to inquire whether a child may be an Indian child.

WIC 16504 – States in part, that any child reported to the county welfare department to be endangered by abuse, neglect, or exploitation shall be eligible for initial intake and evaluation of risk services. Each county welfare department shall maintain and operate 24-hour response system.

WIC 18961.7 – Allows the formation of a child abuse multidisciplinary team for the purpose of investigating reports of child abuse or neglect made pursuant to Section 11160, 11166, or 11166.05 of the Penal Code, or for the purpose of child welfare agencies making a detention determination.

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