



CHILD WELFARE SERVICES

Initial Assessment and Investigation

Policy and Procedure: CWS 18-12 Emergency Response

Effective Date: 12/14/18

OVERVIEW

Child Welfare Services responds to all reports meeting criteria for child abuse or neglect as described in Penal Code (PC) 11165.6 and Welfare & Institutions Code (W&I) Section 300 and as described in California Department of Social Services' (CDSS) Division 31 Regulations 31-100. The types of abuse investigated include physical abuse, sexual abuse, emotional abuse, neglect (general and severe) and exploitation.

POLICY

The Child Welfare Services (CWS) Emergency Response (ER) Program provides initial evaluation, safety and risk assessment and crisis intervention services, 24 hours-a-day/7 days a week, for children who are reported to be in danger of abuse, neglect, or exploitation.

This policy complies with provisions of the Child Abuse and Neglect Reporting Act (Penal Code section 11164 et seq.), Penal Code (PC) 11165.6 and Welfare & Institutions Code (W&I) Section 300 and as described in California Department of Social Services' (CDSS) Division 31 Regulations 31-100.

CWS conducts thorough and accurate investigations of reported child abuse and neglect concerns using standardized tools for decision making, while following county protocol and complying with the requirements of California Department of Social Services (CDSS) Division 31 regulations. The goal is to provide the lowest level of intervention necessary to keep children safe from abuse and/or neglect. If CWS determines, using the structure, definitions and policy to the Structured Decision Making® (SDM) Safety and Risk Assessments, that a child cannot remain safely in their home and safety interventions cannot be put in place, CWS places the child in protective custody.

ER initiates investigations within 24-hours, or within 10 days of the initial report, based on the Structured Decision Making (SDM) Response Priority recommendation and agency

policy. ER utilizes an integrated response to reports of suspected abuse/neglect as needed to streamline access to identified service needs.

CWS treats Indian tribal governments the same as other Federal Government entities. The agency has adopted policies and procedures that require collaboration between Humboldt County tribes and CWS social workers at every stage of a referral and/or case. In addition, Humboldt County has executed¹ Memoranda of Understandings with local tribes (Tribal protocols) that call for collaboration between tribal and county social workers during the response, investigation, and remediation of referrals and cases of child abuse and neglect involving Indian children.

PROCEDURE

I. GENERAL INVESTIGATION PROCESS

1. Check CMS daily to update assignments

Investigating social workers check their assignments in CWS/CMS daily to look for new referrals assigned to them.

2. Receive referral

Upon receipt of a new referral investigating social workers:

- A. Review the Structured Decision-Making tool to understand the area of abuse or neglect that met SDM criteria;
- B. Review the screener narrative to understand details of the possible harm and danger, worries, strengths, and any other pertinent information;
- C. Review all CWS history for the family;
- D. Contact the reporting party when possible to gather any additional information they may have.
- E. Identify all households, household members and caregivers in each household of which the child is a member, and identify which households have allegations that must be assessed.

¹ The County expects to have these MOUs in place by March of 2019.

3. Start an ER Referral/Case Closing Checklist

Use this tool to keep track of the steps you make during the investigation. Complete the checklist and include it in the file when you submit the referral for closure.

- A. Check Path Decision
- B. Check SDM response priority for timeframe of first face-to-face contact.
- C. If the investigating social worker plans a joint response with an integrated partner or case-carrying social worker, they complete the appropriate referral process to the agency involved.

4. Tribal Children

- A. Inquiry and Notice
 - i. Use due diligence to identify and work with all tribes of which there is reason to know the child may be a member (or eligible for membership), and to verify whether the child is in fact a member (or a biological parent is a member and the child is eligible for membership).
 - ii. CWS treats the child as an Indian child, unless and until it is determined that the child does not meet the definition of an Indian child.
 - iii. Document all efforts to determine a child's Indian status in CWS/CMS.
 - iv. In no case shall the unavailability of a tribal social worker excuse an investigator from the responsibility to properly investigate allegations of child abuse or neglect according to the timelines established by policy and state law.
 - v. As applicable, follow the procedures for Inquiry and Notice set forth in the tribe's [government-to-government protocol](#) and the [CWS Tribal Collaboration Procedure](#).

- B. If the investigation involves a child that is, or may be, eligible for enrollment in a federally recognized Tribe continuous collaboration with the Tribe is mandatory. The Tribe may determine their own level of involvement in the investigation.
- C. Call Tribe immediately upon receiving the referral to discuss next steps and schedule a joint response.
- D. Follow the steps for collaboration described in the [Tribal Collaboration Policy and Procedure](#) and in the Tribe's [government-to-government protocol](#) as applicable.

5. Cross Report to Law Enforcement

CWS cross reports all physical, sexual, emotional abuse, exploitation and severe neglect to law enforcement (LE) at screening. The investigating social worker uses the criteria for each investigation type to determine whether to seek a joint response. [Click on the link here to review the relevant criteria.](#)

Physical abuse, severe neglect, emotional abuse, sexual abuse

- A. If the investigating social worker determines a joint response is needed:
 - i. Contact the appropriate LE agency and request a joint response with the assigned officer / deputy.
 - ii. For Immediate Responses, call Dispatch and inform the dispatcher of the need for an officer/deputy to respond.
 - iii. Document all collaboration with LE in the CWS/CMS system.
- See the CWS [Cross Reporting](#) Procedures for more information regarding cross reporting.

6. CalWORKS, Welfare to Work, Linkages

- A. Linkages is a program in CalWORKS that coordinates CWS case plans and CalWORKS Welfare-to-Work plans for families receiving services from both programs.

- B. If the family has a CalWORKs worker, treat the CalWORKs eligibility worker as a collateral and gather information regarding the family's/parents' CalWORKs case.
 - i. Enter data in CWS/CMS, including Linkages Special Projects code.

7. Contact reporting party

- A. Prior to making the first face-to-face contact, the investigating social worker contacts the reporting party to inquire if there is additional information and/or whether there have been any changes to the situation since the date of the report.

8. First Contact with Child(ren)

- A. Follow the CWS procedures for **SAFETY IN THE FIELD** whenever making in-person contact with a family.
- B. Make, or attempt to make, an in-person interview with all children alleged to be abused/neglected AND any other children in the home that are verbal and may have information regarding the allegations.
 - i. When interviewing in the home, interview the children separately and out of the presence of their caregivers.
- C. During this interaction:
 - i. Collect information regarding the child's experience, their worries, what is working well, and what they would like to be different.
 - ii. Make general observations of the child[ren]'s health and wellbeing.
 - iii. Provide the parents a "Your Right's" brochure and business card.
 - a. Document in CWS/CMS that you gave the brochure to the caregivers.

- D. The Tribal social worker participates in these interviews unless they choose not to. Follow the [Tribal Collaboration](#) procedures for jointly investigating cases with tribal social workers.
- E. Enter contacts into CWS/CMS within three (3) business days of the completed/attempted contact. If CWS removed the child[ren] from the parents' care, enter the contacts into CMS by 10:30am the following business day.

9. SDM Safety Assessment

- A. Assess for safety using the SDM Safety Assessment and definitions as part of every face-to-face contact.
- B. Document the Safety Assessment on WebSDM within two (2) working days of first face-to-face contact and put hard copy in the file.
- C. Update the SDM Safety Assessment whenever the household safety decision changes.
- D. If a safety threat exists, the social worker consults with an emergency response supervisor to discuss next steps to ensure child safety, before leaving the home. (See the [Safety Planning](#) section below to determine if the family can use a safety plan in the situation and use the [Safety Plan Form](#)).

10. School contact

- A. Contact, or attempt to contact, school personnel (ideally, the school staff person with the best information about the child.) for all school-aged children during the investigation.
 - i. Ask the school personnel about any worries they have regarding the family;
 - ii. Ask about strengths they see in the family;
 - iii. Ask about any additional information that the school feels is important to the investigation.

11. Caretaker Contacts

- A.** When information indicates, observe and evaluate the living environment. Check to make sure there are adequate supplies for the children in the home.
- B.** Contact, or attempt to contact, all caregivers and legal parents during your investigation, regardless where the child is living.
- C.** Tell the parents/caretakers about the allegations.
- D.** During the interview ask the parents/caretakers:
 - i. To share their information and perspective related to the allegations in the current investigation and any new information that has surfaced during the investigation.
 - ii. To share any worries they have regarding the investigation, their family circumstances, and/or the allegation;
 - iii. To share what is working well for their family.
- E.** Ask the parents/caretakers to provide the names of any other persons who may have information/supports.
- F.** Provide the parents/caretakers releases of information (ROIs) to sign so that you can follow up with service providers and any medical professionals treating the child[ren].
- G.** Provide the parents a “Your Right’s” brochure and business card.
 - i. Document in CWS/CMS that you gave the brochure to the caregivers.

12. Collateral contacts

- A.** Contact any relevant “collaterals” who can speak to the wellbeing of the child and the allegations you are investigating. This may include:
 - i. School personnel
 - ii. Tribal service providers
 - iii. Law enforcement
 - iv. Medical providers
 - v. Mental health providers,
 - vi. Family supports,
 - vii. Other services providers.

- B.** Document all contacts and collaboration and/ or efforts to collaborate in the CWS/CMS system.
 - i. Include faxes received/sent.
 - ii. Consults with Mental Health Clinician and Public Health Nurse located at CWS.
 - iii. Summarize and document all written documentation (including police reports) into CMS.

13. Complete Emergency Assistance Application(s)

- A.** Within one (1) week of the first face-to-face contact with the child, complete an emergency assistance application for each child included/named in the allegation and provide the form to CWS Eligibility.
- B.** Use a separate form for each child.
- C.** Inform the parents that they will receive a copy of the form for their records.
- D.** Failure to complete and submit this form could lead to the child being Title IV ineligible.

14. Adding Allegations

- A. If additional information is gathered that meets SDM criteria, add the allegations to the current investigation.
- B. If you add allegations, document the reasons for including them in CWS/CMS.
- C. When adding allegations, cross report to the appropriate Law Enforcement agency using the cross-reporting app. See [Cross Reporting](#) P&P for additional guidance.

15. Conclude All Allegation(s)

- A. Determine the allegation conclusion, input the result (unfounded, inconclusive, or substantiated as defined in Penal Code 11165.12) for each allegation as to each child into CWS/CMS. See [Concluding Allegations](#) section below.
- B. Create an Investigative Narrative. See [Creating an Investigation Narrative](#) section below.
- C. To input the information into CWS/CMS:
 - i. Select the Allegation button (pointing finger)
 - ii. Select the child and allegation you are ready to conclude
 - iii. Click “OK”
 - iv. Select the conclusion tab
 - v. Choose the appropriate allegation conclusion.

16. SDM Risk Assessment

- A. If the child resides in more than one household complete a Risk Assessment for the household of concern.
- B. If the tool indicates the risk is “high” or “very high” and the allegation conclusion is inconclusive or substantiated, follow the case opening Matrix.

- C. If the tool indicates the risk is “high” or “very high,” and the child is under the age of three, and you are recommending closing the investigation without opening a case:
 - i. Complete the [A-14-43](#) “PM Approval Against SDM Recommendation” form requesting Program Manager’s approval. Attach the form to the front of the case file when being submitted for closure.
- D. If the tool indicates the risk is “high” or “very high,” and (1) the allegation conclusion is inconclusive or substantiated, and (2) the SW is recommending closing the investigation without opening a case:
 - i. Complete the [A-14-43](#) “PM Approval Against SDM Recommendation” form requesting Program Manager’s approval. Attach the form to the front of the case file when being submitted for closure.

17. Completing a Child and Family Team Meeting

- A. The investigating social worker convenes a Child and Family Team (CFT) meeting when a child is removed from the home and/or there are indicators that a family would benefit from their support network coming together.
- B. The investigating social worker creates an invitation list for the meeting by collecting names and contact information from the family and other collaterals such as tribal social workers, school personal, and mental health providers to invite to the CFT meeting. See [CFT Process](#) P&P for additional guidance.

18. CAPTA Developmental screening tool

- A. For all children under three (3), with substantiated allegations of abuse or neglect and/or an open case, the investigating social worker sends a CAPTA referral to Public Health with a request for a developmental screening.
 - i. The investigating social worker completes the Public Health Nurses referral and mark the Developmental Screening box.

- ii. The social worker faxes the referral to Public Health prior to the closure of the referral/promotion of the case.

19. Mental Health Screening

- A. When mental health concerns are included in the current investigation or when the social worker observes or learns of an unaddressed or worsening mental health (MH) issue, the SW will connect the family to MH services.
 - i. The investigating SW calls the mental health supervising clinician to request a clinician respond in the field, the investigating SW will discuss this with the parent and get an ROI prior to field response.
 - ii. If during an interaction, a parent/ child displays an urgent MH need the investigating SW will refer the parent to County MH same day services, by providing the parent the phone number and helping to call if needed, 445-7715.
 - iii. If the parent/ child is displaying and/or disclosing immediate danger to self or others the SW will call law enforcement to respond and complete a 5150 assessment.

20. CLETS reports

- A. Request a report by completing a CLETS request form and having a supervisor sign.
- B. Turn the form into clerical basket "to be faxed".
- C. When the CLETS is complete and ready to review clerical staff will contact requesting the social worker.
 - i. Staff must be certified and on the current approved list to review any CLETS.
 - ii. CLETS must remain in the clerical area while being reviewed and returned by hand to the clerical supervisor or a lead office assistant after review for proper storage or destroying.

21. Child Abuse Central Index (CACI)

- A. The Department of Justice (DOJ) maintains a list of all perpetrators who have allegations of physical, emotional, or sexual abuse and/or severe neglect substantiated by child welfare investigators. The CACI is a tool for state and local agencies to help protect the health and safety of children.
- B. If an investigation concludes with substantiated allegations of physical, emotional or sexual abuse and/ or severe neglect, the investigating social worker completes a Child Abuse form and sends the form to the Department of Justice (DOJ).
 - i. The effectiveness of the CACI depends on the accuracy and completeness of the information documented on the form.
 - ii. The forms auto-populate based on information in CMS. Check to make sure the form lists the correct perpetrator and mailing address. Manually input the day of the incident and day of the report.
 - iii. Generate the Child Abuse form by:
 - a. Selecting File
 - b. Selecting Print Preview
 - c. Clicking on the Child Abuse Form
- C. Creating this form will also generate a “Notice of Report to Child Abuse Central Index.” Import the CACI notice into the CWS/CMS referral.
 - i. If you have contact with the perpetrator:
 - a. Make a copy of the Notice of Report to Child Abuse Central Index for the file.
 - b. Leave the Notice of Report to Child Abuse Central Index loose in the file with a sticky note instructing clerical to send the letter to the perpetrator.
 - ii. Generate the CACI Grievance request form by:

- a. Selecting File
- b. Selecting Print Preview
- c. Clicking CACI Grievance request form
- iii. Make a copy for the file
- iv. Leave the letter loose in the file with a sticky note instructing clerical to send the letter to the perpetrator.

22. Update CWS/CMS

- A. Enter all relevant demographic and other relevant information obtained during the investigation, including but not limited to:
 - i. Update client notebooks
 - ii. Enter/ update collateral contact information, including family supports
 - iii. Update the ICWA tab

23. Enter Special Projects Codes

- A. Enter all relevant special projects codes.
 - i. Use the S-Path #2 for all investigations.
 - ii. Include a code for any Tribe you worked with
 - iii. MHC, PHN, and non-formal partners etc.
 - a. Go to the “Spec Proj” tab in CMS
 - b. Select the plus sign for each special project code you enter
 - iv. Input at least one S-Path for each referral.
 - v. End Date all special projects code at the conclusion of your investigation.

24. Mandated Reporters

- A. As part of completing a thorough investigation, the investigating social worker must collaborate and share information with the mandated reporter. Follow the process in the [Mandated Reporters](#) procedure.
- B. If the mandated reporter is a tribal social worker, the investigating social worker follows the [CWS Investigation Procedure](#), the [Tribal Collaboration Procedure](#), and any applicable [government-to-government protocol](#) to investigate the allegation jointly.
- C. Every Mandated reporter must receive a feedback letter.
 - i. Locate the feedback letter template in the documents section of CWS/CMS.
 - ii. After completing the letter; print it out, add additional comments regarding the investigation, sign it, and leave the letter loose in the file for clerical to send out.
 - iii. Document your work by going to the “Reporter” tab of the client notebook and select the date the letter was created in the Feedback Details section. See [Mandated Reporters](#) Policy and Procedure.

25. Compete the ER Referral/Case Closing Checklist and Filter Reminders

- A. Complete the ER Referral/Case Closing Checklist and include it in your file when you submit the referral for closure.
- B. Filter all “Reminders.”
 - i. Click the green button
 - ii. Select the “Reminder” icon.
 - iii. Click “Filter”
 - iv. Select “All”
 - v. Select “Apply.”

- vi. The system generates a list of unfinished tasks. Cross reference the list of reminders with the ER Referral/Case Closing Checklist.

26. Client Disposition/Request Approval

- A.** Enter the client disposition into CWS/CMS for each client 18 or under that is attached to the referral even if the child does not have allegations connected to them.
 - i. Go to “Action”
 - ii. Select “Client Dispo”
 - iii. Enter the closure date and closure reason.
 - iv. Be prepared to speak to why these children do not need to be involved during the promotional staffing.
- B.** For each client in the referral:
 - i. Go to Action
 - ii. Select “Client Dispo”
 - iii. Select the closure date and closure reason
 - iv. Click “Approval”
 - v. Under approval status, select “pending approval.”

27. Opening a Case

- A.** If you recommend promoting the investigation to a case, complete the transfer staffing Checklist as well as the Face Sheet.
- B.** Create these documents in CWS/CMS:
 - i. Select the “plus” (+) under “Documents”
 - ii. Select Humboldt County.
 - iii. Select the needed documents.

28. Finalize all Correspondence

- A.** Place the correspondence in the middle of the file for clerical to mail (unless you've been given permission by your supervisor to mail the correspondence yourself).
- B.** Check the file to ensure you included:
 - i. Mandated Reporter Letter,
 - ii. Child Abuse Investigation Report,
 - iii. Notice of Report to Child Abuse Central Index,
 - iv. Letters to parents.
- C.** The clerical unit will mail everything after the referral is approved and closed. All other documents should be filed down in the appropriate section/side.

29. Give file to Supervisor to Approve

II. SAFETY IN THE FIELD

1. Procedure for making an in person response

- A.** Review, prior "closing summary notes," for any past verbal threats, assaultive behavior, and/or family violence.
- B.** If there is potential danger indicated, contact law enforcement to further check on any history of violent or assaultive behavior, or threats by family members.
- C.** Discuss potential safety risks with a supervisor.

If needed one or more of the following safety measures can be used:

- i. Team the visit with another staff member
- ii. Request that law enforcement accompany you on the visit
- iii. Alert the nearest law enforcement sub-station that you are in the area for the home visit.

- D.** If a client is verbally abusive or hostile prior to a home visit, review these incidents with your supervisor, and identify a safety plan prior to making the home visit.
- E.** Keep your county-issued cell phone on your person while in the field.
- F.** Obtain directions for your destination prior to departing from the building.
- G.** Keep your supervisor informed about all field activity/home visits, using the white board displayed near your desk. The board should include as much detail as possible to allow your supervisor to locate you if necessary.
 - i. Staff planning a home visit to last beyond 5:00 p.m., alert their supervisor that they will be out in the field with families after normal working hours. The supervisor will notify the on-call supervisor.
 - ii. Staff extending home visits due to emergencies, notify their supervisor prior to 5:00 p.m.
 - iii. Staff out in the field beyond 5:00 p.m. call the on-call supervisor (445-6180) when they return from a home visit.
- H.** Use the following guidelines in the field:
 - i. Be aware of signs of drugs or drug dealing. Do not go alone to an area known to be a hub of drug activity.
 - ii. Park in open, exposed, lighted areas, avoiding fences and bushes.
 - iii. Park facing the direction you wish to leave.
 - iv. Check conditions prior to exiting your car. If you observe others nearby who are drinking, using drugs, and/or hostile, postpone the visit.
 - v. Be aware of any animals that may be dangerous before exiting the car. Request that owners restrain their animals during your visit.

- vi. As you approach the dwelling, observe and stay away from any dark alleys or loiterers. Ask for law enforcement assistance if you observe individuals loitering near the county car.
- vii. Note other individuals who could offer aid if necessary, such as mailpersons, utility persons, etc,
- viii. Approach the dwelling confidently and professionally. Address any individuals in the same way. Identify yourself clearly and politely.
- ix. Do not enter a home alone if you hear any sounds of quarreling or disturbance inside.
- x. Do not enter a home unless an adult living in the home consents to let you inside. Children and youths may not consent to let you inside
- xi. Once in the home, if weapons are visible or alluded to, leave immediately.
- xii. Do not go into dark rooms or bedrooms unless the client leads the way and turns on the light.
- xiii. After leaving the home, if you suspect you are being followed, drive into a well- lit, populated area before stopping and calling your supervisor.

III. SAFETY PLANNING TO ADDRESS IMMEDIATE SAFETY THREATS

1. Overview

- A.** Create Safety Plans to address immediate safety threats to children due to abuse/neglect and to prevent the removal of children when possible.
- B.** If the family cannot mitigate safety threats with a Safety Plan, the only option is to place children in protective custody.
- C.** Safety Plans are usually short-term (1-3 days up to a max of two weeks). However, you can keep a safety plan in effect for more than two weeks if:

- i. CWS is opening the case and the safety plan continues to mitigate the safety threat;
 - ii. Ongoing is monitoring the family; and
 - iii. Supervisor approves.
- D. When you need to place a child into protective custody, obtain a protective custody order (also known as a warrant) unless there are exigent circumstances.
- E. Exigency means (1) the child would be seriously harmed if left in the current situation in the care of their caregiver(s); **AND** (2) there is not enough time to get a court order taking the children into protective custody. Exigency legally allows for the removal of children without a warrant.
 - See below for guidance on [obtaining protective custody orders](#).

2. Engagement

- A. Effective safety planning depends on effective family engagement. The manner of engagement depends on the techniques used and clinical skills of the Social Worker (SW).
 - i. The investigating social worker uses the Humboldt Practice Model's (HPM) practice behaviors including being culturally responsive, as well as respectful methods of engagement.
 - ii. Use the integrated tools and strategies to engage children and caregiver(s) such as Safety Mapping, the Three Houses, Circles of Support, Safety Network, etc.
 - iii. Use harm/ danger statements that are linked to identified safety threats to engage family members in a shared understanding of the danger that will be the focus of safety planning.

3. Safety Assessments

- A. Complete an initial Structured Decision Making (SDM) Safety Assessment during the first face-to-face contact with a victim child.

This process happens in the field while interviewing caregivers and children, and assessing the home, etc.

- B.** Complete the Web SDM safety assessment electronically upon returning from the field within two working days of the first completed face-to-face contact.
- C.** Follow **SDM Policy and Procedures** when completing the Safety Assessment.
 - i. Update the SDM Safety Assessment whenever safety conditions in the household change.
 - ii. Make sure that the last safety assessment in a referral that is closed at the conclusion of the investigation reflects that no current safety threats are present.
- D.** You cannot close an Investigation unless or until safety threat(s) are mitigated, or unless CWS is opening a case and the Safety Plan will transfer with the case to the ongoing social worker.

4. If there is a safety threat

- A.** As long as there is no direct threat to the social worker, the social worker does not leave the scene where the child(ren) is located until the family creates and signs a safety plan or CWS/LE places the child(ren) in protective custody.
- B.** The SW must call his/her supervisor, or another supervisor if he/she can't be reached, to consult regarding the safety threats and safety planning.
 - i. The SW uses the Safety Plan form to create a safety plan with the caregiver(s) and others from their network. This requires the caregiver(s) to contact a relative or friend to come to the location to be part of the Safety Plan.

5. Creating the Plan

- A.** Write a Safety Plan when there is an imminent threat to the child(ren)'s safety and the family/caregiver can mitigate the threat

by specific action taken immediately in the short term, his/her supports, and the social worker.

- B.** Use Safety Mapping with a family in assessing for immediate safety threats.
- C.** When completing a Safety Plan to address an immediate safety threat, consider:
 - i. The severity of the safety threat, the caretaker(s)' protective capacities, and the vulnerability of the child(ren).
 - ii. Whether there is reason to believe the caregiver will follow through with a planned intervention.
 - iii. Use appreciative inquiry with families to answer these questions on the form:
 - a. What are the specific conditions or behavior of the caregiver(s) that is impacting the child(ren), making them unsafe or creating danger for the child(ren)?
 - b. Describe the conditions or behaviors in the home that make it dangerous for the child(ren) to stay there right now. Use language that the family understands so it is clear to them what caused you to identify threats to the child(ren)'s safety. Make use of a Harm and Danger Statement.
 - c. What is working well in the family that can help keep the child(ren) safe?
- D.** Document any actions of protection or family strengths they can use to address the condition or behaviors in the home that make it dangerous for the child(ren) to stay there right now (e.g., people in the child's or family's life who can ensure safety, caregiver's history of acts of protection that can be utilized to create a safety plan).
- E.** Establish safety goals. What needs to happen to keep the child(ren) safe and who will make sure it happens? Use the chart on the form to make it clear.

- F. Legal caregivers must sign the Safety Plan form. If the caregiver(s) responsible for the safety threat refuses to sign and participate, safety planning cannot occur.
- G. The Safety Plan form is a triplicate form to make it easy to provide copies to the family. Once signed by the caregiver(s), SW, and anyone else that is part of the plan, give a copy to the caregiver(s).
- H. Upon returning from the field, the investigating social worker provides a copy to their supervisor to review and sign.
- I. Document the identified safety threats and the Safety Plan in a CWS/CMS contact within two working days of creating the plan

6. Monitoring the safety plan

- A. Safety plans require frequent monitoring by the investigating social worker.
 - i. The social worker must see the child[ren], caregiver(s), or family to support and monitor the plan prior to the expiration date.
 - ii. Enter a review date when the social worker must follow up with the family. The review date must occur prior to the expiration date of the plan.
- B. Convene a CFT Meeting to help the family and extended networks assess danger and safety in the family and move toward group agreements about what needs to happen next to ensure the safety of the child(ren).
 - i. Follow [CFT procedures](#) to calendar the meeting.
- C. If a Safety Plan succeeds in mitigating the safety threat(s), complete an updated Safety Assessment in WebSDM and document the changes in CWS/CMS.

7. Temporarily removing the child from the home

- A. The purpose of the Safety Plan is to mitigate the safety threat so that the child can stay in their home.

- i. A Safety Plan is not a case plan; it is designed to control the specific, immediate safety threat; not long-term behavior changes on the part of the caregiver(s).
 - ii. Include children in safety planning if age and developmentally appropriate. Use the Three Houses tool to lift up the child's voice to discuss with the caregiver(s).
- B.** If there is an immediate safety threat to the child that the current caretaker can address/eliminate within a short period of time (for example, if the physical living conditions are hazardous), create a plan that calls for the child(ren) to stay with another parent, relative, support person for a very short period of time. (e.g., 1-3 days). Do not create this type of safety plan unless you are confident the current caretaker can address the safety threat within 1-3 days.
- C.** If the Safety Plan calls for the child(ren) to temporarily stay with a non-custodial parent or another relative, make a thorough assessment of that person's household.
 - i. Visit the home and check for visible safety threats.
 - ii. Review the temporary caretaker's prior CWS history AND the CWS history of any other adults living in the home.
 - iii. If you plan to place the children with a temporary caregiver who resides outside of Humboldt County, (1) verify that the non-custodial parent/caretaker understands the Safety Plan, AND (2) obtain the Program Manager's approval.

8. Releasing the child to the non-offending parent/guardian

- A.** Review existing custody orders to determine (1) who has legal and physical custody of the child, and (2) whether there are any orders prohibiting the non-custodial parent from visiting the child or having custody of the child.
- B.** As soon as practicably possible, make copies of the custody orders and place the documents in the file.

- C. Ask whether there are any restraining orders in effect that prevent the non-custodial parent from having contact with the child. If there is a restraining order in effect, you cannot temporarily release to that person.
- D. Do not make a safety plan with a non-offending parent if it will take too long for them to reach your location in time to take temporary custody of the children.
 - i. Do consider whether to take the child into protective custody and place with the non-offending parent regardless where that parent is located.
- E. If the non-custodial parent/guardian is unwilling or unable to access needed immediate services for the child, do not release the child(ren) to that person.

9. External accountability

- A. The caregiver(s) should give permission to at least one person to report to the social worker, caregiver(s), and network if they believe the plan isn't working and he/she is worried about the child(ren).

10. Situations where you cannot use a Safety Plan

- A. Do not Safety Plan in any of the following situations:
 - i. The caregiver's action or inaction resulted in the death of a child due to abuse or neglect and there are siblings currently in the home.
 - ii. The caregiver is presently intoxicated, under the influence of drugs, or actively psychotic.
 - iii. You are investigating sexual abuse AND it is likely the perpetrator will have access to the child (even though the non-offending parent says they are willing to protect the child).
 - iv. A child under the age of two suffered a non-accidental injury, AND there is no non-offending caregiver to safety plan with.

- v. A child of any age suffered a severe non-accidental injury.
- vi. Law enforcement are currently arresting the caregiver for child abuse or child endangerment.
- vii. The caregiver is being involuntarily committed to a mental health facility (5150) and they are unable to plan with the social worker or there is no suitable non-offending parent.

IV. ENTERING THE HOME/INTERVIEWING CHILDREN/MEDICAL TREATMENT/PROTECTIVE CUSTODY

1. Overview

- A.** Parents and children have a Constitutional right to live together without governmental interference except in emergencies. When no emergency exists, you can use the warrant/court order process to intervene when there is probable cause to believe that the circumstances of the child's home environment may endanger the health, person, or welfare of the child; or when the child has run away from a court-ordered placement.
- B.** If an investigation gives you probable cause to believe a child is at imminent risk of serious physical harm inside the family home, you can also ask the court to give you authority to enter the home to conduct further investigations.

2. Investigative warrants

- A.** You have broad authority to conduct investigations to determine whether children are suffering abuse and/or neglect. In situations where you are unable to get consent from a parent to proceed with the investigation, and there is no emergency requiring immediate action, you can use an investigative warrant to:
 - i. Enter a home for the purpose of investigation.
 - ii. Obtain an investigative medical exam for a child.
 - iii. Conduct an investigatory interview at school.

- B.** If it makes practical sense to do so, you can use the same application to ask the court to grant you authority to conduct any or all of the above investigations.

3. Entering the Family Home

You may enter a home for a child welfare investigation only if you have parental consent, exigent circumstances, or a warrant issued by the court.

A. Consent

- i.** Only an adult residing in the home has authority to consent to entry. If you get consent from an adult other than the child's parent, you need to ensure:
 - a.** The person lives at the residence;
 - b.** Demonstrates they have competent language skills;
 - c.** Has sufficient mental ability to understand the nature of your request.

- B.** If you believe the parent/resident has capacity and authority to consent to entry, use solution-focused interviewing and appreciative inquiry techniques with the parents to help them understand why you need to enter the home.

- C.** If you obtain consent, document the facts that indicate the adult has the capability and authority to consent.

- D.** Failure to object to entry is not consent to entry.

- E.** Consent obtained by duress, coercion, or force is not valid.

- F.** You may enter the home if one adult resident consents, even if the other cohabitant objects.

- G.** If the parent/resident/guardian/cohabitant withdraws consent after you have entered the home, you must leave immediately.

4. Exigent circumstances

- A.** If a parent refuses to make the home available for assessment, the investigating social worker discusses the situation with their supervisor and may also consult county counsel.

B. Process for entering the home in an exigent situation:

- i. Contact law enforcement for agency assist. Do not enter the family home without law enforcement present.

C. Factors for assessing exigency:

- i. LE may enter the home without consent if reasonably believe the child is in imminent danger of serious bodily harm and immediate action is necessary to avert that specific injury.
- a. If you do not have a reason to believe the child will be harmed during the time it takes to obtain either an Investigative Warrant, or a Protective Custody Warrant, you cannot enter the home.
- b. Use the follow factors to assess (and document) exigency:
 - i. Can you specifically articulate and document an immediate danger?
 - ii. Is there information suggesting the child may suffer serious bodily harm in the time it takes to get a warrant?
 - iii. Do your observations at the door indicate signs of abuse that place the child at immediate risk?
 - iv. Has the parent admitted abuse/neglect?
 - v. Is the parent under the influence of a controlled substance?
 - vi. Is there a dangerous condition at the home that is evident and you can document; for instance, weapons in reach of children?
 - vii. Do you have credible information from the reporting party, or neighbors that indicate the child is in immediate danger/

- viii. When there are exigent circumstances that allow you to enter the home, you must re-evaluate and document whether the child(ren) are at immediate risk of serious bodily harm before making the decision to take the children into protective custody. See section [Protective Custody](#) section below.

5. Obtain a warrant

- A. You may obtain a warrant for the purpose of entering a home to conduct further investigation if you have probable cause to believe that all of the following exist:
 - a. A child residing in the home is a person described by WIC section 300; AND
 - b. The child is in imminent danger of serious physical harm; AND
 - c. The scope of the intrusion is necessary to avert the harm.
- See [Warrant Application](#) below, and [Court Intake](#) Policy and Procedure for instructions on creating, filing, and serving warrants.

6. Interviewing a child at school

- A. Interviewing a child in school should be 30 minutes or less and law enforcement should not be present in the room during the interview.
 - i. When the investigation requires a joint repose with LE the SW and LE should determine who should interview the child first while the other remains out of the room.
 - ii. Inform the child that she/he can refuse the interview or can stop the interview at any time.

B. Parental Consent

- i. If you need to talk to the child at school, and the parent has told you they do not consent, discuss the situation with a supervisor and with County Counsel.

7. Investigative Medical Exams

- A. You may obtain an evidentiary medical examination of a child when you have obtained parental consent from one or both parents. A non-offending parent with legal custody of the child can authorize a medical exam for a child even if the other parent refuses to give permission.
- B. CWS allows the parents to make medical decisions for their children whenever possible. The social worker uses solution-focused interviewing and appreciative inquiry in an effort to obtain consent.
- C. If you have taken a child into protective custody due to exigent circumstances, and there is no consenting parent, you do not need a court order to obtain an emergency medical exam if there are also exigent circumstances demonstrating:
 - i. A medical emergency requiring immediate medical attention; OR
 - ii. A reasonable concern that material evidence might dissipate (e.g. sexual assault occurring within the previous 72 hours.)
- D. If you have taken the child into protective custody pursuant to a warrant, or there is time to obtain a warrant for further investigation, you must seek a warrant before arranging an investigative medical exam. See [Warrant Application](#) below, and [Court Intake](#) Policy and Procedure for instructions on creating, filing, and serving warrants.

8. Placing a child in protective custody

- A. Removing a child from a home is an intervention of last resort.
- B. When a social worker (using the structure, definitions and policy the Structured Decision Making® (SDM) Safety Assessment and in consultation with a supervisor) determines that a child cannot be

safely maintained in their home, the social worker shall ensure that they have the legal authority to remove the child prior to removal.

- i. Child Welfare social workers receive children that have been taken into temporary custody by law enforcement.
- ii. CWS has authority to take temporary custody when there is an exigency. An exigent situation exists when you have reliable/credible, factual information to indicate that the child is in imminent danger of serious bodily harm and immediate action by the social worker is reasonably necessary to avert that specific injury. Look for an immediate need, immediate danger, and/or immediate threat.
 - a. You must have reasonable cause to believe the child is described by WIC 300(b) or WIC 300(g);
 - ✓ The child is in immediate need of medical care;
AND/OR
 - ✓ The child is in immediate danger of physical or sexual abuse or the physical environment poses an immediate threat to the child's health or safety.

9. Considerations prior to placing a child into custody

- A. Assess whether the child can remain safely in the home by evaluating:
 - i. Whether there are reasonable services/ active efforts that could be provided to the parents that would eliminate the need for removal,
 - ii. Whether a referral to public assistance would eliminate the need to take custody of the child, or
 - iii. Whether a non-offending parent can provide for and protect the child from abuse and neglect and whether the alleged perpetrator voluntarily withdraws from the residence and is likely to stay withdrawn.

➤ See [Safety Planning](#) above.

10. Procedures for taking a child into protective custody in an exigency

- A.** If your investigation leads you to believe you may need to remove a child in an exigency during a home visit, contact law enforcement to conduct a joint response.
- B.** Notify your supervisor before going into the field and discuss your plan for removing the child if necessary.
- C.** If you identify an immediate safety threat while in the field, call a supervisor who will review the situation and authorize removal.
- D.** Document your observations and reasons for removing the child including:
 - i. Describe the immediate need, danger, and/or threat to the child.
 - ii. Explain why the caretaker cannot address the threatened harm to the child.
- E.** If applicable, ask the law enforcement officer to provide you a copy of their police report within one business day.

11. Procedures for taking a child into protective custody with a court order/Warrant Application

- A. Overview**
 - i. A juvenile court protective custody warrant is a court order that directs a social worker, or law enforcement officer, to place a child into protective custody because of suspected abuse or neglect.
 - ii. When the court signs a protective custody warrant, CWS must file a WIC Section 300 petition and detention report concurrently or within forty-eight (48) hours of removing the child.
 - iii. The court will sign a warrant if there is probable cause to believe that the circumstances of the child's home environment may endanger the health, person, or welfare of the child, or whenever a dependent minor

has run away from his or her court ordered placement. The child must come within any subdivision of the WIC Section 300 or be a dependent of the court.

- a. In assessing probable cause, the judge makes a practical, common-sense decision whether, given all the circumstances including the “veracity” and “basis of knowledge” of persons supplying hearsay information, there is a fair probability that contraband or evidence of a crime [or evidence of child abuse and neglect not amounting to a crime] will be found in a particular place.

B. If the court decides to issue a protective custody warrant pursuant to WIC Section 340, you will be required to release the child at the initial court appearance unless you can demonstrate:

- i. There is a substantial danger to the physical health of the child or the child is suffering severe emotional damage, and there are no reasonable means by which the child's physical or emotional health may be protected without removing the child from the parent's or guardian's physical custody.
- ii. There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court.
- iii. The child has left a placement in which he or she was placed by the juvenile court.
- iv. The child indicates an unwillingness to return home, if the child has been physically or sexually abused by a person residing in the home.

C. Procedures for obtaining a protective custody warrant

- i. Inform your supervisor of the need to obtain a warrant.
- ii. With your supervisor, contact the court unit supervisor and inform them of the need to obtain a warrant.

- iii. In collaboration with the court unit, contact County Counsel regarding your intent to submit a Warrant request. Ask County Counsel to arrange to have a judge read and sign the warrant when you are finished.
- iv. Call the Court Clerk's office to request a JV number, if the child does not already have one assigned. Call the Court Clerk's Office at (707) 445-7256.
 - a. Select option # 3 [Juvenile Matters]
 - b. Select option #1 to reach the clerk.
 - c. Be prepared. The clerk will ask for the child's first name, last name and date of birth.
- v. Complete all applicable section of the Application and Declaration in Support of Order (located under the green tab in the CMS county forms section).
 - a. Investigative warrants and Protective Custody warrants serve different purposes. Use Section I to identify the type of warrant you want the judge to issue. If you want the judge to issue both an investigative warrant and a protective custody warrant, complete the applicable sections.
 - b. Use Section III to write a brief summary of the facts giving rise to the need for the warrant.
 - c. Sections IV and VII apply to situations where you want authority to arrange a medical examination for a child.
 - d. Sections V and VII apply to situations where you want to enter a home to conduct an inspection, but are not asking for authority to take a child into protective custody.
 - e. Sections VI and VII apply to situations where you want to interview a child at school.

- f. Sections II, III, and VII apply to situations where you want to take a child into protective custody.
- vi. Use the Section VII, the Warrant Memorandum to explain why there is probable cause to issue the warrant.
 - a. Include the facts that cause the child to be described by section 300.
 - b. Be sure to cover all the circumstances (positive and negative).
 - c. Attach any evidence you want to use in support of the Application (i.e., police reports, photos, etc.).
 - d. Write an assessment/conclusion paragraph.
- vii. Verification and County Counsel Review
 - a. When your Application is complete, bring the document to County Counsel so that an attorney can review and approve your declaration.
 - b. Sign the document in the space provided in Section VIII to verify the truth of the facts you have included in the Application.
- viii. Present the Application to a judge.
 - a. The judge will ask you to swear under penalty of perjury that the content of the Application is true and correct to the best of your knowledge.
 - b. Be prepared to answer the following questions:

- ✓ What is the immediate risk to the child?
 - ✓ Can the child be safely left in the home without court intervention?
 - ✓ What services have already been provided to the family?
 - ✓ What placement options are available for the child?
- ix. Serve the Warrant
- a. When you know where to find the child(ren)
- ✓ Serve the warrant and enter the home as soon as the judge signs the warrant.
 - ✓ Request law enforcement assistance, when appropriate.
 - ✓ Provide the parents with copies of the signed warrant.
 - ✓ Attach the signed Certificate to the top of the original warrant and return both documents to the court clerk's office within 10 days of the warrant being issued.
- x. When you do not know where to find the child(ren)
- ✓ Deliver the warrant to the Sheriff's office for entry into the law enforcement computer system. Be sure to provide law enforcement with a description of the child(ren) or a recent photograph.
- xi. Prepare the case for the initial court hearing
- a. File a petition and detention report no later than forty eight (48) hours after you take the child into protective custody.
- xii. Lifespan of the Warrant
- a. A protective custody warrant remains active until it is recalled by the Court, even if it has been served. The

Court should recall the warrant at the first hearing after the child has been taken into temporary custody.

12. Procedures after taking the child into protective custody

- A.** Complete the Protective Custody Letter (L-14-02) and provide a copy to the parents at the time of the removal. If the parent/guardian is not present at the time of removal, mail the physical custody letter to the last known address.
- B.** If the child is being removed from the parent while admitted in a hospital, a Hospital Protective Custody Letter (L-14-08) will also be completed and provided to the hospital.
- C.** Notify the parent/ guardian of the detention hearing date.
 - i. The Court date is on the third business day following the removal.
- D.** Notify the parent/guardian that you will schedule a Child and Family Team Meeting (CFT) for the next business day. If the parent/guardian is not present at the removal, make diligent efforts to locate the parents and inform them that you are scheduling the CFT meeting.
 - i. The CFT will determine the following:
 - a. The need for continued out-of-home placement, based on assessed safety.
 - b. The preferred placement plan.
 - c. The visitation plan and designated supervisor, if supervision is needed.
 - d. Whether the case is appropriate for voluntary services or court-supervised services.

See [CWS Child and Family Team Meeting, Tribal Collaboration](#) policy and procedure.

13. Collaborate with the court unit

- A.** When a child is placed in protective custody, CWS has two court days from the time the child enters protective custody to determine

the level of intervention necessary and file a petition on behalf of the child in Juvenile Court.

- B.** Maintain immediate and on-going contact with the court intake supervisor regarding filing a petition and required timelines.
- C.** Obtain Program Manager approval prior to offering a voluntary placement. See also [Special Needs Children](#) below.

V. EMERGENCY PLACEMENTS

1. Relative/NREFM Placements

- A.** When removing a child, if possible, find safe adults who are known to the child for placement.
- B.** To find relative/Non-Related Extended Family Member (NREFM) placement:
 - i. Ask the caregiver to tell you where they would like you to place their children.
 - ii. If they identify an individual, gather as much information as possible from the caregiver so that you can follow up.
 - iii. Ask children to tell you about the people with whom they feel safe. Ask about their friends and ask the school to put you in touch with the children's friends' parents. Ask the school if there are any teachers or staff who know the child(ren) that may be able take the children.
 - iv. If children were previously in care, look in CWS/CMS to see who their previous care providers were, and inquire if they are able to be placement.
 - v. Ask the Family Finders to go onto Facebook to see if anyone familiar or appropriate is connected to the parent's Facebook page.
- C.** When you remove a child from his/her parents, give preference to placing the child with a relative, regardless of the relative's immigration status.

- i. If the child is a member of, or eligible for membership in, a Native American tribe, follow the procedure for Collaboration with Tribes. Failure to place with the tribe's approved placement will likely result in a court order moving the child regardless of the length of time the child has resided with the non-approved placement.
- ii. Base your relative placement decision on the following factors:
 - a. The best interest of the child, including special physical, psychological, educational, medical, or emotional needs.
 - b. If applicable, whether the location of the placement will require the child to change schools.
 - c. The wishes of the parent, the relative, and child, if appropriate.
 - d. Where possible, place siblings and half siblings in the same home.
 - e. The good moral character of the relative and any other adult living in the home, including whether any individual residing in the home has a prior history of violent criminal acts or has been responsible for acts of child abuse or neglect.
 - f. The nature and duration of the relationship between the child and the relative, and the relative's desire to care for, and to provide legal permanency for, the child if reunification is unsuccessful.
 - g. The ability of the relative to do the following:
 - ✓ Provide a safe, secure, and stable environment for the child.
 - ✓ Exercise proper and effective care and control of the child.

- ✓ Provide a home and the necessities of life for the child.
- ✓ Protect the child from his or her parents.
- ✓ Facilitate court-ordered reunification efforts with the parents.
- ✓ Facilitate visitation with the child's other relatives.
- ✓ Facilitate implementation of all elements of the case plan.
- ✓ Provide legal permanence for the child if reunification fails.
- ✓ Arrange for appropriate and safe childcare, as necessary.

2. Placement Procedures

- A.** Complete the placement binder paperwork.
 - i.** Pinks and Yellows come back to the office.
 - ii.** Whites stay in the binder with the SCP.
 - iii.** Original's go to Basket #2 in clerical for data entry.
- B.** Review and complete Resource Family Criminal Record Statement, RFA – 01B.
 - i.** Complete a form for all individuals age eighteen (18) and older.
 - ii.** Each of the adults in the home must sign the form.
 - iii.** When the forms are complete and signed, place them in basket #2 in clerical.
 - iv.** All individuals 18 years and older who reside in the home must pass background clearances for the home to be considered for emergency placements.

- a. Explain to the adults in the home all individuals 18 years and older who reside in the home must be fingerprinted. They must make an appointment to be fingerprinted by contacting (707) 445–6180 within 10 days of receiving placement.
 - v. Submit all paperwork to basket #1 (located in the clerical unit) within one business day. If the placement was completed after hours submit the paperwork by 9:00am.
- C. Review and complete a Resource Family Home Environment Checklist, RFA – 03.**
- i. The Substitute Care Provider (SCP) must sign this form.
 - ii. When the checklist is complete and signed, place the form in basket #2 in clerical
 - iii. When a tribe designates a Tribal Approved Home (TAH), you do not need to complete a Resource Family Home Checklist, RFA – 03 is not required.
 - a. Obtain a letter from the tribe designating the placement as a TAH.
 - b. Obtain CLETS, CMS History, CACI clearances are for TAH. See **CLETS** procedures above
- D. Review and complete Resource Family Approval (RFA) Acknowledgement, V – 14 – 67.**
- i. The Substitute care provider (SCP) must initial and sign RFA Acknowledgement.
 - ii. Bring the yellow copy back to the office, and place the form in basket #2 in clerical.
 - iii. The white copy stays with SCP.
- E. Review the RFA Application and RFA Application Confidential, RFA – 01A & RFA 01C with the SCP.**

- i. Leave the RFA application with the SCP.
 - ii. Explain to the SCP that they must complete the RFA application and return it to the office within 5 days.
- F. When placing with a relative, review the “Statement of Facts Supporting Eligibility for the Approved Relative Caregiver (ARC) Funding Option Program, ARC 1” with the SCP.
 - i. Complete the form with the SCP.
 - ii. Bring the completed form back to the office and place it in basket #2 in clerical.
- G. Review Rights, Responsibilities and Other Important Information, ARC 1A with the SCP.
 - i. On ARC 1 check off that ARC 1A was reviewed and left with SCP (backside of form).
 - ii. Bring completed ARC 1 back and place it in basket #2 in clerical.
 - iii. This is the form that triggers payment for relative caregivers.
- H. Complete the Relative/NREFM Criminal Background Results Form and place the form in Basket #2 in clerical.
- I. Complete the New/Change of Placement form, A – 14 – 38 and place the form in Basket #2 in clerical.
- J. Complete the Preliminary Needs and Services Assessment, V – 14 – 44 and place the form in Basket #2 in clerical.
- K. Review and discuss with the SCP any information provided by the parents about the child’s schedule, food likes/dislikes, allergies, dietary restrictions, medical needs etc.

3. Notify the child’s school of the placement change

- A. Within one business day of placement change, complete the Notification of Student in Foster Care form and provide this to the child’s school.

VI. CHILDREN WITH SPECIAL NEEDS

1. Overview

- A. Children with disabilities place families in unique situations that can affect them financially, or can contribute to a breakdown in communication between the parents. Special needs children are vulnerable due to their disabilities and are at greater risk for abuse, neglect and exploitation. In order to determine if a special needs child is abused or neglected, assess the family as a unit and consider the constellation of services required for this child to reach his or her full potential.

2. Special Medical Needs

A. Overview

Children who suffer from chronic disabilities (asthma, diabetes, obesity, medically fragile, etc.) require ongoing assistance in caring for their disabilities. When investigating allegations of abuse and neglect involving children with special medical needs, gather information to determinate (1) what medical treatment is required, and (2) whether the parents can safely manage the medical condition.

B. Understanding what medical treatment is required

- i. Obtain Releases of Information from the parents at the first face-to-face contact with the parents so that you can exchange information with the child's medical providers.
 - a. Ask the parents to give you as much information about the child's medical condition and health history.
 - b. Request the child's medical records
 - c. If applicable, consult with hospital personnel and the discharge planner.
- ii. Consult with a public health nurse regarding the child's medical conditions so that you understand what is required to best care for the child.

- iii. Gather information related to child's health condition, equipment, medications, supplies, all doctors treating the child and their phone numbers.
- iv. If necessary, explain the child's condition to the parents and describe accepted standards of care, including medical regimens, equipment and supplies.
 - a. Provide resources to the parent as needed.

C. Assessing the parents' ability to manage the condition

- i. Document the parents' barriers to meeting the child's medical needs. Barriers may include, but are not limited to:
 - a. Financial problems
 - b. Knowledge gaps
 - c. Substance use
 - d. Immaturity
 - e. Mental illness
 - f. Developmental delay
- ii. If barriers exist, assess whether the parents' are neglecting the child due to intentional actions or omissions.
- iii. Identify any existing family supports.
 - a. Identify other supports that could address any gap in services for the child.
- iv. Research whether the child receives treatment at school.
- v. If the child is old enough to participate find out how the child feels about their condition. How do they care for themselves?

- vi. Assess the way any siblings in the home are affected by the child's medical condition.
- vii. Obtain information from collateral contacts. Include teachers, counselors, community agencies, and current and previous healthcare providers to best understand the needs of the child and the care they are receiving.

3. Children with Extreme Behavior Disorders and/or Mental Illness

A. Overview

- i. Children who suffer from extreme behavior disorders and/or mental illness (e.g. psychosis, borderline conditions, lack of social skills, aggressive behaviors, attention deficit/hyperactivity disorder or self-injurious behavior) are frequently in conflict with their parents, siblings, teachers, peers and society.
- ii. When investigating allegations of abuse and neglect involving children with extreme behaviors, gather information to determine (1) what is the child's condition, (2) what treatment is required, and (2) whether the parents can safely manage the behaviors.

B. Identifying the child's mental illness and creating a treatment plan

- i. Obtain releases of information from the child's parent so that you can exchange information with the child's mental health providers.
- ii. Convene a CFT to discuss the child's condition. The invitation list may include:
 - a. Extended family members.
 - b. School personnel.
 - c. Tribal social workers (you must invite the tribal social worker to attend if the child is a member of, or eligible for membership in a local tribe).

- i. Investigate and assess the environmental factors such as parental neglect and/or physical or sexual abuse as contributory factors in producing these types of symptoms in children.
- ii. Investigate and assess whether a parent's failure to follow through on prescribed treatment and medication has exacerbated the child's mental illness.
- iii. Considerations:
 - a. Whether the parents respond to their child's special needs.
 - b. Whether the parents have taken steps to obtain professional assistance with the child's needs.
 - c. Determine whether other children and persons can safely remain in the home with the special needs child.
 - d. Assess the family's perception of their needs.
 - e. Determine whether there are mental health or other supports available to assist the family to meet the child's needs.
 - f. Determine whether there are other supports in the family's life that can assist in meeting the child's needs (school, Tribe, family, other community partners, etc.).
- iv. Document the parents' barriers to meeting the child's medical needs. Barriers may include, but are not limited to:
 - a. Financial problems
 - b. Knowledge gaps
 - c. Substance use
 - d. Immaturity

- e. Mental illness
 - f. Developmental delay
 - v. If barriers exist, assess whether the parents' are neglecting the child due to intentional actions or omissions.
- See also the procedures for [Coordinating Services for Children with Special Education Services](#).
- D.** In some cases, children with special needs may present with disabilities that are so severe that their parents cannot safely care for the child in the home. In those situations, it is appropriate to determinate whether you can assist the family to make a voluntary placement in a group home pursuant to subdivision (c) of WIC 300.
- i. When/if a court takes jurisdiction of a child based on an allegation that the parents are unable to cope with his/her disabilities, the court does not substantiate an allegation of emotional abuse against the parent. You are not required to report these parents to the CACI.
 - ii. Do not substantiate an allegation of emotional abuse. Conclude the investigation with a finding of general neglect, which is not reported to the CACI.

VII. INVESTIGATING MEDICAL NEGLECT

A. Overview

- i. Medical neglect is the willful or negligent failure of the parent or guardian to provide the child with medical treatment.
- ii. Assessment of medical neglect requires consideration of a variety of factors including, an understanding of a child's normal developmental health requirements, and an understanding of the medical condition and an evaluation of the parent's ability to meet the child's health needs. Work closely with the PHN to clarify and define the issues involved in the medical neglect.

- iii. You may receive a referral with specific allegations of medical neglect, or the referral may involve other allegations, such as substance abuse, domestic violence or physical abuse.
- a. In all referrals, the social worker is in the position to observe the child, to determine the specific health care needs of each child, and to make a conclusion as to whether these needs are being met by the parent

B. Religious Beliefs

- i. In rare cases, you may respond to a situation where the parents' religious beliefs affect their ability to provide medical treatment for their child.
- ii. In these cases assess:
 - a. Whether the parents' beliefs follow the tenets and practices of any recognized church or religious denomination.
 - b. Whether the spiritual practitioner used in lieu of medical treatment has a health services or medical background.
 - c. Whether the parent/caregiver has capacity to (and did) make an informed, appropriate medical decision based on consultation with a doctor who examined the child.
 - d. The nature and likelihood of success of the treatment proposed by the parent/caregiver.
 - e. The risks to the child posed by the alternative treatment.

C. Culture of Family Beliefs

- i. When you respond to situations where the culture of the family belief systems prescribes alternative treatment methods, (e.g., cupping, coining or healing,

herbalists, spiritualists, unlicensed medical practitioners/clinics; and the use of illegal drugs) assess:

- a. Considering the nature and severity of the child's condition, whether there are any licensed medical professionals involved in the child's health care and to what degree.
- b. Considering the nature and severity of the child's condition, whether the licensed medical health practitioner is aware that the parents are using alternative methods, and whether those treatments may negatively impact the child's health.
- c. Considering the nature and severity of the child's condition, whether a licensed medical professional believes the child needs treatment from licensed medical professionals instead of, or in conjunction with alternate methods.
 - ✓ If a medical professional opines that treatment from a licensed professional is required in lieu of, or in addition to, alternative methods, ensure the parents receive information and understand what the medical professional expects.
 - ✓ If the parents are utilizing culturally appropriate treatments for their child and following the recommendations of the medical professional, educate the medical professionals regarding the need to respect the alternative methods.
- ii. If necessary, refer the family to appropriate resources.

D. End of Life Care

- i. When a child is in the end stages of a life threatening illness, and the parent/caregiver refuses the continuation of painful treatments/medications in favor of quality of life issues, rely upon the expertise of the

medical profession to determine the appropriateness of this decision.

E. If Parents and Medical Professionals Disagree Regarding the Diagnosis and/or Required Treatment:

- i. Focus your assessment on the health, safety and best interests of the child.
- ii. Contact the mandated reporter and/or the child's health care provider, or person who made the referral, to obtain detailed information regarding:
 - a. The nature of the health problems or condition;
 - b. The seriousness of the current health problem/condition;
 - c. The prognosis for the child if the condition is not treated;
 - d. The efforts of the health care professional to work with the parent to provide the recommended treatment and the results of these efforts.
- iii. Obtain Releases of Information from the parents at the first face-to-face contact with the parents so that you can exchange information with the child's medical providers.
 - a. Ask the parents to give you as much information about the child's medical condition and health history.
 - b. Request the child's medical records
 - c. If applicable, consult with hospital personnel and the discharge planner.
- iv. Consult with a public health nurse regarding the child's medical conditions so that you understand what is required to best care for the child.

- v. Gather information related to child's health condition, equipment, medications, supplies, all doctors treating the child and their phone numbers.
- vi. If necessary, explain the child's condition to the parents and describe accepted standards of care, including medical regimens, equipment and supplies.
 - a. Provide resources to the parent as needed.
- vii. Assess the parents' ability to manage the condition
 - a. Document the parents' barriers to meeting the child's medical needs. Barriers may include, but are not limited to:
 - ✓ Financial problems including lack of insurance
 - ✓ Transportation problems
 - ✓ Knowledge gaps
 - ✓ Substance use
 - ✓ Immaturity
 - ✓ Mental illness
 - ✓ Developmental delay
- viii. If barriers exist, assess whether the parents' are neglecting the child due to intentional actions or omissions.
- ix. Identify any existing family supports.
- x. If the parents are divorced and/or separated, obtain the most recent Family Law Court Order in order to determine which parent has the legal right to consent to the child's treatment.
- xi. Verify that the child's medical practitioner is aware of any alternative treatments used by either parent.

- xii.** Consult with a PHN for assistance in obtaining and/or clarifying medical information.
 - a. Ask the PHN to assist you to obtain additional medical information and to verify the information you receive from other medical professionals as well as from the parents;
 - b. Ask the PHN to explain and clarify medical conditions, appropriate treatments and possible side-effects;
 - c. Ask the PHN to help you consult with the involved medical professionals regarding the possible effects/complications on the child's health when the parent uses non-traditional treatments/medications on the child;
 - d. Collaborate with the PHN to explore the need for a joint home call to observe the child and parent/caregiver;
 - e. Ask the PHN to assist with the child's developmental assessment;
 - f. Jointly explore resources that can address the specific medical condition;
- xiii.** Work with the family to identify support systems and appropriate resources to resolve any barriers to treatment.

F. When interviewing a child who may be experiencing medical neglect:

- i. Consider the age of the child and their level of physical/psychological dependence on the parent/caregiver.
- ii. Assess the child's ability to comprehend the nature of his/her condition;

- iii. Assess the child's willingness/ability to comply with the prescribed treatment, diet and or specific behaviors;
 - iv. Consider the child's emotional reaction to his/her condition.
- G.** When interviewing the parent or the parents of a child who may be experiencing medical neglect:
- i. Determine their perception of the health needs of their child;
 - ii. Assess the degree to which they have complied with the recommended treatment plan as prescribed by a medical provider.
 - iii. Evaluate the use of any non-prescription, herbal and/or homeopathic medications/treatments that the parent(s) is giving to the child.
 - iv. Review the medical history of the child, and obtain names, addresses, and telephone numbers of the medical professionals treating the child.
 - v. If applicable, assess their efforts to change/correct an older child's behaviors and/or negative attitude towards the illness, including support for the siblings participation in counseling;
 - vi. Look for evidence of the existence of any underlying problems, e.g., substance abuse, mental health, developmental delay, which may affect the parents' ability to follow through on appropriate medical care.
- See Also [Obtaining Emergency Medical Treatment for a Child](#).

VIII. INVESTIGATING PRENATAL SUBSTANCE EXPOSED INFANTS

- A.** A positive toxicology screen at the time of the delivery of an infant without other evidence of abuse and neglect is not a sufficient basis for determining or reporting child abuse or neglect. However, any indication of maternal substance abuse requires an assessment of the mother and an investigation into the parents' ability to provide

the child with regular care due to substance abuse (general neglect). These allegations are not cross-reported to law enforcement.

- B.** If a mother and baby test positive for prescription medication (including medical cannabis) assess and document other facts that indicate general neglect:
 - i. Ask the prescribing doctor to verify the prescribed dosage and frequency of use and compare that dosage to the level of toxicity of the infant.
 - ii. If there is evidence that the mother did not follow the prescribed dosage and a positive toxicology screen of the infant, then it constitutes general neglect.

2. Investigative Steps for Babies with Positive Toxicology

- A.** Along with the General Steps above for ER Investigations, follow these procedures for investigating referrals involving babies with positive toxicology.
- B.** Using SDM decision support tools, determine the risk to the child if released to the home.
 - i. Review the parents' criminal history to determine whether they have prior convictions for substance use and/or sales.
 - ii. Review the parents' CWS/CMS history to determine whether the parent has prior referrals for substance abuse/use.
 - a. Document whether this mother previously gave birth to a prenatally-exposed infants.
 - b. Determine whether the parents have other children that may be affected by the parent's substance abuse.
 - iii. Review the parents' CWS/CMS history to determine whether they were victims of abuse/neglect.

- iv. Consult with family supports and tribal social workers as applicable to ascertain (1) the parents' frequency of substance use, and (2) whether denial of use is a barrier to services. Contact persons who are identified as supports by the parents, but also persons who may have confronted the parent in the past.
- v. Refer the child to Public Health. Consult Public Health Nursing to determine whether to jointly assess the family at the hospital.
 - a. Complete a PHN referral form and provide it to the ER PHN.
- vi. Assess the family at the hospital
 - a. Contact the hospital before visiting the family to inform the staff of your planned visit and to gather information to gauge the parents' likely response to your visit.
 - b. Have the parents sign releases of information necessary so that you can obtain medical records for the mother and the child.
 - c. Observe the interaction between the mother and the baby and document any attachment problems.
 - d. Document whether the mother is awake, caring for the baby and receptive to redirection as needed.
 - e. Note whether the parents' have support persons present with them at the hospital.
 - f. Document whether other parent(s) are present at the hospital and note whether they appears appropriate with both mother and child.
 - g. If the biological father is present, determine whether they have signed a POPS.

- h. Document whether the mother obtained prenatal care and whether there was any positive drug test during her pregnancy.
 - i. Document whether the mother acknowledges her ongoing substance abuse and/or history of substance use. Evaluate the credibility of the mother's statements in light of the medical evidence and the mother's documented history of use.
 - j. Evaluate the mother's plan for caring for the child including housing, income, supports, and drug treatment.
 - k. Refer the parents for a substance abuse assessment and evaluate their follow through as part of your investigation. Regardless of other barriers, failure to follow through promptly with drug testing and/or a substance use assessment is evidence the parent is in denial.
- vii. Discuss the case with the Nurses who are Caring for the Mother and Baby.
- a. Document whether the baby is experiencing Neonatal Abstinence. Consult with the nursing staff, doctors, and the PHN for assistance in reading the medical records and understanding their significance.
 - b. Document whether the hospital staff have any concerns regarding the behaviors of either parent (and/or supports).
 - c. Find out what the nursing staff think about the interactions between the mother and baby.
 - d. Obtain copies of any toxicology screens, medical records, and prenatal medical records.
- viii. Evidence of Ongoing Substance Use
- a. Ascertain whether the other parent uses substances.

- b. Document the date the mother last acknowledges using substances and what substances are involved.
 - c. Ascertain how long the parents have been using (interview the parents, cross reference to their criminal and CWS/CMS history, and consult with family members and medical staff).
 - d. Assess whether the Mother's statements are credible in light of the medical evidence (including as applicable evidence that the mother has a lengthy history of substance use and/or failed to obtain prenatal care.
- ix. Willingness to Engage with Treatment
- a. Engage with the parents to determine what they want to happen next in their sobriety.
 - b. Ascertain whether the parents are willing to attend substance abuse treatment and regularly submit to drug testing.
 - c. Discuss with the parents whether they have succeeded in staying sober in the past. Find out:
 - ✓ What helped them succeed in recovery.
 - ✓ What (if anything) triggered a relapse.
 - ✓ What circumstances are different now that might affect their ability to succeed in recovery.
 - d. If the Positive test is the result of a prescription, find out (1) whether the mother had a current prescription for the medication; and (2) whether the mother discussed the prescription with her OB Doctor. If she did discuss the prescription with the OB doctor, find out whether she followed her doctor's recommendation.
- x. Assess the Parents' Plan to Care for their Baby
- a. Identify the mother and father's supports.

- b. Evaluate whether the parents can create a plan using their support network for after the baby is ready for discharge.
- c. If needed, work with the parents and their supports to create a safety plan. (See **Safety Plan** procedures above).
- d. Find out whether the parents prepared for the birth of their child including: Car seat, bottles, clothes, diapers, etc.
- e. Confirm the parents have adequate housing.
- f. Arrange to see the home prior to the parents before the hospital discharges the mother and child.
- xi. Assess the parents' mental history
 - a. Discuss the mother's mental health history and, if possible, obtain releases of information so that you can review the mother's mental health history.
 - b. Document any previous diagnosis/ hospitalization.
 - c. Ascertain and document whether the mother is currently prescribed medication and is using the medication as prescribed.
 - d. Document whether the mother is receiving counseling or other psychiatric therapy.

C. Assess the Need for Protective Custody

- i. If, after assessing the factors above, you conclude there is a substantial danger to the physical health of the child and there are no reasonable means by which the child's physical or emotional health may be protected without removing the child from the parents' consult with your supervisors and follow the procedures above to obtain a **Protective Custody Warrant**.

IX. INVESTIGATING PHYSICAL ABUSE

1. Overview

- A. Physical abuse can range from a onetime incident that result in a physical injury to a child to ongoing behavior by the caretaker that does or is likely to result in injury to the child. The identification and effective intervention of physical abuse must occur at the earliest possible time to allow children to be protected from harm and able to live in a safe and healthy environment.
- B. Physical abuse consists of any non-accidental bodily injury that has been or is being willfully inflicted on a child, such as cruel or inhuman corporal punishment or injury, or acts which cause unjustifiable suffering of physical or emotional pain, or endanger the child's health.
- C. Severe physical abuse includes any single act of abuse that causes physical trauma of sufficient severity that, if left untreated, would cause permanent physical disfigurement, disability or death.
- D. Do not evaluate physical abuse on the basis of physical injuries alone. Examine all indicators in context with other characteristics of the family

2. Steps for Investigating Physical Abuse

- A. Along with the **General Steps** above for ER Investigations, follow these procedures for investigating referrals involving allegations of physical abuse.
- B. Indicators of Physical Abuse
 - i. The physical marks left on the child are:
 - a. In various stages of healing;
 - b. Form regular patterns;
 - c. Reflect an object (electric cord, belt buckle, hand, cigarette burn)
 - d. Are located on several different areas of the body (ex: multiple spiral fractures).

- ii. The child's age or developmental stage is inconsistent with the type of injury observed (ex: bruises on an infant).
- iii. The child is wearing clothing that is inappropriate for the weather, such as long sleeves and long pants in very hot temperatures.
- iv. The child's emotional state is fragile.
 - a. The child is wary of adult contact;
 - b. The child is apprehensive when other children cry;
 - c. The child exhibits extreme behaviors such as aggression, compliance or withdrawal;
 - d. The child exhibits low self-esteem;
 - e. The child blames self for the abuse;
 - f. The child is experiencing regression (enuresis);
 - v. The child is frightened of their caregiver, afraid to go home;
 - vi. The child reports their caregiver caused the injury.
 - vii. The child has poor school attendance;
 - viii. The child has a history of running away.

C. Interview the Child

- i. Interview each child in the home separately and away from the caregiver.
- ii. In asking questions, consider the child's age and developmental stage.
- iii. Ask the child what happens when they get into trouble and how they are punishment/discipline in the home.
- iv. Follow-up on any and all disclosures of physical abuse even when it may be indirect, such as a child

describing abuse as happening to a friend or someone else.

- v. Assess whether the child's explanation of the injury matches information from other collaterals (RP, parents, siblings etc).

D. When interviewing the parent:

- i. Ask them to explain the child's injury.
- ii. Ask them to tell you how they discipline children in the home.
 - a. Find out whether one or both of the parents discipline the children.
 - b. Find out what happens when discipline is ineffective;
 - c. Ask them to describe any alternate discipline used;
 - d. Find out whether any other adults in the home discipline the child.
- iii. Assess whether the parents have mental health and/or substance use issues.
 - a. Do the parents acknowledge that substance abuse interferes with their parenting;
 - b. Do the parents acknowledge that mental illness interferes with their parenting;
 - c. Can the parents empathize with the child's experience of these issues. What, if anything, do they think the child would say about this.
- iv. Document what the parent does when they feel themselves getting angry.
- v. Document whether the parent's expectations of their children are appropriate for the child's age and development.

- vi. Assess whether the parent appears attached and bonded to the child. Note whether they express positive views of their children positive.
- vii. Note whether the child has behaviors that require special attention or care, such as an infant with special needs, a child that is potty training or a child with challenging behaviors.
 - a. Note whether the parent was proactive in getting the child medical attention if necessary.
- viii. Find out whether the parent has participated in any parenting classes and whether they would be willing to attend parenting classes now.

X. INVESTIGATING SEXUAL ABUSE

1. Overview

- A. Sexual abuse means sexual assault or sexual exploitation.**
 - i. Sexual abuse includes but is not limited to:
 - a. Penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
 - b. Sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
 - c. Intrusion by one person into the genitals or anal opening of another person, including the use of an object for this purpose, except that, it does not include acts performed for a valid medical purpose.
 - d. The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification.

- e. The intentional masturbation of the perpetrator's genitals in the presence of a child.
- ii. Sexual abuse does not include acts that are normal caretaker responsibilities such as interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.
- iii. Sexual Exploitation means:
 - a. Conduct involving matter depicting a minor engaged in obscene acts (preparing, selling, or distributing obscene matter or employment of minor to perform obscene acts).
 - b. A person (including a person responsible for the child's welfare) who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct.
 - c. A person who depicts a child in, or who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct.
- iv. Commercial sexual exploitation" refers to either of the following:
 - a. The sexual trafficking of a child.
 - b. The provision of food, shelter, or payment to a child in exchange for the performance of any sexual act.

2. Steps for Investigating Sexual Abuse and Exploitation

- A. Assess indicators of sexual abuse in consultation with medical, law enforcement and other professionals. Among other things, consider the child's developmental level, functioning and community norms when determining the child's risk of current and future maltreatment.
 - i. The following factors may assist you in deciding whether to substantiate the allegations:
 - a. A child's age (Children under the age of 6 are at greater risk of harm).
 - b. Child vulnerability. Assess whether the child has medical conditions, behavioral, mental or emotional problems, developmental delays or physical handicaps that may impede their capacity for self-protection.
 - c. Investigate whether the parents were victims of sexual abuse and whether the family has a history of reports of abuse.
 - d. Document the severity, location and number of times of the incident.
 - e. Determine whether the perpetrator used an implement.
 - f. Evaluate the child's condition to determine whether they are in pain and/or have bruising, itching visible injuries, limited movement (walking, sitting, etc), bleeding, sexually transmitted disease, or pregnancy.
 - g. Observe the child's behavior.
 - ✓ Note whether the child has a sophisticated or unusual sexual knowledge.
 - ✓ Note whether the child has significant changes in behavior (sleep disturbance, sexualized behaviors, substance abuse, excessive masturbation,

somatic complaints, delinquent behaviors, withdrawal, etc).

- h. Assess the family's protective capacity.
 - ✓ Note whether the harm occurred because of the action or inaction of the care provider.
 - ✓ Assess whether the caretaker caused the harm.
 - ✓ Assess whether the caretaker knew whether the abuse was happening, but failed to stop the harm.
- i. If there other children in the home, decide whether to add them to the referral as siblings at risk based on their age and vulnerability as well as the extent of abuse. Interview each child separately and away from the caregiver and consider the child's age and developmental stage.

B. You can verify sexual abuse using information from a variety of sources including medical staff, school personnel, family and the child's self-disclosures.

C. The screening social workers cross-report all allegations of sexual abuse to law enforcement. For additional information, see **Cross Reporting** policy and procedure. Follow up with the assigned law enforcement officer during the investigation to ensure that both agencies have all pertinent information.

- i. Notify law enforcement if you believe a Child Abuse Services Team (CAST) interview will assist your investigation. See the CAST Protocol for procedures to set up a CAST interview.
 - a. If the child is a Tribal child, notify law enforcement and the District Attorney that the tribe is involved and invite the tribal social worker to all pre-meetings, CAST interviews, and debriefs.
 - b. Ensure that the child has supports in place to assist with the emotional distress of making disclosures of this type of abuse. Ensure that supports are in place before, during and after the interview.

3. Sexual Exploitation

- A.** Complete the CSE-IT tool for all children 10 years-old and up with allegations of exploitation and for any child that is at risk of exploitation.
- B.** This tool is accessible via link (if you do not already have the link, see the Emergency Response analyst who will send you the link immediately).
- C.** After entering the link and enter your email address and the Youth code.
 - i. The youth code is the client's first initial of their first name and last names plus the last four digits of the referral number (ex: Jane Doe referral#123456789 would be JD6789).
 - ii. Complete the questions and print the summary page. Any tool with high risk scores should be discussed with the supervisor as soon as possible.

4. Interviewing the Child

- A.** You may decide to conduct a soft interview before requesting that law enforcement arrange for a CAST interview.
- B.** The following is the best practice way to conduct a soft interview:
 - i. Introduction
 - a. Tell the child your name
 - b. Explain your profession (in child's terms)
 - ✓ "I talk to kids about things that have happened to them."
 - ✓ "I talk to kids to find out how they are doing/if things are okay/if they are safe."
 - ii. Rapport
 - a. Establish rapport by talking about everyday things and topics that may interest the child.

- b. Show interest in what child has to say.
 - c. Ask the child about their family, pets, and activities
- iii. Transition
- a. Ask questions about the purpose of the interview.
 - ✓ Do you know why I am here today?
 - ✓ What did you tell ...?
 - ✓ Has something happened to you?
- iv. Simple Questions about Allegations
- a. Ask the child if they understand what safe touch is and if they have ever been touch in a way they did not like, if so, ask that they tell you about it. Take into consideration the child's age, vulnerability and development and use language that is comfortable and understandable to the child.
 - b. Use simple questions to identify the perpetrator, location of the abuse, frequency/duration of the abuse, and whether there is a protective adult in the child's life.
 - ✓ Who did this?
 - ✓ Where did it happen?
 - ✓ When did it happen?
 - c. Use simple questions to determine how best to protect the child.

- ✓ Who does the child feel safe with?
 - ✓ Who does the child feel unsafe with?
 - ✓ What would it take for the child to feel safe?
 - ✓ What is the child's house of worries and good things filled with?
 - ✓ What does the child do when they feel unsafe?
 - ✓ Who can the child talk to about feeling unsafe?
 - ✓ Where does the child feel safe?
- v. Information & Preparation for Next Steps
- a. Explain to the child what happens next.
 - b. If Law Enforcement decides to schedule a CAST, give the child an age-appropriate description of the CAST process.
 - c. Answer questions
 - d. Address concerns
 - e. Thank child
- C.** Follow-up on any and all disclosures of abuse even when it may be indirect, such as a child describing abuse as happening to a friend or someone else.
- D.** Ask the child what happens when they get into trouble and how they are punished/disciplined in the home.
- E.** Asses whether the child's explanation of the incident matches the information provided by other collaterals (RP, parents, siblings, Tribes etc).

5. Interviewing the parent

- i. What is the parent's knowledge and/ or explanation of the incident(s)?

- ii. Is there history of sexual abuse with in their family and/ or extended family?
- iii. Are the expectations they have of their children appropriate for their age and development?
- iv. Does the parent appear attached and bonded to the child? Are the views they have of their children positive?
- v. Does the child have behaviors that require special attention or care, such as an infant with special needs, a child that is potty training or a child with challenging behaviors?
- vi. Does the parent struggle with substance abuse or mental health issues? Has the parents found these things have interfered with their ability to parent? What do they think the child would say about this?
- vii. How do they discipline in the home. Have there been times this has not worked, what does that look like and are there any alternative discipline used. Who else disciplines in the home?
- viii. What does the parent do when they feel themselves getting angry?
- ix. Was the parent proactive in getting the child medical attention if necessary?
- x. Has the parent participated in any parenting classes? Would they be willing to?

XI. INVESTIGATING DOMESTIC VIOLENCE

1. Overview

- A.** The California Alliance Against Domestic Violence defines abuse as “a pattern of coercive control directed toward the victim, behavior that physically harms, arouses fear or prevents the victim from doing what he/she wishes, intentional behavior used to have and maintain power over the victim.”

- B.** Battering is deliberate behavior that does not involve the loss of control. To the contrary, it amounts to the deliberate attempt to control and restrict the behavior and activities of another.
- C.** Domestic violence has the potential to impact children in a number of ways, and children's responses to domestic violence vary. Some children are resilient enough to come through an upbringing involving domestic violence relatively unaffected while others may have developmental, emotional or behavioral issues.
- D.** A victim may be reluctant to leave the batterer or may return to the batterer for many reasons including lack of resources and economic dependence on the batterer; social isolation, intimidation; the desire to protect others in the home (including children); and fear the batterer will gain custody of shared children.

2. Steps for Investigating Domestic Violence

- A.** Evaluate the safety of the children in the home
 - i. Assess the culture in the family and observe whether the family roles include male dominance.
 - ii. Younger children (0-5 years old) are more vulnerable to accidental injury during incidents of domestic violence.
 - a. Observe and document whether the child is exhibiting: sleep disturbances nightmares, loss of skills (self-care, wetting in pants) separation anxiety, failure to thrive, and tantrums, eating disturbances, seductive or manipulative behavior, fear of abandonment or loss of control, depression, anxiety, and shame, running away, suicidal or homicidal thoughts, acting out sexually, substance abuse, poor school performance.
 - b. Ask questions to create a picture of the fighting in the home.
 - c. Determine how the child reacts when there is fighting.
 - d. Find out whether the child has tried to intervene.

- iii. Interview the child:
 - a. Who does the child feel safe with?
 - b. Who does the child feel unsafe with?
 - c. What would it take for the child to feel safe?
 - d. What is the child's house of worries and good things filled with?
 - e. What does the child do when they feel unsafe?
 - f. Who can the child talk to about feeling unsafe?
 - g. Where does the child feel safe?

B. Assess the victim's response to the violence and protective capability

- i. What is the victims understanding of the situation?
- ii. Does the victim have a history of victimization? As a child and/or adult? Other past traumas?
- iii. What support (family and community) does the victim have?
- iv. Does the victim have any mental health or substance abuse concerns (depression, anxiety, isolation etc.)
- v. Does the relationship appear to involve battering by both partners?
- vi. Does the victim blame them self for the violence?
- vii. What steps does the victim take to protect the child from the violence?
- viii. What resources does the victim have/ know about to keep them self and the child safe?
- ix. What is the victim's willingness and ability to keep the child safe?

C. Assess the Batterer

- i. What is the batterer's understanding of the situation?
- ii. Does the batterer shift blame to the victim, children etc? Does the batterer take responsibility for their actions? Minimize the seriousness of the situation?
- iii. What do they do when they are upset? What has worked successfully in the past?
- iv. Has or does the batterer engage in behaviors to control the situation? (harass, threaten, stalk, self injure, etc.).
- v. Does the batterer have a history of victimization or violence? Have they previously received help? Are they willing to receive help now?
- vi. Does the batterer have any mental health and/or substance abuse concerns?

D. Family Stresses

- i. Are there additional stressors for the family including: unemployment, eviction, financial difficulties, health problems, disabilities, behavioral changes in the children moving into different developmental stages?

E. Who else knows about what is happening in the home? What do they say about what is happening.

XII. INVESTIGATING LACK OF SUPERVISION

1. Overview

A. There are multiple reasons a parent may be unable or unwilling to supervise their child or adequately care for their child's needs including the parent's intoxication, medical, mental and/or emotional problems, developmental disability, physical handicap or intentional failure. Look at the indicators within the context and characteristics of the family.

2. Steps for Investigating Lack of Supervision

A. Child's Maturity

- i. Assess:
 - a. The child's age and developmental stage.
 - b. The child's physical abilities including self-care and self-protection.
 - c. The child's feelings about being left on their own and their readiness to assume responsibility.
 - d. Whether the child knows what to do in an emergency
 - e. Whether the child has a plan and resources to handle an emergency (such as a phone and a safe place).

B. Parental Involvement

- i. Assess the parent's decision to leave the child unsupervised. Determine:
 - a. Where the parent is located while the child is unsupervised.
 - b. How long it would take for the parents to reach the child in an emergency.
 - c. Whether the parents can see or hear the child from their location.
 - d. Whether the parent is available by telephone.
- ii. Assess whether the parents have physical, mental, and/or emotional abilities.

C. Plans to Leave the Children with Other Care Providers

- i. Assess the parent's choice of care provider for their children and how the parent chose the care provider.
- ii. Determine whether the parent ensures the child has provisions when others are caring for them including

food, clothing, shelter, medical and mental health care.

- iii. Assess whether the parent has intentionally denied the child access to provisions (food, shelter medical care, clothing etc.).
- iv. Determine whether the caretaker has authority to meet the child's needs (mental health, school needs, medical needs etc.).
- v. Determine how often the child sees the parent, and assess the quality of those contacts.
- vi. Review the parents' history to determine whether they have a pattern of leaving their children with unsuitable caretakers.

XIII. INVESTIGATING UNSAFE/ HAZARDOUS HOMES

1. Overview

- A. An investigation into hazardous home conditions may disclose rotten, moldy, or insect-infested food, feces, poison, drugs or alcohol, rodent or insect infestations in the home and threatening the child's health and/or wellbeing. You may also observe filthy clothing or poor hygiene affecting the child's health.
- B. Examined the conditions in the home within the context of other characteristics of the family to determine whether the child is at risk.

2. Steps for Investigating Hazardous Homes

- A. Assessment of Conditions inside the Home
 - i. Determine whether you can enter the home
 - a. You may enter a home for a child welfare investigation only if you have parental consent, exigent circumstances, or a warrant issued by the court.

- b. Depending on the circumstances of your investigation, follow the procedures in section IV. Entering the Home/Interviewing the Child.
- ii. Evaluate and document the severity of conditions.
- iii. Photograph the interior and exterior of the home.

B. Assess the Risk to the Child

- i. Interview the child to find out:
 - a. The child's impression of how often conditions in the home deteriorate.
 - b. The child's description of how the home looks when conditions are improved.
 - c. Whether the child feel safe in the home.
 - d. Whether the child want to remain in the home.
 - e. Whether the child can articulate a reason to explain the conditions in the home.
- ii. Assess and evaluate the following:
 - a. The child's age, developmental stage, physical health and mental health.
 - ✓ Refer the child for assessments from the appropriate agencies.
 - b. Whether the child has their basic needs met (food, clothing that is appropriate for the weather, shelter that will protect from the elements)?
 - c. Whether the child has independent supports.

- ✓ Third party supports (school, Tribe, neighbors, other community partners, etc.)

XIV. INVESTIGATING MINOR PARENTS

1. Overview

- A.** Minors who are pregnant or have a dependent child in his or her care may receive aid for themselves and their child even if they reside in a place maintained by a parent, guardian, and adult relative or in another adult-supervised supportive living arrangement). If a minor parent is eligible for aid while living with a parent, guardian, and/or adult relative, DHHS usually disburses the aid to the responsible adult in the home.

2. Steps for securing assistance for a minor residing with a caregiver

- A.** Receive referral from Eligibility worker and open an investigation.
- B.** Complete an investigation in accordance with guidance above to determine the child's safety and risk of future maltreatment.
- C.** Determines whether the minor parent meets one of the exemption criteria to receive aid out of the caregiver's home.
 - i.** Enter this information into the "CWS" box on the CW 25.
 - ii.** Give the CW 25 to the Social Worker Supervisor for approval.
 - iii.** Routes the CW 25 to the referring eligibility worker.
- D.** If minor parent is not capable of living independently add the appropriate allegation(s) to the current referral.
- E.** If there is a CWS concern regarding the minor parent's ability to parent, create a new referral record with the minor's child as focus child and list the appropriate allegations.

XV. INVESTIGATING 329 APPLICATIONS

1. Overview

- A.** If a person is dissatisfied with the outcome of an investigation, or otherwise believes that a child should be under the jurisdiction of the Juvenile Dependency court, they can use Court form JV-210 to submit an application to commence proceedings in the Juvenile Court to CWS.
- B.** An investigating social worker has twenty-one (21) days to complete an investigation in response to a JV-210 application.
- C.** If the person who filed the application for an investigation, is dissatisfied with the response to the JV-210, they may initiate proceedings in Juvenile Court to compel CWS to open a case and file a petition.

2. Steps for Responding to a JV-210

- A.** Complete the JV-210 and on number 9 select “to commence proceedings in juvenile court on these allegations” or “not to commence proceedings in juvenile court on these allegations because.”
- B.** Attach the summary of the investigation (Attachment #9) to the JV-210 and make a copy of the completed form and attachment for the file.
- C.** Mail the original, completed documents back to the requesting party, using the contact information on the front of the JV-210.

XVI. INVESTIGATING 241.1 REQUESTS:

1. Overview

- A.** When a child appears to come under the jurisdiction of both the Dependency and Delinquency Courts, the Court may require that CWS and the Probation Department cooperatively assess the minor and produce a written joint recommendation regarding whether Delinquency (WIC 602) or Dependency (WIC 300) status will better serve the best interest of the child and the protection of society.

- B. The agency with ongoing jurisdiction of the child completes and files the 241.1 report with the Court.
- C. Both CWS and Probation have a 241.1 Liaison who can answer questions and provide direction on case specific situations.

2. Steps for Responding to a 241.1 Report Request

- A. Immediately, or as soon as practical, schedule a face-to-face or telephone conference with the probation officer and your supervisors.
- B. In order to meet the legal filing timeframe for "in-custody" minors, this conference and the filing of the petition should occur within 48 hours whenever possible.
- C. During the course of the investigation work closely with the assigned probation officer to determine which system will best meet the child's needs.
- D. Circumstances affecting the decision about how to best serve the child/youth and family will include:
 - i. Age of the youth
 - ii. Status of 300 WIC dependency (whether the parents are receiving/or have received Family Maintenance or Family Reunification services).
 - iii. Status of 602 wardship (whether the youth has a current or prior wardship)
 - a. The nature of offense(s)
 - b. Whether the youth at low risk to re-offend? (Probation shall provide CWS with information regarding this consideration)
 - iv. Whether the parent(s)/guardian(s) are refusing to take the youth into their home or create an alternate plan and have all attempts to engage the family been exhausted.
 - v. What are the supervision and safety concerns?

- vi. What are the community safety concerns?
- vii. What are the strengths and concerns related to the youth and family?
- viii. Does the youth perceive their own home/living situation as unsafe?
- ix. Options for housing, education, employment, and other service delivery needs pertaining to the youth's well-being.
- x. Are parent(s)/guardian(s) able and willing to exercise appropriate maintenance and control to prevent the youth from further criminal activity or behaviors that put the youth at risk?
- xi. Are parent(s)/guardian(s) abusing substances and, if so, what is the impact on their ability to safely parent?
- xii. Do parent(s)/guardian(s) have mental health issues that impact their ability to parent?
- xiii. What services would be the most effective?
- xiv. What services have been tried?
- xv. Does the youth have mental health or drug and alcohol issues that impact his/her ability to participate in and/or benefit from services?

➤ For additional guidance, see the active 241.1 protocol.

XVII. INVESTIGATING JV180/ WIC388 REQUESTS:

1. Overview

- A.** The parties to a Dependency case may request that the court change orders affecting (among other things) visitation and other services in a case plan. CWS responds to these requests and, as applicable investigates any allegations.

2. Steps for Responding to 388 Petitions

- A.** Review all documentation received by the Court and ascertain the next Court date.
- B.** Complete a thorough investigation around the circumstances of the referral.
 - i. The investigation is required by the court order and must occur regardless of the screening/SDM criteria for any allegations.
- C.** Create a generic court report in the referral and retitle the report Response to JV180.
- D.** Include the Departments recommendation as to whether the change in Court order would be appropriate and your reasoning.

XVIII. FAMILY LAW REQUESTS

1. Overview

- A.** Family law judges may request information from CWS to help determine custody orders.

2. Steps for Providing Information to the Family Court

- A.** If there is no open investigation:
 - i. Refer the request to clerical to handle as a standard records request.
- B.** If there is an open investigation regarding the family:
 - i. The supervisor assigns the records request to the investigating social worker.
 - ii. The investigating social worker calendars the court's deadline for receipt of the material (usually the date of the next family law hearing); obtains the Family law case number; and documents the name of the judge who requested the records.

- iii. If possible, complete the investigation in time to provide the records to the Court.
- a. If you need more time, discuss with County Counsel to request a continuance.
- iv. After concluding the investigation, write a letter on county letter head stating when the referral (s) were received, the allegations, what was found during the investigations, conclusion of allegations and CWS planned intervention, if any).
- v. Create a packet for the Court by paper clipping all documentation together for the supervisor to review.
- vi. After review place in a sealed envelope “attention Judge_____”: Family Law case #, first initial and last name of FC child written on the front.
- vii. Take the documents in the sealed envelope to the Judge Secretary on the 2nd floor past court room #8.

XIX. INVESTIGATIONS ON OPEN CASES/ REFERRALS:

1. Receiving new allegations of abuse and neglect during an open investigation.

- A.** If the subsequent report contains new information, but the investigating social worker has not yet made a first face-to-face contact with the family the referral will be associated to the first received referral in CWS/CMS and a new hotline response and response priority tool will be completed to determine whether response should change. If the response priority changes the investigating social worker will be notified by the screener or supervisor.
- B.** If the information in the report does not meet the criteria for a new investigation the Screening social worker of the day will contact the assigned SW and/ or SWS to relay the information in the report. The investigating social worker will address any concerns that were included in the referral with the family and any follow up or other

provided intervention will be documented in the delivered service log.

- C. If the information in the report meets the threshold to constitute a new referral and is received AFTER an initial safety assessment, but before a risk assessment is completed, and is still in compliance for investigation, the referral can be associated in CWS/CMS by the supervisor or investigating social worker. The risk assessment is completed in the CMS referral record received first. When a second safety assessment is completed as a result of new information received, the updated SDM safety assessment should be added to the referral record received first.

2. Receiving new allegations of abuse or neglect regarding a family with an open case

- A. If the information in the referral meets SDM criteria for investigation and is a new incident of abuse or neglect, it will be assigned as a new investigation. The investigating social worker will review all previous CWS history for the family. The case carrying SW and investigating SW, and tribal social worker if applicable, will communicate to determine whether the investigating SW will respond to the family independently or a joint response with the case carrying social worker. The SW's will coordinate their efforts to ensure the understanding by the family of the social workers' different roles.
- B. The investigating SW, case carrying SW, and tribal SW if applicable, will continue to communicate and coordinate throughout the investigation to prevent duplication of services and to lessen the impact on the family.
- C. Prior to closing the referral, the investigating SW will communicate the allegation conclusion and disposition to the case carrying social worker and provide the opportunity for the case carrying social worker and tribal social worker to give feedback regarding the disposition. If the social workers are not in agreement with the decision, they will immediately follow up with the investigating SW's supervisor for further discussion. This should occur prior to the investigation closure in CWS/CMS.
- D. If the disposition of the investigation is that no further intervention is needed beyond current open case, the case carrying SW will follow

up with the family and tribal social worker if applicable, regarding whether the information in the investigation would warrant amending the case plan to provide additional interventions or supports.

XX. INVESTIGATIONS INVOLVING CHILDREN IN OUT-OF-HOME PLACEMENTS

1. Overview

- A.** CWS treats reports of suspected child abuse and neglect of children in out-of-home care in the same manner, and with the same urgency as a report on any other child.
- B.** Steps for Investigating Abuse and Neglect Involving Children in Out-of-Home Placements:
 - i. Investigations conducted by the County with jurisdiction:
 - a. If (1) the child is placed outside Humboldt County; AND (2) the referral requires an immediate response, immediately cross report to the County with jurisdiction to initiate an investigation.
 - b. If you discover there are other children residing in the home that may have been abused or neglected make a referral to the CWS County with jurisdiction.
 - ii. Investigations conducted in Humboldt County:
 - a. If (1) the Child is placed in Humboldt County; AND (2) the referral requires an immediate response, follow the investigation procedures for an immediate response (see above), handling the case in the same manner and with the same urgency as a report on any other child.
 - b. If the investigation requires a 10-day response (regardless where the child is placed) follow the investigation procedures for a 10-day response, handling the case in the same manner and with the same urgency as a report on any other child.

- iii. If you are unable to locate and/or interview the perpetrator (ex: the suspect is unknown, unavailable- such as a group home staff placed on administrative leave, or not interviewed at the request of law enforcement) document the unavailability of the perpetrator and the reason for their unavailability in CWS/CMS.
 - iv. Contact law enforcement to collaborate with the assigned officer during the course of the investigation.
 - v. If the allegations are substantiated at the conclusion of the investigation, follow the procedures to report the substantiated allegation to the Department of Justice.
 - vi. Conduct a Substitute Care Provider safety assessment at the time of first contact and continue to assess for the child's safety during any contact with the child.
 - vii. Use the electronic cross-reporting system at the end of the investigation to provide any law enforcement agency with jurisdiction a summary of the investigation and the findings.
 - viii. As applicable, follow the procedures for Mandated Reporters to collaborate with the reporter and to follow up at the conclusion of the investigation.
- C.** CWS' ER's primary role in cases involving out-of-home placements is to investigate suspected child abuse as necessary to protect and ensure the safety of children in placement. When necessary the investigating social worker has the authority and responsibility to remove a child, assess and recommend a placement, and coordinate an assessment or investigation with law enforcement and the licensing agency.

XXI. CLOSING AN INVESTIGATION BECAUSE A FAMILY CANNOT BE LOCATED

1. Efforts to Contact the Family

- A.** Make all of the following efforts before closing a referral due to inability to contact the family:
 - i. Attempt at least two (2) home visits on different days at different times of day, leaving a “sorry I missed you” letter (in a sealed envelope labeled confidential) each time.
 - ii. Make at least two (2) phone calls to the home (if the family has a phone).
 - iii. Call the reporting party to ask for more information regarding family's whereabouts.
 - iv. As applicable, collaborate with the child’s tribe and tribal social worker to locate the family.
 - v. Attempt to locate the child at school, if the child is of school age.
 - vi. Call the CaWORKs eligibility worker, if applicable, to verify the family's address and any up-coming appointments the parents have.
 - vii. Write and send a letter to the family; two copies of the letter should be sent, one by regular first class mail and one by certified mail with a receipt requested.
 - viii. Phone the law enforcement of jurisdiction and follow up with a written request to receive any recent reports regarding the family.
- B.** If you are unable to contact the family after following each of the all steps in A., ask your supervisor for approval to close the referral.
- C.** Close the referral within thirty (30) days of the initial report.

XXII. MAKING REFERRALS TO COMMUNITY PARTNERS:

1. Referral for Family Resource Center (FRC)

- A. FRCs can provide a family with support during and after an investigation. Regardless of the allegation conclusion or referral disposition referrals to make a referral to an FRC made when a need is identified.
- B. Steps for Referring a Case to a Family Resource Center
 - i. Complete and submit a FRC referral form.
 - a. While the referral is open in CWS/CMS select Referral Management (green button)
 - b. Select Create New Document (plus sign under Documents)
 - c. Select Humboldt County and scroll down to “Referral for a FRC”
 - d. Print form
 - ii. Complete one form for each open ER referral, with the focus child as the Client.
 - a. Complete all sections of the referral (excluding the bottom portion designated for FRC feedback) to the best of your knowledge.
 - iii. Determine the FRC that is in the correct jurisdiction to service the family.
 - iv. Put the referral in the fax basket in clerical or; fax the referral directly to the FRC.
 - v. If you have discussed the referral with the family and they are open to the service, bring the family directly to the FRC to help make the connection.

2. Referral for Mental Health Clinician (MHC)

- A. If you assess the family to need the services of a MHC is needed immediately to address a crisis situation, call the supervising mental health clinician to request an immediate joint response
- B. In a non-emergency situation, MHCs are able to provide the following services during the investigation:
 - i. Consultation
 - a. To determine the most appropriate intervention and/or service, specific to the parent(s)/child(ren)'s needs;
 - b. To review the parent(s)/child(ren)'s mental health records accessible to the MHC – Mental Health release of information (MH ROI) required;
 - c. Fielding general questions related to mental health treatment, medications, or services not specific to the parent(s)/child.
 - ii. Joint visit
 - a. When concerns indicate introducing the MHC to the parent(s)/child(ren) is warranted due to concerns regarding the parent or child's mental health needs as they pertain to potential child abuse and/or neglect. Clinician can schedule an assessment for the child in the home and refer parent to appropriate services.
- C. Steps for making a referral for mental health services
 - i. Obtain a release of information for each of the family members that allows you to exchange information with Mental Health (Adult and Childrens' as appropriate) for the purpose of coordinating treatment.
 - ii. Complete and submit a mental health referral form.
 - a. While the referral is open in CWS/CMS select Referral Management (green button).

- b. Select Create New Document (plus sign under Documents)
- c. Select Humboldt County and scroll down to “Referral for MH Clinician”
- d. Print form
- iii. Complete the first two sections of the referral form to the best of your knowledge.
- iv. Deliver the referral form via fax to (707) 476-1299 attention Mental Health Supervisor.
- v. MHC will contact the SW to organize the response and decide whether consultation or a joint field response is necessary.
- vi. If necessary, the SW will have the parents sign the Mental Health Branch Release of Information.

D. Referral for Public Health Nurse (PHN)

- i. Public Health provides the following services during the investigation:
 - a. Consultation
 - ✓ To determine the most appropriate intervention/service by PHN specific to the parent(s)/child(ren)’s needs
 - ✓ To review the parent(s)/child(ren)’s medical charts accessible to the PHN – release of information (ROI) required
 - ✓ Fielding general questions related to medical treatment, medications, or services not specific to the client.
 - b. Joint visit
 - ✓ When concerns indicate introducing the PHN to the client is warranted due to concerns regarding the

health of the parent(s)/child(ren) in the home as they pertain to child abuse and/or neglect. The PHN can join the investigating social worker on a joint response.

- ii. Specialized Public Health services:
 - a. The Senior Public Health Nurse (Sr PHN) will evaluate the referral to see if the following programs are appropriate for the family:
 - ✓ PHN Field Nurse
 - ✓ Nurse Family Partnership (NFP)
 - ✓ C&FS PHN
 - iii. While the SW may make a recommendation for a type of service, public health will make the determination on what service is appropriate for the family.

E. Steps for making a Public Health referral

- i. Obtain a release of information for each of the adults and children involved in your investigation.
- ii. To receive the above services the social worker must complete and submit a Public Health referral form.
 - a. While the referral is open in CWS/CMS select Referral Management (green button)
 - b. Select Create New Document (plus sign under Documents)
 - c. Select Humboldt County and scroll down to “Referral for a Nurse”
 - d. Print form
- iii. Complete one form per each open ER referral, with the focus child as the Client.

- iv. Complete Client Info, C&FS Status, Reason for Referral, Others in Home and Type of Service Requested sections to the best of your knowledge.
- v. If sharing medical information the investigating social worker will get a release of information signed by the parent.
- vi. Fax the referral form to (707) 269-4172 or bring the referral form to the Sr PHN.
- vii. Sr PHN will review the form for completeness and route the form to the appropriate PHN service provider

XXIII. CONCLUDING ALLEGATIONS

1. Overview

- A.** Child Welfare Services conducts and concludes investigations of child abuse/neglect accurately, consistently and in compliance with California Penal Code and Welfare & Institutions Code Section 11165.12 in order to protect children from abuse/neglect and assist families to remedy factors that are putting children at risk.
- B.** Use the child maltreatment definitions listed below to describe allegations following a referral for investigation.
 - i. Physical Abuse is any non-accidental act that results in physical injury to a child. Included in this definition is serious harmful behavior where no injury occurred, but it would be likely to occur if the behavior were to be repeated.
 - ii. Sexual Abuse is sexual assault or sexual exploitation as defined by the following: rape, rape or penetration of genital or anal opening by a foreign object while acting in concert, incest, sodomy, lewd and lascivious acts with a child, oral copulation, penetration of a genital or anal opening by a foreign object, child molestation, obscene matter and matter depicting sexual conduct by a minor, depicting sexual conduct

by a person under the age of 14, employment of a minor to perform prohibited acts.

- iii. Emotional Abuse is caregiver actions that led or are likely to lead to a child's severe withdrawal or; anxiety, depression, regression, aggressive behavior, hyperactivity, or dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse.
- iv. General Neglect is the chronic negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no illness or physical injury to the child has occurred, or is likely to occur. When concluding the allegation of general neglect based on prenatal drug/alcohol exposure, always consider the frequency and severity of the parental use/abuse as well as the caretaker(s)' capability of providing adequate care.
- v. Severe Neglect is the willful or negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed failure to thrive. This definition includes any person having the care or custody of a child who willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, including failure to provide adequate food, clothing, shelter, medical care, or supervision where illness or physical injury has occurred, or is likely to occur.
- vi. Emotional Abuse may be defined as any severe, chronic and/or persistent act by an adult that endangers the mental health or emotional development of a child. Examples include when the parent/caretaker rejects, degrades, scapegoats, terrorizes, isolates, belittles, humiliates, or denies emotional responsiveness to the child. Witnessing domestic disputes may fall within the scope of

emotional abuse. Always consider severity and frequency of violent behavior, as well as child's developmental level and proximity to the violent behavior.

C. Use the child maltreatment definitions listed below to describe your conclusions following a referral for investigation.

- i. **Unfounded** means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in this document.
- ii. **Substantiated** means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in this document, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred.
- iii. **Inconclusive** means a report that is determined by the investigator who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in this document, has occurred.

D. When concluding the allegation of general neglect based on prenatal drug/alcohol exposure, determine whether the following supplemental definitions apply:

- i. **Unfounded:** The referral may be considered unfounded if there is no evidence of prenatal drug exposure. The referral may also be considered unfounded if there is indication of exposure, but no indication that said exposure is having or will have a negative impact on the child.
- ii. **Substantiated*:** The referral may be considered substantiated if there is evidence of prenatal

drug/alcohol exposure that has had or will have a negative impact on the child.

- iii. **Inconclusive***: The referral may be considered inconclusive if there is evidence of prenatal drug/alcohol exposure but insufficient evidence to determine whether the exposure has or will have a negative impact on the child.
- iv. The likelihood of future substance misuse and the impact of said use should be assessed and used when considering immediate safety of child and the need for services. However, in the absence of evidence indicating a child has been exposed, a referral should not be concluded as inconclusive or substantiated based solely on the high likelihood of future use/impact. If current parental/caretaker substance misuse is, in and of itself, resulting in the negligent failure of the caregiver to provide adequate food, clothing, shelter, medical care, supervision, protection etc, consider concluding the allegation based on this as a stand-alone allegation whether or not the assessment found that prenatal drug/alcohol exposure has had or will have a negative impact on the child.

XXIV. CREATING AN INVESTIGATION NARRATIVE

1. Overview

- A. The investigation narrative is a summary of your investigation. In most instances, this narrative is less than one page.

2. Steps for Writing the Investigation narrative section

- A. Date the narrative on the date you close the investigation.
- B. Summarize the Allegation(s):
 - i. This is a brief summary (not a restatement of the screener narrative) that includes a provisional harm and/or danger statement.

- C. Summarize any new dangers that emerged during the investigation
- D. Document any allegations added during the investigation
- E. Summarize the investigation
 - i. Organize the evidence that supports the allegation conclusions.
 - ii. Include as applicable:
 - a. Statements from child(ren) interview(s) involving evidence.
 - b. Statements from collateral interview(s) involving evidence.
 - c. Info from police reports.
 - d. Forensic evidence.
- F. Document your collaboration with partners (MH, PH, FRC, Tribes, etc.), & method of collaboration (joint visit, referral, etc.). Note if no service needs were identified.
 - i. As applicable, document all collaboration with tribal social services and/or ICWA representatives regardless whether the tribe is located in Humboldt County.
 - ii. As applicable, include a discussion of your efforts to inquire regarding Indian ancestry and to notice the tribe.
 - iii. As applicable document your collaborative investigation with a tribal social worker including:
 - a. Joint assessments.
 - b. Joint interviews.
 - c. Joint recommendations.
 - d. Contacts with the tribe prior to entering the reservation.

- e. Dispute resolution efforts if you are unable to reach agreement with the tribe.
- G.** List and discuss the activities and efforts used to engage the family and network.
- H.** Discuss the factors contributing to current situation (i.e. poverty, chronic drug use, pattern of DV, recent loss of housing/employment, recent relapse, family conflict, etc.)
- I.** List and discuss services/resources addressing risk reduction, including referrals made.
 - i. Family strengths and supports
 - ii. People/entities identified as supports by family, collateral(s) and SW.
- J.** List and discuss strengths identified by family, collateral(s) and SW.
- K.** Formal Assessments
 - i. SDM Safety Assessment: for each safety assessment, clearly explain each applicable safety factors & intervention.
 - ii. Circumstances creating safety threats (including if no safety threats were identified)
 - iii. Any safety interventions used to mitigate safety threats (safety plan)
 - iv. If closing referral and safety threats were once present, include closing safety assessment indicating no current safety threats.
- L.** SDM Risk Assessment
 - i. Explain (rather than list) the factors identified contributing to the risk of future maltreatment, including prior Child Welfare involvement
 - ii. State the Final Risk Level
- M.** Social worker assessment/ Recommendation

- i. State allegation conclusions.
- ii. Tie applicable maltreatment definitions and facts from your investigation to conclusions.
- iii. State recommendation for disposition of referral: close or promote to case.
- iv. If SDM guidelines recommend opening a case and you are not doing so, state the reasoning,

N. Write your name, classification and unit number.

XXV. CHILD ABUSE CENTRAL INDEX (CACI)

1. Overview

- A.** Child Welfare Services (CWS) must forward to the Department of Justice (DOJ) a Child Abuse Investigation Report for substantiated allegations of known or suspected child abuse or severe neglect.
- B.** CWS must give written notice to caregivers whose names are forwarded to the CACI and must explain the grievance procedures that allow persons to contest the listing on CACI using the state approved forms (SOC 832, SOC 833, SOC 834).

2. Steps for Listing a Perpetrator on the CACI

- A.** When you substantiate an investigation of physical abuse, emotional abuse, sexual abuse and/or severe neglect, generate, and submit to the DOJ, the Child Abuse Investigation Report (SS 8583).
- B.** Within five (5) business days of submitting the report to the DOJ, send notice to the caregiver identified as the perpetrator as well as grievance procedures to contest the listing.
 - i. Generate and print the Notice of Child Abuse Central Index Listing form (SOC 832), filling out the perpetrator's name, the county, the allegation conclusion, the victim/abuse information and the Emergency Response Child Welfare Analyst (ER CWA) name and contact information as required on the SOC 832.

- ii. Generate and print the Grievance Procedures for Challenging Reference to the Child Abuse Central Index (SOC 833) and Request for Grievance Hearing (SOC 834) forms to accompany the completed SOC 832.
 - iii. Forward the three documents to the CWS clerical unit for mailing to the perpetrator within the required timeframe and maintenance of a centralized file of DOJ letters.
 - a. Mail the notice and request for grievance forms to the last known address of the perpetrator or any other address where the forms are most likely to be received by the perpetrator.
 - b. Make a reasonable effort to obtain the perpetrator's current address.
 - c. If the perpetrator has moved and you are unsuccessful in obtaining a current address, document this information in CWS/CMS.
 - iv. The clerical unit files a copy of the SOC 832 sent to the perpetrator in the case.
- C.** Make a diligent effort to inform the suspect of the allegation conclusion letting them know that they will be receiving a letter regarding the forwarding of a report to the DOJ.
- See also **CACI Grievance Procedures**

XXVI. PROMOTING A REFERRAL TO A CASE:

- A.** After completing the SDM safety and Risk assessments, the investigating social worker will use the Case opening Matrix to determine if opening a case is appropriate. The investigating social worker will review the investigation and Matrix decision with the supervisor, if case opening is appropriate the supervisor will provide the on-going program with needed information to assign a social worker.

- B. When the Case Opening Matrix indicates opening a case would be appropriate and the investigating social worker and supervisor decide against this recommendation the rationale will be clearly documented in the Investigation narrative and the investigation will be submitted to the Emergency Response Program Manager for approval.
- C. When the Case Opening Matrix indicates case opening is not appropriate and the investigating social worker and supervisor are recommending case opening a promotional staffing must occur to make a group decision. *For Staffing meeting guidance see Staffing section.*

XXVII. STAFFINGS

1. Overview

- A. The purpose of an Emergency Response staffing is to broaden the base of decision-making, keep decision-making consistent with agency policy and procedure, and empower and support social worker decision-making.
- B. In accordance with the Humboldt Practice Model decisions about children, youth, and families are made collaboratively. Decisions are supported by Structured Decision Making® (SDM) assessment structure and definitions, state regulations, law and ethics, as well as child, youth and family voice to meet the needs of child safety, health and wellbeing.
- C. Emergency Response (ER) staffings may be conducted in the following situations:
 - i. Warrant Staffing- Imminent risk of removal is indicated and warrant is recommended.
 - ii. Promotion Staffing- An investigation is completed and the Case Opening Matrix indicates the need for a staffing prior to a case opening.

- iii. Transfer Staffing- A family is moving from intake to the ongoing program.
- iv. Pre- CFT meeting Staffing- A CFT meeting is scheduled and a clear articulation of the past harm and future danger needs to be created.
- v. Informal Staffing- The investigating social worker of a complicated referral would like input and guidance from supervisors and peers.

2. Considerations:

- A.** Prior to a staffing, the investigating social worker will have reviewed the current referral and prior history, as well as SDM® safety and risk assessments with their supervisor.
- B.** Staffings should include the following staff:
 - i. Assigned investigating social worker and supervisor
 - ii. Designated ongoing (FM/FR) program supervisor (If the child is currently in an open case, the ongoing social worker and/or their supervisor should attend, rather than the designated ongoing program supervisor.)
 - iii. Tribal social worker when the child has been identified as enrolled or eligible for enrollment in a federally recognized tribe.
 - iv. Court intake supervisor or designee
 - v. Adoptions supervisor and/or assigned adoptions social worker, if there is a possible recommendation of bypassing services to the parents, guardians.
 - vi. Placement social worker and or Placement supervisor if there are or may be placement problems.
 - vii. Emergency Response Public Health Nurse if working with the family
- C.** The ER supervisor will coordinate the time/location for the staffing.

- D.** The investigating social worker will come prepared with:
- i. Completed SDM Risk Assessment
 - ii. Completed staffing form based on type of staffing (promotional or transfer staffing).
 - iii. The social worker will be prepared to present case in organized, concise manner and with a proposed plan as follows:
 - a. Nature of current referral and investigative findings.
 - b. Prior history of referrals, service delivery and dependency.
 - c. Justified recommendation supported by supervisor, regarding course of action, with openness to modification that is consistent with SDM, CA Penal Codes, W&I Codes and agency policy.
 - d. Additional information brought to each type of staffing will be agreed upon by the emergency response and ongoing program managers and supervisors.
 - iv. ER staffings will be conducted in a structured, respectful and supportive manner. During the staffing the attendees will jointly do a safety mapping and create or update harm and danger statements.
 - v. The next steps and who will perform them that come out of the staffing will be clearly articulated and documented by both the ongoing and emergency response supervisors. A contingency plan will be developed during the ER staffing that addresses what will happen next if the joint plan does not work.

When consensus cannot be achieved at this level, the staffing will end and will be rescheduled to have program managers attend. In the event the addition of program managers to the staffing does not help create consensus, the director or the director's designee will be invited.