

DSS Policy and Procedure Guide	
Division 03: Child Welfare	Chapter 03: Initial Response/Detention
Item 022: Evaluated Out Referrals	
<p><i>Suggested</i> changes send to: DSS PSOA Mailbox</p> <p>References: California Welfare and Institutions Code Section 16504(a) ; CDSS Division 31 Regulations 31-101, 31-105 and 31-110.</p>	<p>Issued: January 23, 2014</p> <p>Revisions in Red</p> <p>Replaces Issue: August 19, 2011, and April 28, 2011</p>

Preamble

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Department of Social Services (DSS), through the 24-hour Child Protection Hotline (CPH), will evaluate and respond to all incoming calls pursuant to the criteria of California Welfare and Institutions Code Section 16504(a) and California Department of Social Services Manual, Division 31 Regulations, Section 105.117 Policies and Procedures.

Initial referrals with allegations meeting the definition of child abuse or neglect by the child’s parent, guardian or care provider as defined by Penal Code 11165.6 shall not be evaluated out under any circumstances.

Subsequent referrals may only be evaluated out when the allegation type, specific incident, alleged victim(s), and alleged perpetrator of the abuse/neglect being reported are exactly the same as the allegation type, specific incident, alleged victim(s) and alleged perpetrator of the abuse/neglect reported in the original referral, i.e. a different Reporting Party (RP) is reporting the exact same abuse/neglect episode.

Purpose

To inform and provide CPH and **Emergency Response (ER)** staff with criteria to assess **the appropriateness of evaluating out a suspected child abuse or neglect** referral.

Procedure

Evaluated Out Referrals

Referrals that do not meet the criteria for an in-person response time will be evaluated out at the CPH. Below is a list of allegations that, in and of themselves, do not constitute appropriate child abuse referrals and should be evaluated out. If the CPH SW determines that an in-person investigation is not required but that the services of another community agency are appropriate, the CPH SW shall refer the

caller to that agency. In some instances they should be directed to other agencies e.g. law enforcement and the School Attendance Review Board (SARB) for investigation.

The following is a list of **circumstances when a referral shall** be evaluated out by the CPH:

- **There is no** child in the home under 18 years of age.
- **No one in the home is a Non-Minor Dependent (NMD).**
- Victim is an emancipated minor and **there are** no siblings or other children at risk of abuse or neglect.
- Mutual affray (fight) between children where **the** parent/guardian/caretaker takes appropriate action and no unreasonable force was used and neither child sustained an injury.
- Out of home abuse by persons not living in the child's home **and the** parents have taken appropriate action to protect **the** child.
- School attendance problems (truancy, erratic attendance) or disruptive behavior in school. (Refer to **SARB**.)
- Pregnancy, in and of itself, of a youth over 14, with no other information provided, or voluntary non-exploitive sex between teenagers under 18, not more than two years apart in age, and neither teenager is younger than 14.
- Head lice with no related problems where parent/guardian/caretaker takes appropriate action. If a school/agency reports this is a chronic issue with no follow-up on treatment by the parents/caregiver - a referral must be taken and evaluated for medical neglect (i.e. School calls and says that this is the **third** time, child has scabs and has missed a lot of school due to untreated lice).
- Health care issues (i.e. immunizations, junk food diets, etc.), where the child is not suffering serious physical harm or illness. Refer to Public Health Department.
- Teen/parent conflict where the child has not suffered injury.
- Reasonable and age appropriate spanking to the buttocks where there is no evidence of serious physical injury.
- Parent's disability (such as blindness or deafness) where the disability does not prevent the parent from exercising care and control.
- Religious objection to medical treatment unless necessary to protect the child from suffering serious physical harm or illness.
- Children living with caretakers who are not their parents.
- Runaway teenagers (except if they have an open case with DSS child welfare).

- Poverty/lack of emergency shelter, including homeless families in shelters or living from one house to another, overcrowded housing when there are adequate resources and no other indicators of abuse/neglect are known. (Cross report to the Housing Authority for code enforcement or refer family to shelter, if necessary. The family should also be referred to CalWORKS.)
- Poverty issues, which do not constitute abuse or neglect. A request for emergency food, shelter and/or clothing, as long as the affected family can be directed to appropriate community resources and is given a referral for TANF or other benefits.
- A child, exhibiting mental health problems, with no allegations that a parent is unwilling or incapable of providing care for the child. Additionally, the Hotline screener must also rule out the parent and/or person known to the parent is causing the child's mental suffering or permitting someone to inflict mental suffering on the child.
- An out-of-control, non-disabled teenager, or criminal/delinquent activity by a child. (Unless the child is being exploited to assist in the criminal activity of an adult.)
- Unsupervised teenagers disturbing the neighborhood, etc., refer to law enforcement.
- Latchkey children (i.e. children left unattended for 3 hours or less before or after school, who are 12 years of age or over and there is no report that the child(ren) are developmentally delayed, physically handicapped or has any special needs or medical needs. Additionally, there is no report that there is a chronic lack of supervision, drug or alcohol abuse, engaging in risky behavior or exhibiting destructive behavior.
- Child custody issues, when a child is not exposed to violence or potential abuse.
- Other issues must be reviewed by the CPH Social Work Supervisor (SWS).

When a Referral is Evaluated Out

Crisis

There may be situations when an ER SWS believes that a **crisis** referral assigned to his or her unit meets the criteria to be evaluated out. In these situations, the ER SWS **shall consult with the Board Supervisor** to assess the appropriateness of **evaluating out** the referral. **(If the Board Supervisor is the assigned ER SWS, then they shall consult with the Back-up Board Supervisor.)** If both supervisors are in agreement, the referral may be evaluated out by taking the following steps:

- The assigned ER SWS must indicate on the Screener Narrative the rationale for evaluating out the referral.
- The Screener Narrative must be signed by both supervisors.
- Submit the evaluated out referral to the ER clerical unit with the instruction that this information is to be added to the Screener Narrative in CWS/CMS as proof of the review and approval process.

If there is disagreement with evaluating out the referral, the assigned SWS and Board Supervisor shall consult with an ER Program Manager (PM) for a final decision. If an ER PM is unavailable the referral shall not be evaluated out or downgraded.

Non-Crisis

All non-crisis 10-Day referrals will be reviewed by the ER SWSs at the ER morning briefing. The decision to evaluate out a referral will be agreed upon as a group. When the group determines a referral meets the criteria to be evaluated out, the following steps must be completed:

- Indicate on the Screener Narrative the rationale for evaluating out the referral.
- The Screener Narrative must be signed by two supervisors.
- Submit the evaluated out referral to the ER clerical unit with the instruction that this information is to be added to the Screener Narrative in CWS/CMS as proof of the review and approval process.

If the group agrees that additional information is required before a referral can be evaluated out, the SWS recommending the referral be downgraded will be responsible for obtaining any additional information; i.e. calling back RP, school, relatives, etc. Once the additional information has been obtained, the referral will once again be presented at the morning briefing for further review. If the SWS is unable to obtain additional information or the additional information obtained does not justify the referral being evaluated out, the referral shall be assigned for investigation.

Evaluated Out by CPH Staff

The CPH SWS shall bring all the evaluated out referrals from the previous business day/weekend to the morning briefing to be reviewed by the ER SWS Team.

For each referral that the Team agrees meets the criteria to remain evaluated out the following steps must be completed:

- Confirm the rationale for evaluating out the referral is written on the Screener Narrative.
- The CPH SWS and at least one other ER SWS must sign the Screener Narrative.
- Submit the evaluated out referral to the ER clerical unit with the instruction that this information is to be added to the Screener Narrative in CWS/CMS as proof of the review and approval process.

If the Team agrees that the referral needs to be upgraded to a 10-Day response:

- The group shall assign the referral to an ER SWS.
- The CPH SWS shall write the rationale for the upgrade on the Screener Narrative.
- The CPH SWS and assigned ER SWS shall sign the Screener Narrative.

- Submit the referral to the ER clerical unit with the instruction that this information is to be added to the Screener Narrative in CWS/CMS as proof of the review and approval process.

If the Team agrees that the referral needs to be upgraded to a Crisis response:

- The CPH SWS shall write the rationale for the upgrade on the Screener Narrative, and
- Submit the referral to the Board SWS for immediate assignment and investigation.

Subsequent Referrals

When a subsequent (new) referral is received regarding a family with a pending/open referral, the subsequent referral shall not be evaluated out by the CPH SW or CPH SWS.

If the subsequent referral meets the criteria for a crisis response, the regular process for crisis referral distribution will take place.

If the referral meets the criteria for a 10-day non-crisis response, the referral will be assigned to the unit in which the pending/open referral is assigned. The SWS of the unit in which the pending referral is assigned will review the subsequent referral. If the SWS determines that the allegation type, specific incident, alleged victim(s) and alleged perpetrator of the abuse/neglect being reported are exactly the same as the allegation type, specific incidents, alleged victim(s) and alleged perpetrator of the abuse/neglect reported in the original referral, the SWS shall evaluate out the subsequent referral and complete the following steps:

- On the subsequent referral's Screener Narrative indicate that the allegation type, specific incident, alleged victim(s) and alleged perpetrator of the abuse/neglect being reported are exactly the same as the allegation type, specific incident, alleged victim(s) and alleged perpetrator of the abuse reported in the original referral.
- List the referral ID number of the original referral on the screener narrative of the subsequent referral.
- Sign the subsequent (evaluated out) referral's Screener Narrative and obtain the signature of a second ER SWS.
- Submit the evaluated out referral to the ER clerical unit with the instruction that this information is to be added to the Screener Narrative in CWS/CMS as proof of the review and approval process.

Standby Referrals

Referrals received after normal business hours, on weekends or holidays shall not be evaluated out without the approval of the Standby SWS.

The Standby SW receiving the referral shall consult with the Standby SWS and receive verbal approval to evaluate out the referral. The Standby SW must indicate on the Screener Narrative the rationale for evaluating out the referral and that the SWS was consulted and approved the referral being evaluated out.

The evaluated out referral shall be submitted to the Standby SWS for review and signature no later than the next business day.

The Standby SWS shall confirm the rationale is entered on the Screener Narrative, sign the Screener Narrative and submit the referral to the ER clerical unit with instructions to add the information to the Screener Narrative in CWS/CMS as proof of the review and approval process.

Responsibilities

CPH SW Responsibilities

- Inform the **RP** that there will be no in-person response to the referral.
- Create a referral; see [PPG 03-03-001](#), *Child Protection Hotline* (CPH). Complete the Screener Narrative and Emergency Response Document; clearly document the reason for evaluating out the referral.
- **Print out the referral (Emergency Response Document and Screener Narrative) and the SDM Hotline tool.**
- **Attach the SDM Hotline tool to the referral and submit to the CPH SWS for approval.**
- If applicable, provide the **RP** with appropriate referrals to community agencies.
- If applicable, cross-report to all required agencies per existing procedures.
- If there is a current open CPS referral, a new referral must still be taken and the two will be merged by the Office Assistant.

CPH SWS Responsibilities

At the time of approval and closure on **CWS/CMS** the CPH SWS will review the referral. If all steps required of the CPH/Standby SW, the ER/Standby SWS and OA staff have been completed, the CPH SWS will approve the referral as evaluated out in **CWS/CMS**. If not, the CPH SWS will take corrective action before the referral is approved.

The CPH SWS will **take the following actions to** close the referrals out in **CWS/CMS**:

- **Confirm the rationale for the decision to evaluate out the referral meets the criteria for evaluating out a referral and is documented on the CWS/CMS Screener Narrative and in the Rationale field of the Determine Response section in CWS/CMS.**
- **In the Determined Response section of CWS/CMS ensure the following sections are completed:**
 - Decision
Select “evaluated out”.
 - Agency Referred To
Select the appropriate agency from the drop down box or “not referred”.

- Response Guidelines
- Approval
Select “approved”. The approval supervisor and the approval date and time are automatically populated.

Note: Any SWS other than the CPH SWS who evaluates out a referral shall follow the same process.

ER Clerical Staff/Office Assistant (OA) Responsibilities

The OA shall verify the Screener Narrative of all referrals to be evaluated out includes the following:

- The rationale for evaluating out the referral.
- The signatures of two ER SWS or an ER PM.

If the rationale and/or appropriate signatures are not present the OA must return the referral to the evaluating out CPH SWS or ER SWS for corrective action.

Note: Referrals received and evaluated out by Standby staff only require the signature of the Standby SWS for processing by OA staff.

When the OA has verified the rationale and appropriate signatures are present the following steps shall be taken to complete the evaluate out process in CWS/CMS:

- In CWS/CMS reassign each referral to be evaluated out to the OA’s district number.
- Update the Screener Narrative in CWS/CMS to include the rationale for downgrading the referral as written by the ER SWS.
- Update the Screener Narrative in CWS/CMS to include the names of the SWS or PM who authorized the referral being evaluated out.
- Enter all downgrade and approval information from the Screener Narrative into the Rationale section of the referral Determine Response section in CWS/CMS.
- In CWS/CMS reassign each completed referral to be evaluated out from the OA in-box to district number XX9V.
- In CWS/CMS reassign all referrals to be evaluated out from district number XX9V to the CPH SWS district number.