

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 03: Initial Response/Detention

Item 001: Child Protection Hotline/Intake and Referral Response Determination

Suggested changes send to: [DSS PSOA](#) Mailbox

Issued: **March 07, 2014**

References:

California Code

Revisions in Red

<http://www.leginfo.ca.gov/calaw.html>

Division 31 Regulations

Replaces Issue: January 23, 2014

<http://www.cdss.ca.gov/ord/PG309.htm>

Title 22 Regulations

<http://www.dss.cahwnet.gov/ord/PG295.htm>

[All County Letter 11-77](#)

[Welfare and Institutions Code 16504\(c\)](#)

[Penal Code § 11170\(b\)\(2\)](#)

Preamble

Child Welfare Policy and Procedure Guides (PPG) 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 make available to the community a telephone number for reporting child abuse and/or neglect as mandated by California Welfare and Institutions Code and DSS Division 31 Policies and Procedures, will ensure coverage in the CPH, and will follow a standardized process for the intake and assessment of referrals.

Purpose

To inform and provide CPH staff with consistent roles, responsibilities, and general requirements for the intake and assessment of referrals, to ensure there is an operational telephone system to receive reports of child abuse/neglect/exploitation from the community and to ensure there is adequate coverage in the CPH at all times.

Overview of Statutes/Regulations

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division - 31-105, states in part that,

The social worker shall immediately initiate and complete the Emergency Response Protocol process to determine whether an in-person investigation is required. It further spells out the recording of all available and appropriate information on the Emergency Response referral.

Introduction

CPH - The CPH is a unit composed of Social Worker (SW) staff trained to assess telephone referrals for child abuse and/or neglect. The CPH operates 24 hours a day, seven days a week and can be

reached at the following telephone numbers: General Public Line: (559) 255-8320; Law Enforcement Line: (559) 600-6474; Hospital Line: (559) 600-6466.

CPH SW staff is also responsible for completing referrals from walk-in clients and for reviewing faxes and Suspected Child Abuse Reports (SCARS) from law enforcement/hospital/schools and other mandated reporters.

All reports of child abuse, neglect or exploitation on new or existing cases are directed to the CPH for initial assessment. These referrals involve allegations of suspected child abuse, neglect and/or exploitation and may be received telephonically, in writing or in-person. The CPH also provides brief consultation to the public on child abuse issues and referrals, and, when appropriate, to resources other than DSS. In addition, the CPH is responsible for directing requests and inquires regarding Inter-County Transfers (ICT) and Interstate Compact on the Placement of Children (ICPC) to the supervisor of the Home Approval Unit (SJHH), who is the ICPC Liaison, and/or the ICPC Specialist (SJHD) via email box [CWS ICPC/ICT](#).

Although the CPH receives the majority of its referrals from agencies and persons outside of DSS, any employee of DSS who, within the scope of his/her employment, observes or receives a report of abuse, neglect or exploitation from a source other than the CPH, shall obtain the necessary information from the reporting party and complete a written referral. Refer to PPG 03-03-023 Suspected Child Abuse/ Neglect Written Referral.

NOTE:

Anonymous calls must be given the same scrutiny and rigorous assessment as any other call and must be evaluated in the same manner, and;

Calls from Law Enforcement in which they do not respond, or have responded and have assessed the children to not be at risk of abuse or neglect, does not alleviate the Department's responsibility to independently assess the children's safety and well being.

Procedure

Answering the Phone in the CPH

CPH staff will answer the phones between 8:00 A.M. – 8:45 P.M.

Between the hours of 8:45 P.M. to 8:00 A.M., calls to the CPH will be automatically transferred to the Professional Exchange Services (PES). The lead Standby SW will be contacted directly by the PES regarding all calls of abuse or neglect.

All CPH phone lines are rotated to the next available CPH SW on an automated basis.

Back Up Plan When Phone System Fails/Malfunctions

The CPH Unit SWS or CPH staff will be responsible for verifying that the phone system is operational and working properly on a regular basis. In the event of problems, malfunction or failure of telephone service, DSS CPH staff will follow the following procedures in order to continue receiving reports of child abuse/neglect and to provide timely response to emergency situations as needed:

- The CPH Unit SWS will be verbally advised immediately.
- The CPH Unit SWS or CPH staff person will contact the Professional Exchange Service at (559) 224-4811 to inform them of an outage and to expect an influx of calls until the back-up plan has been fully implemented.
- The CPH Program Manager (PM) and Division Secretary will be verbally advised by the CPH Unit SWS or CPH staff person. If neither the PM nor the secretary are available, an Emergency Response PM and their Secretary will be advised.
- After hours and weekends, the Swing Shift SWS or Standby SWS is to contact the Fresno County Department of Communications at 600-5888. If this is unsuccessful, County Security should be contacted at 452-7102. Security can then page the designated emergency contact person for Communications.

To Continue CPH Services in the Interim, the Following Procedures Will Be Followed

The Exchange Service supervisor will be faxed a list of identified alternative phone numbers for CPH staff. The Exchange will be requested to use those numbers to relay calls or messages to CPH staff until the phone system is operational.

When the regular CPH phone system is again operating properly, the Exchange Service will be contacted and advised to return to regular procedures for contacting the CPH.

Telephone Protocol

CPH SW Responsibilities

When a telephone call is received by the CPH, staff will:

- Answer the phone by the fourth ring.
- Use the following standard greeting: *“Hello, Department of Social Services Child Protection Hotline. This is (SW’s full name). How may I help you?”*

Taking a report of Child Abuse, Neglect or Exploitation

The CPH SW will:

- Ask the caller to provide a call-back number to be used in case the call gets inadvertently disconnected.
- Determine if the caller is a mandated reporter, and if so gather all relevant identifying information including job title and agency affiliation, if any. If the caller is not a mandated reporter, with consent, take down the reporter’s name, address, phone number, and relationship to the family.

- Elicit the purpose of the telephone call by allowing the caller to explain why they contacted the Department and asking pertinent follow-up questions. Continue gathering relevant information from the caller.
- When the telephone inquiry involves no allegations of abuse, neglect or exploitation, the CPH SW will provide the caller with additional information, resources or referrals.

When the CPH SW has determined the caller wants to report child abuse or neglect, the following information must be obtained:

- All information known to the caller that is necessary to complete the client, reporter, school and medical notebooks of your referral in CWS/CMS.
- As much of the following demographic information as possible:
 - Child
 - Name
 - Age and date of birth
 - Gender
 - Ethnicity
 - Language
 - Address
 - Current location
 - Location where abuse or neglect occurred
 - School or daycare attending
 - Parents/Guardians or Caregivers
 - Name
 - Gender
 - Age and date of birth
 - Ethnicity
 - Language
 - Relationship to the child
 - Permanent address
 - Current location
 - Place of employment
 - Home, work or message phone numbers
 - Family Composition/ Others in the Home
 - Names
 - Ages and dates of birth
 - Gender
 - Ethnicity
 - Language
 - Location of all children in the family
 - Names, ages, and location of other children in the alleged perpetrator's care
 - Siblings of the victim or other children in the family's home

- All pertinent information known to the caller that would enable staff to accurately answer the questions contained in the SDM Hotline Tool decision trees and arrive at an appropriate response determination.

The CPH SW must utilize the [Hotline Basic & Advanced Response Question Guide](#) and the [CPH Extended Response Question Guide](#) to determine the following:

- Information Regarding the Alleged Maltreatment
 - Type/ Nature of Maltreatment
 - Physical abuse: burning, beating, kicking, biting, and other physical abuse
 - Neglect: failure to adequately meet a child's basic needs, withholding needed medical care
 - Lack of supervision, lack of adequate food or shelter
 - Sexual Abuse or exploitation: fondling, masturbation, oral or anal sex, sexual intercourse
 - Viewing or involved in pornography
 - Emotional Abuse: constant berating or rejection, bizarre/cruel/ritualistic forms of
 - Punishment, exposure to domestic violence
 - Caretaker Absence: no caregiver available
 - Severity of Maltreatment
 - Extent of the injury
 - Location of the injury
 - Extent of the emotional injury to the child and symptoms
 - How Chronic
 - Prior incidents of abuse or neglect
 - Length of occurrence
 - Frequency
 - Information Regarding the Parents, Caregivers, and Perpetrator
 - Emotional and physical condition; any known mental or physical illness
 - Parents' Perceptions of the Child
 - Blames the child
 - Empathizes with the child
 - Supports/Believes the child
 - Behavior of Family Members
 - Engagement in bizarre or irrational behavior
 - Possession of weapons
 - Abuse of pets

- Perpetrator Characteristics
 - Name
 - Gender
 - Age
 - Ethnicity
 - Language
 - Address
 - Phone number
 - Current location
 - Access to minor
 - Last contact with the minor
 - Child related crimes
 - Penal Code 290 PC - Sex Offender Registration
 - On parole or probation
 - Any additional pertinent information

- Information Regarding the Child and the Family
 - Child's Condition
 - Physical condition
 - Emotional condition
 - Disability or impairments
 - Clinical Diagnoses
 - Medication (over the counter, prescribed and is it being taken)
 - Strengths (good student, in sports)
 - Extremes in behavior
 - Acting out behavior, isolation, withdrawn

 - Alerts Regarding Child/Family
 - Fire setter
 - Abuses animals
 - Known or suspected substance abuse
 - Unsafe conditions in the home (health or safety hazards, firearms, weapons, dogs, gangs, contagious disease, etc.)

 - Family Dynamics
 - Marital Conflict
 - Domestic Violence
 - Custody information (visit times, percentage of custody)

 - Family or Community Supports
 - Collaterals: (physicians, pediatricians, others who may have pertinent information relating to the child and family and who may be able to verify information)
 - Family strengths and support systems

- History of DSS Child Welfare Involvement
 - Review and list all prior CWS/CMS referrals allegations and dispositions.
 - Review and list any cases or referrals currently open.
- Additional Information
 - Elicit all information known to the caller that is necessary to fully complete the CWS/CMS Screener Narrative, including:
 - The caregivers' ability to protect and care for children
 - The caregivers' interactions with others
 - The caregivers' parenting skills and mental health issues
 - The caregivers' history of substance abuse domestic violence, and/or criminal behavior
 - Presence of a parent substitute
 - Witness to the incident
 - History of prior reports on the family by the same reporter
 - Environmental conditions

Completing Referrals of Suspected Child Abuse, Neglect, or Exploitation

CPH SW Responsibilities

If the report is received in written form, search the CWS/CMS database to determine if the allegations were previously reported telephonically by the same reporter.

Determine the case status of the child(ren) by searching the CWS/CMS database.

If it is determined that a referral was previously received, enter the 19 digit referral number, referral name, status of referral and assigned staff's name and district number on the top of the written report. CPH staff will then submit the written report to clerical support staff who will forward it to the assigned ER staff.

Create a new referral when:

- The allegations were not previously reported, (either in person, in writing or verbally); **or**
- The report was received from a different reporter regarding the same incident; **or**
- There are new allegations on an open case or referral; **or**
- There are same or similar allegations as previously reported on a pending (open) referral

Complete the Client Notebook for all:

- Adult members of the household.
- Absent parents.
- Children in the family, including, if appropriate and available, the name and address of the school.
- Perpetrator(s), if not a parent or member of the household.

NOTE: It is important that child clients whose abstracts have Parental Rights Termination information be further scrutinized before attaching them to a referral. Does the client have a finalized adoption? This can be found on the Case History tab of the Client's Abstract. Click on the case row(s) for the child and see what is in the Case Closure Reason field. If the Case Closure Reason is Adoption Finalized, the child has a finalized adoption and the child shall not be attached to the new referral. A referral regarding a child that has been adopted should be written under the adopted parent's name, not the birth mother's name.

Enter any safety alerts in the Screener Alerts box of the Referral Management section (green) on the ID page. Also include this information in the Screener Narrative.

If applicable, enter Parental Alcohol/Drug/Mental Health (ADMH) Issues on the ID page of the parent's Client notebook only if the parent is selected as an alleged perpetrator in the referral.

Create the Screener Narrative on CWS/CMS to include all pertinent information gathered from the Reporting Party.

- **If the Reporting Party (RP) is a mandated reporter, check the "Feedback Required" box in the Reporter tab of the referral.**

Create separate referrals for children with different mothers.

Utilize the online SDM Hotline Tool for all referrals, to include the following information:

- Structured Decision Making (SDM) Response Priority Rationale
- CPH SW name and worker number
- Response decision: Immediate/Crisis, 10-day/Non-Crisis, or Evaluate Out
- Rationale for response decision including notation of abuse and neglect indicators

Complete and attach an SDM Decision tree to all referrals with the exception of referrals that have been Evaluated Out.

If the allegations are cross-reportable:

- Determine which law enforcement agency has jurisdiction.
- Create a Suspected Child Abuse Report (SCAR) addressed to that agency.
- Cross-report to that agency per existing procedures.

If the allegations are Evaluated Out, 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 the referral is determined to need a crisis response, a copy of the hand written referral documents will be given to the Board SWS for immediate assignment. The CPH SW will then complete the process of entering the referral into CWS/CMS.

If the referral is determined to need a 10-Day response the CPH SW will complete the process of entering the referral into CWS/CMS, 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 the referral documents to the ER Clerical staff for further processing.

ER SWS Briefing

All referrals determined to need a 10-day response by the CPH staff will be reviewed by the ER SWS team in the morning briefing to make a final determination as to whether or not a 10-day response is appropriate or if the response decision/timeframe should be modified.

Referrals that remain a 10-day response will be assigned to an ER unit for investigation within 10 days of the date the referral was received by DSS.

Referrals upgraded to an immediate response (10 day to the Board) shall be given to the Board SWS for immediate assignment.

Referrals that do not require a response, as determined by the SWS team or CPH staff, shall be downgraded utilizing the evaluate out criteria and processes as outlined in [PPG 03-03-022](#) Evaluated Out Referrals.

Reports of Abuse/Neglect of Children in Out of Home Care

All reports of abuse or neglect of a dependent minor in out-of-home settings with a substitute care provider (SCP) must have a referral created within CWS/CMS. *This includes reports on all of the following types of homes:*

- Fresno County Licensed Foster Family Homes (County Homes)
- Foster Family Agency Certified Homes (FFA Homes)
- Group Homes
- Relative
- Non-Relative Extended Family Member (NREFM) Homes, also known as Mentor Homes

The referral must be created whether or not the specific identity of the perpetrator is known beyond the fact that it is an SCP or facility staff person.

If the perpetrator is known, the CPH SW shall create the perpetrator in the CWS/CMS Client Notebook, or associate the perpetrator with the referral if the perpetrator had previously been created.

If the specific perpetrator is unknown, the CPH SW shall create a perpetrator in the Client Notebook by using the facility type as the first name and the facility name as the last name. For example, if the neglect/abuse occurred in the relative/NREFM placement home of John Smith, the created client would be Relative (first name) and Smith (last name) or if the neglect/abuse occurred in the group home placement of XYZ Group Home, the created client would be Group (first name) and XYZ (last name).

The choices for first name, given the various facility types in CWS/CMS and most common type of

homes utilized in Fresno County would be as follows; FFA, County Home, Group, Guardian, Relative, Mentor and Tribe.

After identifying the appropriate client/perpetrator, the CPH SW shall select the SCP/Rec. Facility Staff radio button in the Perpetrator Type box on the ID page of the Allegation Notebook in CWS/CMS.

After selecting the SCP/Rec. Facility Staff *radio button*, the CPH SW shall then select the appropriate Placement Facility Type from the drop down box located on the ID page of the Allegation Notebook in CWS/CMS.

Reports of Abuse/Neglect of Non-Minor Dependents (NMD) in Out-of-Home Care

CWS/CMS currently does not allow for a referral regarding a NMD. Therefore, the CPH SW shall enter the traditional referral information on the NMD's Case ID page in the "NMD Safety Assessment" box by completing the following steps:

- Click the plus (+) sign.
- Enter the "Initial Report Date".
- Enter the "Facility". (If the allegation is regarding a previous care provider you will need to click the "Retrieve Placement History" button, which will allow you to choose the correct care provider.

In the "Caregiver Information" section, enter the information regarding each caregiver by completing the following steps:

- Click the plus (+) sign.
- Enter the caregiver.
- Enter the abuse or neglect allegations in the "Comments" section.

Note: This process must be repeated for each caregiver with an allegation of abuse or neglect.

All allegations of abuse, neglect, or exploitation of a NMD by a licensed or approved caregiver are cross-reported to the appropriate licensing or approval agency and, as appropriate, to law enforcement.

Once the NMD Safety Assessment information is entered, the CPH SW will print the ID page by completing the following steps:

- While on the Case ID page, click "File" and select "Print".
- Click "ID".
- Click "Print".

The printed ID page will be given to the appropriate SWS for assignment.

Reports of Abuse/Neglect Regarding Deceased Children

When a report is received regarding a deceased child, the CPH SW shall ensure that the appropriate allegation(s) are listed for the deceased child based on the information provided at the time of the

report. One or more of the following allegations is required when the cause and manner of death is unknown and/or there is suspicion the child's death was a result of abuse or neglect:

- Severe Neglect
- Physical Abuse
- Emotional Abuse
- Sexual Abuse

Note: The allegation type for the deceased child should never be General Neglect.

The CPH SW shall ensure that the allegation type for any other children residing in the home shall be one or more of the following based on the information provided by the reporting party at the time of the report:

- At Risk, Sibling Abused
- Severe Neglect
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- General neglect

CPH SWS Responsibilities

Review all Evaluated Out referrals and the SDM Hotline Tool used by the SW for thoroughness and accuracy.

Confirm that the SW completed the referral as specified in SW steps above. If not, take action to correct the referral;

Approve all Evaluated Out referrals manually and electronically.