

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 03: Initial Response/Detention

Item 008: Assessment in Investigation of Abuse/Neglect Reports

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

Issued: **March 07, 2014**

References: [The California Structured Decision Making System Policy and Procedures Manual, California Dept. of Social Services Division 31-100 Regulations., All County Letter 11-77, Penal Code § 11170\(b\)\(2\)](#)

Revisions in red

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Preamble

Child Welfare Policy and Procedure Guides (PPGs) 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

Emergency Response (ER) in the Department of Social Services (DSS) is a twenty-four hour, seven-day a week program. DSS Staff will accept all reports of alleged abuse or neglect of children, which includes reports of physical, sexual or emotional abuse, as well as reports of severe or general neglect.

DSS will respond in-person to all reports of abuse or neglect in order to complete an assessment and develop a service plan that addresses the safety concerns which place children at risk, when it is determined that such protective services are necessary.

As required by Welfare and Institutions Code (WIC) 16504(c), DSS will respond in-person to all appropriate reports of abuse or neglect of any Non-Minor Dependent (NMD) by a licensed or approved caregiver while in a foster care placement to determine if the placement is safe and appropriate.

Response and investigation of abuse and neglect reports will be completed by a Social Worker (SW) employed by the DSS Children's Protective Services (CPS) division. These reports are generally responded to by SWs assigned to the ER Division (Day ER, Swing Shift or Standby); however, other designated SWs in other divisions of CPS may respond at the request of a Social Work Supervisor, Program Manager or the Deputy Director.

Note: a Case Managing (CM) SW is not to respond to referrals of abuse or neglect regarding children on their own caseload. Please refer to [PPG 03-03-009 Referrals on Dependent Minors](#).

Purpose

To ensure a uniform and standardized method for investigating referrals of child abuse or neglect and to inform staff of DSS policies, procedures and general requirements for the thorough assessments of risks, strengths and the safety and well being of children.

Procedure

Investigation and Initial Assessment

The responding/investigating SW shall initiate their in-person contacts as soon as possible and within the determined response time frame (i.e. 2-hour crisis, 24 hour, 10-day non-crisis).

The ER SW (or other designated SW) shall complete the tasks and general requirements listed below in the course of investigating a referral alleging abuse or neglect of a child:

Note: When investigating allegations of abuse or neglect of a Juvenile Court Dependent child or NMD, there are specific procedures that must be followed in addition to the procedures outlined below. Please refer to PPG [03-03-009](#), Referrals on Dependent Minors for further information.

- CWS/CMS records check for history regarding children, parents, other household members, or persons frequenting the home. Thoroughly read and review prior investigations.
- Interview CM SW if a service case is currently open. Calls to the CM SWs after hours shall be limited to situations in need of an immediate safety assessment requiring information from the worker. If the child is not in immediate danger, next day follow up will occur.
- If service case is currently closed, but has been open within the past two years, interview all CM SWs with knowledge of the case.
- Sheriff's records check for history regarding parents, other household members, or other adults frequenting the home.
- Contact local law enforcement to identify prior service calls to the home when:
 - The referral allegation includes physical abuse and/or domestic violence.
 - There have been three or more referrals on the family over a six (6) month period, and the SW has not been able to locate the family.
- Check the names of all adult household members and all adults who frequent the home (significant others, babysitters, etc) in the State of California Department of Justice [Megan's Law](#) website.
- Interview reporting parties (RP) prior to responding and investigating the referral. If the RP is not available initially, additional attempts shall be made prior to final disposition of the referral allegations and referral closure.
 - **If the Reporting Party (RP) is a mandated reporter, ensure that the "Feedback Required" box in the Reporter tab of the referral is checked.**
- Collateral persons shall be interviewed as part of the investigation. Collateral persons' names, addresses and relationship to the child shall be entered on the Profile Sheet in the physical case folder and in the Collateral Notebook in CWS/CMS. The start date of the relationship shall also be entered in the Collateral Notebook in CMS. Collateral persons may include, but are not limited to:

- CWS staff
- Relatives, including grandparent/aunt/uncle and great grandparent/aunt/uncle
- Clergy
- School Personnel
- Counselors/Therapists
- Law Enforcement
- Medical Professionals
- Probation/Parole Officers
- CASA
- Indian Custodians
- Neighbors/Friends and other non-related persons
- Conduct an in-person individual interview with each alleged child victim(s) who are verbal. Interviews should not be done in the presence of the child's caretaker and the alleged perpetrator, when possible. Another person who the child trusts, but who is not the alleged perpetrator or another alleged child victim, may be present during the interview if it makes the child more comfortable.
- Conduct an in-person individual interview(s) with the parent(s)/caretaker(s). Interviews should be conducted on the same day as contact with child victim(s) if at all possible. When interviewing parents/caretakers with allegations of domestic violence or a documented history of domestic violence the SW shall interview the persons separately. ([See PPG 03-03-038, Investigating Domestic Abuse Allegations](#), for addition information regarding the investigation of domestic violence allegations).
- Obtain or confirm demographic data for all household and immediate family members including; correct legal name and spelling, date and place of birth, social security numbers, ethnicity, applicability of Indian Child Welfare Act (ICWA), correct relationships to other persons in the referral, addresses of family members not residing at the common address, and court-ordered custody status of children (obtain copies of custody documents if a protective hold is placed on the children). Update the CWS/CMS Client Notebook and/or Allegation Notebook, as needed.
- Conduct an in-person individual interview with all other adults and verbal children of the victim's household. Non-verbal children must be observed.
- Conduct an in-person or phone interview with law enforcement when they have had contact with the family regarding the current report of abuse or neglect.
- Interview any physicians directly involved with the treatment of the reported incident.

- The assigned SW is to consult with a Public Health Nurse (PHN) to assist in obtaining medical information and clarification of the medical records. After 5:00 p.m., staff shall email the PHN, and follow up the next day.
- Workers must ensure the child victim receives an immediate medical exam when there is evidence of physical or sexual abuse, malnutrition, or medical neglect and/or there is any indication from the child, either verbally or by SW observation, that the child is in pain or disorientated and may be in need of urgent medical care.
- Interview primary care physician or physician who has seen the victim within the past six months if past history of maltreatment or medical neglect is alleged.
- Interview all identified witnesses who are reported to have knowledge of the incident.
- Interview other community professionals who have first hand knowledge of the incident or circumstances that created the substantial risk or led to the current incident.
- Interview school professionals or service providers who have knowledge of the child and/or the level of care provided to the child.
- Interview child protective services in other states in which the family members have resided in the past.
- Document and provide detailed descriptions of any observable injuries or physical characteristics indicative of or possibly resulting from abuse or neglect. This should include marks, scars, or other characteristics not related to the current incident, but could become relevant at another time (i.e. birthmarks, Mongolian spots, old injuries, etc.). These should be documented in CWS/CMS narratives, as well as on a Child's Body Diagram form with the child's name, the date, and the name of the observing SW.
- Document in the CWS/CMS narratives any observable behaviors indicative of abnormal or delayed development, or that is consistent with any form of abuse or neglect of the children. Utilization of the [Developmental Milestones](#) in DSS Portal is preferred.
- Observe the home environment and other locations where maltreatment or neglect allegedly occurred. Observations must be documented in the CWS/CMS narratives.
- Complete SDM Safety and Risk Assessments in accordance with [PPG 03-03-002 Use of Structured Decision Making in Emergency Response](#).
- The SW shall request law enforcement assistance under any of the following circumstances:
 - When the immediate safety of family members or county staff is endangered.
 - When visible injuries are present consistent with child abuse.
 - When a child discloses sexual abuse.
 - When there is no caretaker available to supervise a child.

- In any situation where a Protective Hold is warranted to ensure the safety of a child.
- Except as outlined in [PPG 03-03-011 Standby/PFT Expectations and Response to Referrals](#), law enforcement shall not be requested to respond in place of a DSS SW to investigate reports of abuse/neglect.
- The SW shall consult with law enforcement regarding which relatives should be excluded for placement (i.e. relatives that are suspects, relatives that reside in close proximity to the offending parent).
 - In the event that a protective hold is placed on the child(ren) and law enforcement recommends no relative placement or not releasing the child(ren) to a non-offending custodial parent, the SW shall explain to law enforcement that the law requires release to a non-offending parent, absent a showing of detriment. Additionally, the law requires placement consideration be given to relatives.
 - The SW shall elicit information regarding any such detriment, as identified by law enforcement and narrate the statement in CWS/CMS.
- The investigating SW shall re-interview family members if new allegations are made after the initial interview.
- All information gathered and all interviews conducted during the course of investigating the referral shall be documented in the Narrative section of CWS/CMS in accordance with [PPG 03-01-001 Mandatory Face-to-Face Contacts/Documentation Timeframes](#).

Reasons for not completing any of the above contacts must be documented in the CWS/CMS narrative section.

Additional Factors to Be Considered Include But are not Limited to:

- Ages of the children.
- Has the child been placed in a situation or circumstances which are *likely* to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate.
- Were the children left in the care of an inadequate or inappropriate caregiver?
- Have the children been provided with food adequate to sustain normal functioning. (Failure to do so would be neglect. However, 'Malnutrition or Failure to Thrive' both require a medical diagnosis.)
- Does the victim have a medical condition; behavioral, mental or emotional problem; or disability or handicap which impacts on his or her ability to seek help or significantly increases the caretaker's stress level?
- Is there a pattern of similar instances with this child or other children for whom the caretaker has been responsible? Is there a previous history of abuse and/or neglect? The history shall be verifiable through official record documentation or substantial corroboration by other credible sources.

- What is the severity of the incident?
- Was an object used on the victim? (The use of an object does not, in and of itself, constitute an indicated finding but must be considered with other factors.)
- What dynamics are present between the victim and the parent? (Identify the child's level of fear of the caretaker. Does the caretaker appear to be concerned about the child's welfare and protection? Is there an appropriate parent-child relationship?)
- What is the level of stress/crisis in the home? (Is there a positive home environment or is the environment chaotic?)
- Are there additional complicating factors?
- Is an appropriate support system (circle of support) in place for the victim and the caretakers? Are there supportive people in the home?
- What protective capacities are reported or observed that prevent the children from being at greater risk or could potentially support the family members' efforts to reduce the present risks and stabilize the situation which brought the family to DSS attention?

Information Concerning Domestic Violence Issues

History of past incidents of domestic violence.

Nature of domestic violence (yelling and screaming vs. physical contact or injury).

Use of weapons.

Level of physical involvement of children (i.e., present in the same room, attempting to intervene, out of immediate area, etc.).

Level of emotional impact on the child (i.e., how does child react to hearing or seeing domestic violence; how has their reactions to the victim or abuser changed; has the child begun to act out aggressively toward others or become submissive in confrontations, etc.).

Ability of the victim of domestic violence to use a support system (circle of support).

If a domestic violence restraining order exists, the SW shall request a copy of the order, place it in the file, narrate the terms of the order in CWS/CMS, and consider the terms of the order in decision making.

Information Concerning Mental Health Issues

Presence of or nature of clinical diagnosis for a parent or child.

Is the nature of the illness such that medication controls inappropriate or harmful behaviors? If so, what is the level of medication compliance?

- Does a child in the home need a psychotropic medication(s) refill? If yes, please refer to PPG [03-06-019](#) Dependency Court Authorization for Administration of Psychotropic Medication.

History of psychiatric hospitalizations for a parent or a child.

Treatment and treatment compliance history for a parent or a child.

If parent indicates that he/she is currently enrolled in Mental Health services or reports a diagnosis, the SW shall have the parent(s) sign a release of information form and contact the treating provider to verify the parent's statements.

Does the child have problems with social adjustment or making and maintaining healthy relationships?

Has the child returned from a runaway episode?

Does the child reside with a parent or caregiver who has a known recent mental health or drug or alcohol problem?

Has the child experienced exploitation, significant loss, emotional abuse, or severe neglect?

Has the child been a danger to him/herself or others?

Has the child experienced physical abuse, sexual abuse, severe neglect, been abducted, or exposed to violent behavior?

Does the child have unusual or bizarre behaviors that maintaining him/her in their current living or educational situation is in jeopardy?

Does the child have a significant functional impairment, problems with personal care, or managing his/her feelings?

Does the child exhibit disconnected, depressed, withdrawn, or excessively passive behavior?

Does the child have a history of enuresis or encopresis?

Information Concerning Substance Abuse Issues

Statements by family members regarding drug or alcohol usage in the home and the care takers' behaviors while under the influence.

Were the children in the home with persons under the influence of drugs or alcohol?

Observations of behaviors or characteristics consistent with being under the influence or long term substance abuse.

History of substance abuse related arrests.

Reports of substance abuse treatment, compliance, periods of sobriety.

Do any of the children consume alcohol or use drugs?

Required Documentation/Evidence to Support Findings

Detailed explanatory statements of the victim, perpetrator, witnesses, and any other person with knowledge of the injury have been obtained.

Evidence that a person responsible for a child's welfare has created a real and significant danger of physical or emotional harm which is likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function. Or, evidence that incidents of violence or intimidation have been directed toward the child which have not yet resulted in injury or impairment but which clearly threaten such injury or impairment; or placing a child in an environment which is injurious to their health and welfare. (These constitute substantial risk.)

If previous investigations are used to support current finding, the files must be read to insure evidentiary value. The SW shall also enter into the current referral narratives in CWS/CMS the following:

- A summary of the previous investigation narratives.
- Assessment as to how the previous investigation is linked to the current investigation.
- The referral ID number(s) of the referral(s) containing the complete narratives.

If Law Enforcement has conducted an investigation, the final findings/report must be obtained and filed/documentated in the case file and/or CWS/CMS. If the Law Enforcement report is not available, a case note must be included indicating the report has been requested and Law Enforcement's verbal statements must be documented in CWS/CMS.

Evidence that the injury is a direct result of some action by an eligible perpetrator (abuse), the failure of a caretaker to stop the action of another person that results in injury (abuse), or the blatant disregard of a harmful situation which results in the injury (neglect).

A medical opinion has been obtained that states the explanation given for the injury is inconsistent, or the most likely manner in which the injury occurred was abuse or neglect; or the alleged perpetrator has admitted causing the injury or failing to protect the child; or documentation must include evidence that the alleged perpetrator exposed the child to risk of receiving an injury that a reasonable person would have taken action to avoid.

The Penal Codes that correctly documents the abuse or neglect that has been determined to have occurred, or the Penal Code used to document that the allegations did not meet the definition of abuse or neglect must be entered in the assessment narrative when the referral is being closed. (See [Penal Code section 11165.1-6](#))

Client Disposition

Each child is to have one of the following closure reasons:

- Child Already in a County Welfare Department-Child Welfare Services (CWD-CWS) Case
If a child in a referral that you are closing is already in an open CWD-CWS case this is the only closure reason that will be available for selection.
- Child Already in a Non-County Welfare Department (Non-CWD) Case
If a child in a referral that you are closing is already in an open Non-CWD case this is the only closure reason that will be available for selection. A child is in a Non-CWD case when the Intervention Reason for that case is "Non-CWD Foster Care" (Probation), "Non-CWD Mental Health", or "Non-CWD Kin-Gap".

- Child Dead Prior to Referral
Use this reason if a child in a referral that you are closing was deceased prior to the date of the referral.
- Child Died During Investigation
Use this reason if a child in a referral that you are closing died during the investigation.
- Child Does Not Exist
Use this reason if a child in a referral that you are closing turns out to not even be a child that exists. They legitimately exist in the referral because they were reported as having existed and an investigation was needed to determine that the information as reported was mistaken. The allegation conclusion must be “Entered in Error”.
- Child Emancipated/Reached Majority
Use this reason if a child in a referral that you are closing has turned 18 and as an adult is not appropriate for services as a child in an open case. Opening a case to an AB12 reentry is accomplished through reopening a previously closed case, not through a referral.
- Child Not at Risk
Use this reason if a child in a referral that you are closing was not identified as a victim of substantiated or inconclusive abuse or neglect. It was determined that there was not an event or situation that occurred to put them at risk. You cannot select this reason until a completed face to face contact between the child in question and a SW is recorded.
- Child Not Involved in Incident
Use this reason if a child in a referral that you are closing was not identified as a victim of substantiated or inconclusive abuse or neglect. It was determined that, while there was an incident involving other children, it was not of a nature that would impact this child either due to location (they live elsewhere) or proximity (the dynamic did/does not occur while they are present).
- Child Placed for Adoption
Use this reason if a child in a referral that you are closing is going to be placed for adoption privately.
- Child Unrelated to Family
Use this reason if a child in a referral that you are closing is not a legal part of the family in the referral even if they live in the home. They may or may not need to be in a separate referral connected to their parent(s).
- Contact Attempted, Can’t Locate
Use this reason if a child in a referral that you are closing has never been located. If there has not been an in-person contact completed this may be the only reason available for selection. The investigating SW shall follow [PPG 15-07-075](#) Child Welfare Investigation – Unable to Locate Family prior to closure.

- Loss of Contact with Child
Use this reason if a child in a referral that you are closing was one where you made an initial face to face contact but had not completed your assessment during that contact and that child was no longer locatable.
- Open New CWD-CWS Case
Use this reason if a child in a referral that you are closing is going to be part of a CWD-CWS case. You cannot make this selection until there is a completed face to face contact between the child and a SW, and all allegations for that child are concluded and at least one of them is not "Entered in Error". If the child is in an active Placement Episode but does not have an active case, this will be the only selection available.
- Open New Non-CWD Case
Use this reason if a child in a referral that you are closing is going to part of a Non-CWD (i.e. Probation, Mental Health, or Kin-Gap) case. This selection is not available until there is a completed face to face contact with the child and a SW. This selection is only available for those who have Non-CWD privilege.
- Situation Stabilized
Use this reason if a child in a referral that you are closing was impacted by a situation where there was a substantiated or inconclusive instance of abuse or neglect but that situation is not continuing. This reason cannot be selected until there is a completed face to face contact between the child and a SW.

Referral Disposition

The initial assessment may result in the following decisions or actions and should be supported by the completed SDM Risk and Safety Assessments:

- No safety factors were identified.
 - Based on current available information, there are no children likely to be in immediate danger of serious harm.
- One or more safety factors are present, but protecting safety interventions have been planned or taken.
 - Based on the protecting intervention, child (ren) will remain in the home at this time or the parents have made a suitable plan.
 - Referrals to community agencies for the receipt of voluntary services should be completed and documented, and services from the DSS may be terminated if it is determined that there is no need for further services and the children are not at risk.
 - If the SDM Risk Assessment indicates moderate or high risk and no ongoing services are to be provided by DSS, the SW must justify and document in the CWS/CMS narrative the safety factors, safety plans, and/or services the family will be receiving which support the decision to terminate DSS involvement.
- One or more safety factors are present, and placement is the *only* protecting intervention possible for one or more children.

- Without placement, one or more children will likely be in immediate danger of serious harm.
- A TDM or case Staffing is held to determine if Voluntary Family Maintenance Services or a dependency court action is appropriate
- Upon completion of investigation, each referral shall be given a disposition of substantiated, inconclusive, or unfounded, as defined in Penal Code section [11165.12](#). Abuse types will be determined pursuant to Penal Code sections [11165.1-6](#). This information will be reflected in each assessment narrative, prior to referral closure or promotion to a case. The conclusion information in the assessment narrative shall be the same as entered in the Client Disposition section in CWS/CMS.

CWS/CMS Documentation

Prior to referral closure or promotion to a case, the investigating SW and SWS are to complete the following:

- Ensure the identity of the perpetrator(s) is accurate and update the following information on the ID Page of the Existing Allegation notebook in CWS/CMS:
 - Perpetrator's Name.
 - Perpetrator Type.
 - Occurrence Information.
 - Information Source.
- Verify the allegations listed in the CWS/CMS Allegation Notebook correspond with the information contained in the screener narrative. If the allegations do not match, the investigating SW shall make the needed corrections in CWS/CMS.
- If a new allegation is made during the course of the investigation the investigating SW shall create a new allegation in CWS/CMS by opening the Create New Allegation notebook and completing the following on the ID page:
 - In the People Involved section enter the Victim, Perpetrator and Abuse Category information
 - Complete the Perpetrator Type section.
 - Complete the Occurrence Information section.
 - Complete the Information Source section by selecting the Added by Investigator button.
- **If the RP is a mandated reporter, ensure that the RP has been contacted and advised of the results of the investigation and any action DSS is taking with regard to the child or family.**
 - **Advisement can be done in person, via telephone, or via letter created through CWS/CMS.**

- If contact is made in person or via telephone, the contact shall be narrated in CWS/CMS, as well as the “Feedback Method” and “Feedback Date” entered in the Reporter tab of the referral.
- If contact is made via letter created through CWS/CMS, a copy of the signed letter shall be filed in the case folder or scanned and imported into the Referral Management (green) section CWS/CMS.
- The assigned SWS shall ensure that the mandated reporter has been advised.
- If the referral allegations are against a substitute care provider (SCP), the SW and SWS are to complete the following:
 - Ensure the SCP/Rec. Facility Staff *radio button* on the ID page of the Existing Allegation Notebook in CWS/CMS has been selected.
 - Ensure the appropriate Placement Facility Type from the drop down box located on the ID page of the Existing Allegation Notebook in CWS/CMS has been selected.
 - Ensure that the care provider/perpetrator is selected in the Alleged Perpetrator drop down box on the ID page of the Existing Allegation Notebook in CWS/CMS.
 - Ensure the care provider/perpetrator has been created in the CWS/CMS Client notebook.
 - Ensure that when the specific perpetrator remains unknown through out the investigation the alleged perpetrator name has been created in the Client notebook using the facility type as the first name and the facility name as the last name. For example, if the abuse occurred in the relative/NREFM placement home of John Smith, the created client would be Relative (first name) and Smith (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, Group, Guardian, Relative, Mentor and Tribe.
- If the investigation is regarding a deceased child, the investigating SW and SWS shall ensure that the appropriate allegation(s) are listed for the deceased child. 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 investigating SW and SWS 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