

- 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.