

Referral Management **Investigation**

Once it has been determined that an in-person response is necessary, the screener will generally send the referral to the appropriate supervisor. The supervisor will assign the referral for investigation. In some counties, the worker who screened the referral becomes the investigating worker. In some counties, the screener has the authority to assign the referral to an investigation worker. In most counties, the screener sends the referral to the screener's supervisor. The referral is sent both electronically and by paper to the supervisor.

In any event, an "investigation" will only be started once it has been determined that a referral needs an in-person response. If the county is a "Differential Response" county, a DR Path 2 or DR Path 3 referral is used. DR Path refers to Differential Response Type 2, which teams a social worker with another agency worker. A Differential Response Type 3 is the traditional social worker response. DR Path 1 generally refers the information to a partner agency for a response. The partner agency may determine that Child Protective Services needs to respond and would then make any appropriate referrals or requests.

In the event of an "Immediate Response" referral, it is not unusual for a supervisor to make some sort of personal contact with the worker telling the worker of the new assignment and reviewing the referral with the worker prior to the beginning of the investigation. On any referral other than an "Immediate Response," the supervisor may place the referral in the worker's in-basket or on the worker's desk rather than making a personal contact.

Safe Measures Use

One method for the worker to keep informed of required contacts and compliance issues is to use "SafeMeasures." As stated earlier, "SafeMeasures" is an independent application, not part of CWS/CMS. It is a web-based program, and it is opened separately from CWS/CMS. Because SafeMeasures extracts data from CWS/CMS two times a week, the data is always fresh. A good habit to develop is to open SafeMeasures on Mondays and Thursdays and review your referrals and cases for compliance issues. That would provide enough time to make planning decisions to avoid non-compliance issues with required contacts.

In the above instance, open SafeMeasures and then open the report entitled, "My Caseload: Investigation Compliance." The next page shows a representative report for an imaginary caseload for an imaginary worker in county "T." The clients are also imaginary.

File Edit View Favorites Tools Help

SafeMeasures: My Caseload: Investigation Compliance

SafeMeasures
Bridging Data and Results
CHILD WELFARE

My Caseload: Investigation Compliance
Compliance level for investigations currently on my caseload.
Referrals Included: Investigations where I have the primary assignment on 11/13/2007

County T
Extract Date: 11/13/2007
Analysis Date: 11/14/2007

MAIN MENU Logged in as: Training Student T1 CWS/CMS Login: 21cammie ADD TO FAVORITES SEARCH FAQ HELP

Subset Export Maximize

Filter: None
Subset: None
Caseload For: Training Student T1

Referral ID	Referral Name	Received Date	Priority	First Contact Timely	Days Open
2199-0792-4184-6980999	Langlois, Neftaly	11/24/2004	Immediate	No	935
2199-2341-5712-0081999	Mounts, Korryn	10/03/2007	10 Day	No	22
2199-3596-8757-9350999	Hannigan, Tameka	11/06/2007	10 Day	New	7
2199-4329-5926-3631999	Toca, Orfa	08/10/2007	10 Day	Yes	86
2199-5064-8638-3505999	Randall, Jamele	11/13/2007	Immediate	New	0
2199-5081-8951-2865999	Walczuk, Mallory	11/07/2007	10 Day	New	6
2199-5269-2413-4879999	Bence, Doriana	11/06/2007	10 Day	New	7
2199-5552-1659-2314999	Leithiser, Berta	11/01/2007	10 Day	No	12
2199-5621-5905-5044999	Randall, Bryna	11/13/2007	10 Day	New	0
2199-6645-7509-7573999	Napoleon, Chassidy	05/16/2007	10 Day	No	181
2199-6755-9764-1164999	Thornwell, Karry	10/15/2007	Immediate	No	29
2199-7457-6079-8708999	Bomberger, Cari	10/17/2007	10 Day	No	27
2199-8268-2321-7185999	Liebel, Lejohnnea	11/08/2007	10 Day	New	5

Done Internet 100%

Look at the “First Contact Timely” column paying particular attention to the “NO” answers. On any “NO” referrals, look at the “Received Date” and the “Priority” columns. By comparing the two columns, determine which referrals need the most immediate attention.

The last column, “Days Open,” is also very useful for referral management purposes. Generally speaking, referrals should not be open more than thirty (30) days. Review this report and notice any referrals in danger of going over the thirty days then speak with the supervisor and determine if the referral should be promoted to case closed or remain open and what further steps should be taken. Referrals open longer than 30 days should be the exception.

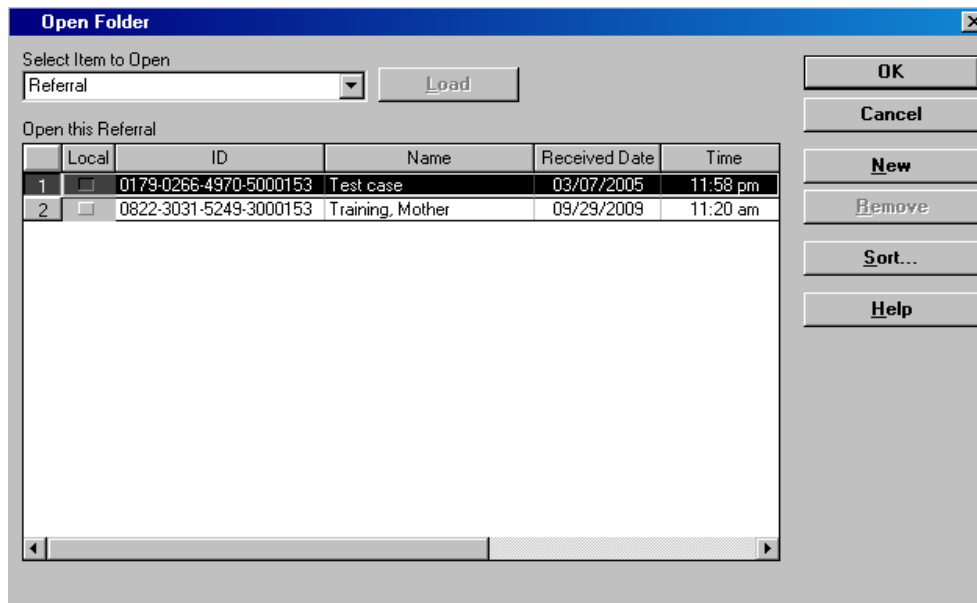
Determining which referral to deal with means either to initiate or continue an investigation of a referral.

Open Existing Referral

The first step in the investigation is to “Open” the referral that will be dealt with. To do that, click on the “Open Existing Referrals” icon.



Clicking on the “Open Existing Referrals” icon would result in getting a list of the referrals that are open and are assigned to that worker. The assignment could be either “Primary” or “Secondary,” and the referral will be in this list.



The screenshot shows a window titled "Open Folder" with a close button (X) in the top right corner. Inside the window, there is a section labeled "Select Item to Open" with a dropdown menu currently showing "Referral" and a "Load" button to its right. Below this is a section labeled "Open this Referral" containing a table with the following data:

	Local	ID	Name	Received Date	Time
1	<input type="checkbox"/>	0179-0266-4970-5000153	Test case	03/07/2005	11:58 pm
2	<input type="checkbox"/>	0822-3031-5249-3000153	Training, Mother	09/29/2009	11:20 am

Below the table is a large empty rectangular area. To the right of the table area are several buttons: "OK", "Cancel", "New", "Remove", "Sort...", and "Help".

Select the referral to be worked on by clicking on it and then clicking the “OK” button to the right or by double clicking on the line. Either action will open the selected referral.

The first page is the “Referral ID Page.”

The screenshot shows a software window titled "Client Services - [Referral [Training, Mother]]". The window has a menu bar (File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, Tools) and a toolbar with various icons. Below the toolbar is a tabbed interface with tabs for Summary, ID, Reporter, Assignment, and Spec Proj. The "ID" tab is active, displaying the "Identification and Common Address" form.

Identification and Common Address

****Active Safety Alert Exists - See Client Notebooks****

Referral Identification

Date: 08/30/2010 Time: 02:03pm Referral Name: Training, Mother

Screener: Weekly, Susan Report Method: Telephone Primary Agency Responsible: County Welfare Department

Common Address

Street No.: Street Name: Phone: Phone: Ext:

City: State: ZIP: ZIP Ext:

County: ☐ Homeless Location of Children:

Address Comment:

Screener Alerts

CACI Notice to Perpetrator

Date Sent	Delivery Method	Perpetrator

Date Sent: Delivery Method: ☐ In Person ☐ By Mail Perpetrator:

DOJ Grievance Request

Request Date	Resolution Date	Outcome	Filed By

Ready Referral [Training, Mother]

Note the “Active Safety Alert” at the top of the screen. This is an alert to possible issues that relate directly to personal safety. If the referral is new, be sure to be familiar with the referral--who are the clients, what is the allegation? Read the screener narrative to see what the reporting party said. If there are any, review past records for the family. Perhaps making a contact with a collateral would be helpful to fully understand the situation. If so, make contact with the collateral.

Sometimes, a response is necessary without the luxury of the review and collateral contact, such as to a law enforcement request for an immediate response with the officers waiting at the location. Be prepared to react as necessary in the situation.

Determine if law enforcement assistance is necessary for your or the families’ safety. If necessary, contact law enforcement and arrange for the assistance prior to making a home visit.

Now, make the first “Contact” in the investigation. In CWS/CMS, a contact is any method of obtaining information the social worker or agency staff uses.

In order to “conclude” an allegation in a referral, at least an attempt to make an in-person contact with the child victim or victims in the referral needs to be made. To document a contact, either attempted, completed or scheduled in CWS/CMS, first go to the “Service Management” section.

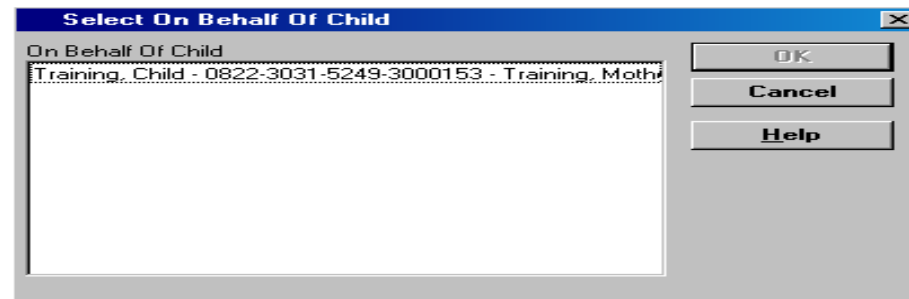
Click on the “Service Management” section button  (Orange Button). The



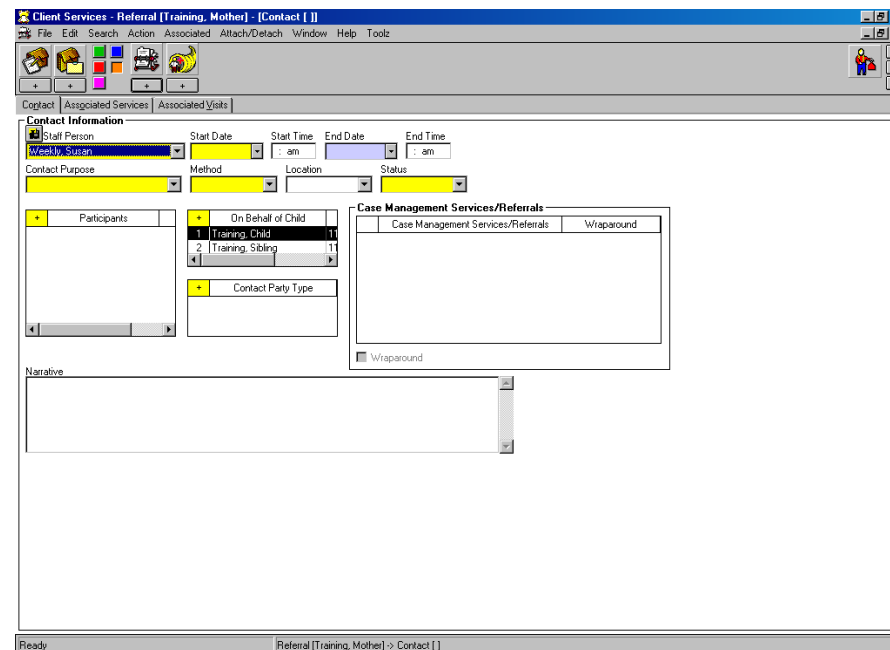
following notebooks will be available. Select “Create New Contact” by clicking on “+” under the rolodex icon.



That will result in the following dialogue box. Select all children listed at this time by clicking on them and then clicking the “OK” button. When a child is, or the children are, selected, the “OK” button becomes enabled.



Having clicked on the “OK” button, the following screen will appear:



This is the “Contact” page of the *Contact* notebook. The CWS/CMS application will automatically complete two fields. “Staff Person” is determined by the logged on worker. Whichever worker’s logon id is being used will be the name that appears here. “On Behalf of Child” is determined by the earlier dialogue box when the minor children were chosen. If necessary, this can be modified.

Staff person can be changed to reflect the staff person who made this specific contact. This could be necessary if a staff person took a phone call and instead of entering the data, wrote a note and left it for the assignend worker to enter. To change the staff person, there are two variables. The staff person could be another worker who has secondary assignement. If that is true, clicking on the down arrow to the right of the staff person’s name will result in a drop down menu with all assigned staff showing.



In the above example, only Susan Weekly is assigned to this referral. The second option, then, is what must be used. That option is to search for the staff person, similar to how a search is done for a client.

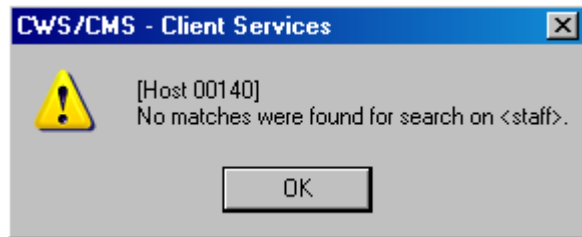
By clicking on the icon immediately to the left of “Staff Person,” the following search dialogue box will appear:

The image shows a search dialogue box titled "Search" with a close button (X) in the top right corner. At the top, there is a "Search Type" dropdown menu currently set to "Staff". Below this, there are several search criteria, each with a text input field and a checkbox to its right:

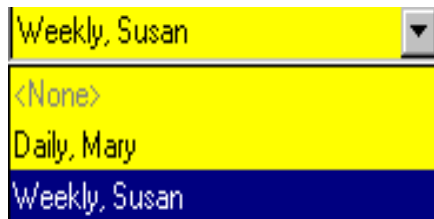
Search Criteria	Input Field	Checkbox
First Name		<input checked="" type="checkbox"/>
Middle Name		<input type="checkbox"/>
Last Name		<input type="checkbox"/>
County	Glenn	<input checked="" type="checkbox"/>
Office		<input type="checkbox"/>
User ID		<input type="checkbox"/>
County Licensing Worker		<input type="checkbox"/>
Approval Authority		<input type="checkbox"/>

On the right side of the dialogue box, there are three buttons: "OK", "Cancel", and "Help". Above the main dialogue box, there is a smaller window titled "Staff Person" with a dropdown menu showing "Weekly, Susan".

Then type in the staff member's name exactly. The name must be spelled correctly. There is no "close to" or phonetic search in this search field. After entering the staff person's name, hit OK. If the search is unsuccessful, a message pops up saying that no matches were found.



If the search is successful, the screen returns to the contact screen. Click on the down arrow next to the staff person's name, and the new drop down list will include the staff member's name.



Start Date



<< < October, 2009 > >>						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

The “Start Date” is the date of the contact and is a mandatory field. If the date is the same date as the date the contact is being entered, simply double click in the date field, and the application will enter the current date. If necessary, the date can be changed by one of two methods. The first method is to click on the down arrow next to the date box. A calendar will appear from which the date can be selected by clicking on the correct date. The calendar may be changed if necessary. On the left top of the calendar are two separate symbols. The leftmost symbol “<<” will go back years, the symbol to the right of that “<” will move the calendar back months. It is not possible to move the calendar back to a date prior to the date of the referral. On the right of the calendar are the same two symbols. The “>” moves the calendar forward one month when it is enabled, usually it is not enabled. The “>>” moves the calendar forward years. Again, usually it is not enabled.

The second way to change the date is to type the date in. Type two numbers for the day, two numbers for the month, and at least two numbers for the year. The application will assume that the year is 20XX unless 19 is typed before the last two numbers.

Once the “Start Date” has been entered, the application will complete the “End Date.” The default is that the two dates are the same. Again, this can be changed if necessary to accurately reflect the contact.

The next field, “Time,” is not mandatory in CWS/CMS; however, it is considered best practice to complete the field.

Simply type in the time using four numbers and the letter “a” for AM, or “p” for PM.

The application will default to am unless “p” is entered. Also, CWS/CMS does not recognise military time or a 24 hour clock. Therefore, an entry of 1300 hours will not work.

An additional benefit of entering time is that the application will automatically sort by date and time for the contacts. Without entering time, the application will only sort to date; therefore, multiple contacts in a single day may sort differently on different occasions.

The next four fields are demonstrated below. For each field, choose the appropriate option. Choosing “In-Person” as a method means “Location” will become a **mandatory** field.

Contact Purpose	Method	Location	Status
<div></div>	<div></div>	<div></div>	<div></div>

The options in each selection drop down menu are:			
Contact Purpose	Method	Location	Status
None	None	Court	None
Conduct Client Evaluation	E-mail	CWS Office	Scheduled
Consult with Attorney	Fax	Home	Attempted
Consult with Collateral	In-person	In Placement	Completed
Consult with Service Provider	Telephone	School	
Consult with Staff Person	Written	Other	
Consult with Substitute Care Provider			
Deliver Service to Client			
Investigate Referral			
Supervise Visitation			
Verify Residence			

The worker must document at least one attempted "Contact" in-person with the alleged victim(s) before the allegation can be concluded (closed).

The next data field to complete is the “Participants” field. This will present results in what are actually two drop down menus. At first, the drop down menu will show only clients. However, if the user clicks on the “down arrow” immediately to the right of “clients,” the following drop down menu will appear.

Staff Person: Weekly, Susan

Start Date: 09/30/2009

Start Time: 10:00am

End Date: 09/30/2009

End Time: 12:00pm

Contact Purpose: Investigate Referral

Participants: +

Narrative

Select Participants

Participant Type

- Clients
- Collaterals
- Substitute Care Providers
- Reporter
- Service Providers
- Attorneys
- Staff Persons
- Other

OK

Cancel

Help

Select from any of the options. However, the list that results will be based upon what is entered in the current referral or case being worked on. Therefore, no collaterals have been entered, there will be no collaterals in the list. Similarly, if the child's placement has not been entered, there will be no Substitute Care Providers listed. The only exception to that, is the "other" list. The other list will always produce an option of "other" which is what would be selected. In essence, if "other" is chosen, then "other, other" is being selected.

In this example, select "Clients" and then select the child. The contact window should now look similar to the example below.

The screenshot displays a software window titled "Client Services - Referral [Training, Mother] - [Contact []]". The window has a menu bar (File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, Tools) and a toolbar with various icons. The main content area is divided into several sections:

- Contact Information:** Includes a "Staff Person" dropdown menu showing "Weekly, Susan". Below it are fields for "Start Date", "Start Time", "End Date", and "End Time". Further down are dropdowns for "Contact Purpose", "Method", "Location", and "Status".
- Participants:** A list on the left side showing two entries: "1 Training, Child" and "2 Training, Sibling".
- Case Management Services/Referrals:** A section on the right with a table-like structure. It has a header "Case Management Services/Referrals" and a row with "Wraparound".
- Narrative:** A large text area at the bottom for entering a narrative.

The status bar at the bottom of the window indicates "Ready" and "Referral [Training, Mother] > Contact []".

Enter a separate contact for each separate information gathering activity. For example, going to the school and seeing one child and then excusing the first child and seeing a second child is two contacts. Going to the school, speaking to the principal then seeing the child, then going to another school to visit a sibling is three contacts. On the other hand, going to the school, speaking to all siblings at one time with the principal present is one contact.

Document the child's physical appearance as well as the child's behavior. Note any injuries and if possible, provide measurements, etc. An important requirement is that at school visits, the child is allowed to choose an adult from the school to be present during the visit. It is necessary to document that the child was provided with this option and the child's response to the option.

Additionally, if law enforcement accompaniment was requested and an officer attended the school visit, document the attendance during the visit.

If a child is seen at school, a visit must be attempted to inform the parent of the visit and its purpose. As the home visit is a separate contact, it will be documented as completely as the school visit with the child. A social worker is not authorized to enter a home without the parent's permission unless s/he has a search warrant. If the parent asks whether or not s/he has to allow entry, document the question.

The answer is no. Tell the parent the purpose of the visit and ask again for permission to enter and discuss the situation with the parent.

When it is believed that there is enough information, complete two new SDM tools: "Safety Assessment" and "Risk Assessment." The "Safety Assessment" helps determine if the child's safety requires the removal of the child. The "Risk Assessment" helps to determine the likelihood that the family will be referred again in the future.

SDM Safety Assessment

On the following pages, the SafeMeasure web tool, “Safety Assessment,” will be demonstrated. For purposes of demonstration, the referral that has been shown before will be used.

The screenshot shows the SDM Safety Assessment web tool interface. The header is purple with the SDM logo and the text "Structured Decision Making®". The title "Safety Assessment" is centered in the header. On the right, it says "TRAINING", "Extract Date: 02/21/2006", and "Server: NCCDWWW3". Below the header is a navigation bar with links: "Main Menu", "Instructor1, SDM (SDM008)", "User Guide", "Policy & Procedures", "FAQ", "Email Help Desk", and "Logout". The main content area is a form with the following fields:

Referral ID:	0822-3031-5249-3000153	Assessment Date:	09/29/2009
Referral Name:		Approving Unit:	
Created:		County of Completion:	
Approval Status:	Incomplete	Last Update:	
Assessment Type:	<input checked="" type="radio"/> Initial <input type="radio"/> Review/Update <input type="radio"/> Referral Closing		
Household Name:	Training	Were there allegations in this household? <input checked="" type="radio"/> Yes <input type="radio"/> No	

Either select the referral from the list at the start of the application or would create it by selecting “New,” then filling out the “Referral ID” and “Assessment Date” as previously discussed. Typically, if the referral has been in CWS/CMS over night, it will be in the assigned workers’ list.

In the above example, “Initial Assessment Type,” a family name of “Training” was selected along with allegations in this household.

Factors Influencing Child Vulnerability	
<input type="checkbox"/> Age 0-5	<input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, non-verbal)
<input type="checkbox"/> Significant diagnosed medical or mental disorder	<input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
<input type="checkbox"/> School age, but not attending school	

None of the “Factors Influencing Child Vulnerability” were present in this case. Therefore, none were selected.

On the following pages is a completed example of “Part A, Safety Threats” of “SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES.”

SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES		
PART A: Safety Threats		
Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.		
1.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: <input checked="" type="checkbox"/> Serious injury or abuse to child other than accidental. <input type="checkbox"/> Caregiver fears he/she will maltreat the child. <input type="checkbox"/> Threat to cause harm or retaliate against the child. <input type="checkbox"/> Excessive discipline or physical force. <input type="checkbox"/> Drug-exposed infant.
2.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
3.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
6.	<input type="radio"/> Yes <input checked="" type="radio"/> No	The family refuses access to the child, or there is reason to believe that the family is about to flee.
7.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8.	<input type="radio"/> Yes <input checked="" type="radio"/> No	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
12.	<input type="radio"/> Yes <input checked="" type="radio"/> No	Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
13.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Other (specify): <div style="border: 1px solid black; padding: 5px; width: 150px;"> Parent states that child needs to be beaten and threatens to beat child when the child returns from school for talking to this worker. </div>

Protective Capacity

PART B: Protective Capacities	
Instructions: Mark the checkbox next to each protective capacity that is present. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. Review of protective capacities is required if one or more threats to safety are identified.	
If no safety threats are present, skip to Section 3: Safety Decision.	
<input checked="" type="checkbox"/> 1.	Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
<input checked="" type="checkbox"/> 2.	Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
<input type="checkbox"/> 3.	Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
<input type="checkbox"/> 4.	Caregiver has ability to access resources to provide necessary safety interventions.
<input type="checkbox"/> 5.	Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
<input type="checkbox"/> 6.	At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
<input type="checkbox"/> 7.	Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
<input type="checkbox"/> 8.	There is evidence of a healthy relationship between caregiver and child.
<input type="checkbox"/> 9.	Caregiver is aware of and committed to meeting the needs of the child.
<input type="checkbox"/> 10.	Caregiver has history of effective problem solving.
<input type="checkbox"/> 11.	Other (specify): <div><input type="text"/></div>

Safety Interventions

SECTION 2: SAFETY INTERVENTIONS

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

7

☐ 1. ☐ Intervention or direct services by worker. (DO NOT include the investigation itself.)

7

☐ 2. ☐ Use of family, neighbors, or other individuals in the community as safety resources.

7

☐ 3. ☐ Use of community agencies or services as safety resources.

7

☐ 4. ☐ Have the caregiver appropriately protect the victim from the alleged perpetrator.

7

☐ 5. ☐ Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

7

☐ 6. ☐ Have the non-offending caregiver move to a safe environment with the child.

7

☐ 7. ☐ Legal action planned or initiated—child remains in the home.

7

☐ 8. ☐ Other (specify):

ABC

7

☐ 9. ☐ Have the caregiver voluntarily place the child outside the home.

7

☒ 10. ☒ Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Safety Decision

This section is the end of this tool. Note that at this time the tool can be saved.

SECTION 3: SAFETY DECISION

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

1.

No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2.

One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.

3.

☒ One or more safety threats 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 danger of immediate or serious harm.

SECTION 4: COMMENTS

Staff Person Comments:

ABC

Supervisor Comments:

No Supervisor Comments


Complete

Save

Close

SDM Web Tool, Risk Assessment

Again, the “Training, Mother” referral will be used for demonstration purposes.

Referral ID:	0822-3031-5249-3000153	Assessment Date:	09/29/2009 
Referral Name:		Approving Unit:	
Created:		County of Completion:	
Approval Status:	Incomplete	Last Update:	

As on the previous tool, the “Referral ID” and “Assessment Date” were completed by the user.

The following pages show each section of the Risk tool completed based upon the referral and other imaginary data. Each page is in the correct order displayed on the web. On the web, the pages display as a single page, not separated as in this manual.

SECTION 1: NEGLECT INDEX		SCORE
INSTRUCTIONS: Based on the incident report, worker observation, and family history, mark the most appropriate response to each neglect item.		
N1. Current Report Is for Neglect <input type="radio"/> a. No <input type="radio"/> b. Yes		0
N2. Prior Investigations <input type="radio"/> a. None <input type="radio"/> b. One or more, <u>abuse</u> only <input type="radio"/> c. One or two for <u>neglect</u> <input type="radio"/> d. Three or more for <u>neglect</u>		-1
N3. Household Has Previously Received CPS (voluntary/court ordered) <input type="radio"/> a. No <input type="radio"/> b. Yes		0
N4. Number of Children Involved in the Child Abuse/Neglect Incident <input type="radio"/> a. One, two, or three <input type="radio"/> b. Four or more		0
N5. Age of Youngest Child in the Home <input type="radio"/> a. Two or older <input type="radio"/> b. Under two		0
N6. Characteristics of Children in Household <input type="radio"/> a. Not applicable <input type="radio"/> b. One or more present <input type="checkbox"/> Developmental, learning, or physical disability <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Medically fragile or failure to thrive <input type="checkbox"/> Mental health or behavioral problem		0
N7. Primary Caregiver Provides Physical Care Inconsistent with Child Needs <input type="radio"/> a. No <input type="radio"/> b. Yes		0
N8. Primary Caregiver Has a History of Abuse or Neglect as a Child <input type="radio"/> a. No <input type="radio"/> b. Yes		0
N9. Primary Caregiver Has/Had a Mental Health Problem <input type="radio"/> a. No <input type="radio"/> b. Yes		0
N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem <input type="radio"/> a. None/not applicable <input type="radio"/> b. One or more apply Alcohol <input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior 12 months Drugs <input type="checkbox"/> Last 12 months <input type="checkbox"/> Prior 12 months <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin/Heroin <input type="checkbox"/> Other <input type="checkbox"/> Heroin		0
N11. Primary Caregiver Has Criminal Arrest History <input type="radio"/> a. No <input type="radio"/> b. Yes		0
N12. Current Housing <input type="radio"/> a. Not applicable <input type="radio"/> b. One or more apply <input type="checkbox"/> Physically unsafe <input type="checkbox"/> Family homeless		0
TOTAL NEGLECT RISK SCORE		-1

Complete

SECTION 2: ABUSE INDEX		SCORE
INSTRUCTIONS: Based on the incident report, worker observation, and family history, mark the most appropriate response to each abuse item.		
A1. Current Report Is for Physical Abuse		1
<input type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
A2. Number of Prior Investigations		-1
<input type="radio"/> a. None	-1	
<input type="radio"/> b. One or more, neglect only	0	
<input type="radio"/> c. One for abuse	1	
<input type="radio"/> d. Two or more for abuse	2	
A3. Household Has Previously Received CPS (voluntary/court ordered)		0
<input type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child		0
<input type="radio"/> a. None/not applicable	0	
<input type="radio"/> b. One or more apply	1	
<input type="checkbox"/> Prior physical injury to a child resulting from CA/N <input type="checkbox"/> Prior substantiated physical abuse of a child		
A5. Number of Children Involved in the Child Abuse/Neglect Incident		0
<input type="radio"/> a. One, two, or three	0	
<input type="radio"/> b. Four or more	1	
A6. Characteristics of Children in Household		0
<input type="radio"/> a. Not applicable	0	
<input type="radio"/> b. One or more present	1	
<input type="checkbox"/> Delinquency history <input type="checkbox"/> Developmental disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health or behavioral problem		
A7. Two or More Incidents of Domestic Violence in the Household in the Past Year		0
<input type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
A8. Primary Caregiver Employs Excessive/Inappropriate Discipline		1
<input type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
A9. Primary Caregiver Is Domineering		1
<input type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
A10. Primary Caregiver Has a History of Abuse or Neglect as a Child		0
<input type="radio"/> a. No	0	
<input type="radio"/> b. Yes	1	
A11. Primary Caregiver Has/Had a Mental Health Problem		0
<input type="radio"/> a. No	0	
<input type="radio"/> b. One or more apply	1	
<input type="checkbox"/> During the last 12 months <input type="checkbox"/> Prior to the last 12 months		
TOTAL ABUSE RISK SCORE		2

SECTION 3: SCORING AND OVERRIDES

SCORED RISK LEVEL

- ☒ Neglect Risk Level: **Low**
☒ Abuse Risk Level: **Moderate**
☒ Scored Risk Level: **Moderate**

OVERRIDES

INSTRUCTIONS: If there are no overrides, select "No Overrides"; risk level will remain the same. If there is a Policy Override, select the appropriate override; the risk level will become very high. If you select a Discretionary Override, the risk level will increase one level, and you must enter a reason in the box provided.

No Overrides (no change to risk level)

☐ No override

Policy Overrides (increases risk level to very high)

☐ Policy override

- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Non-accidental injury to a child under age two years.
☐ Severe non-accidental injury.
☐ Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

Discretionary Override (increases risk level one level)

☒ Discretionary override

Override risk level: **High**

Discretionary Override Reason:

Parent's unwillingness to change behavior and threatening to further injure child.



FINAL RISK LEVEL

The final risk level is: **High**

RECOMMENDED DECISION

☒ The recommended decision is: **Promote**

Planned action: ☒ Promote ☐ Do Not Promote

If recommended decision and planned action do not match, explain why:



SECTION 4: SUPPLEMENTAL QUESTIONS

INSTRUCTIONS: Note: These items should be recorded, but are not scored.

1. Primary Caregiver Characteristics

☐ a.
☒ Yes
☐ No
Blames child

☐ b.
☐ Yes
☒ No
Provides insufficient emotional/psychological support

2. Secondary Caregiver Characteristics

☐ No Secondary Caregiver

☐ a.
☐ Yes
☒ No
Has a history of abuse/neglect as a child

☐ b.
☐ Yes
☒ No
Has/had mental health problem

☐ During the last 12 months
☐ Prior to the last 12 months

☐ c.
☐ Yes
☒ No
Has/had an alcohol and/or drug problem

Alcohol
☐ Last 12 months
☐ Prior 12 months

Drugs
☐ Last 12 months
☐ Prior 12 months

☐ Marijuana
☐ Cocaine
☐ Methamphetamine
☐ Other:

☐ Heroin

☐ d.
☒ Yes
☐ No
Employs excessive/inappropriate discipline

☐ e.
☐ Yes
☒ No
Domineering

☐ f.
☐ Yes
☒ No
Secondary caregiver has a criminal arrest history

SECTION 5: COMMENTS

Staff Person Comments:



Supervisor Comments:

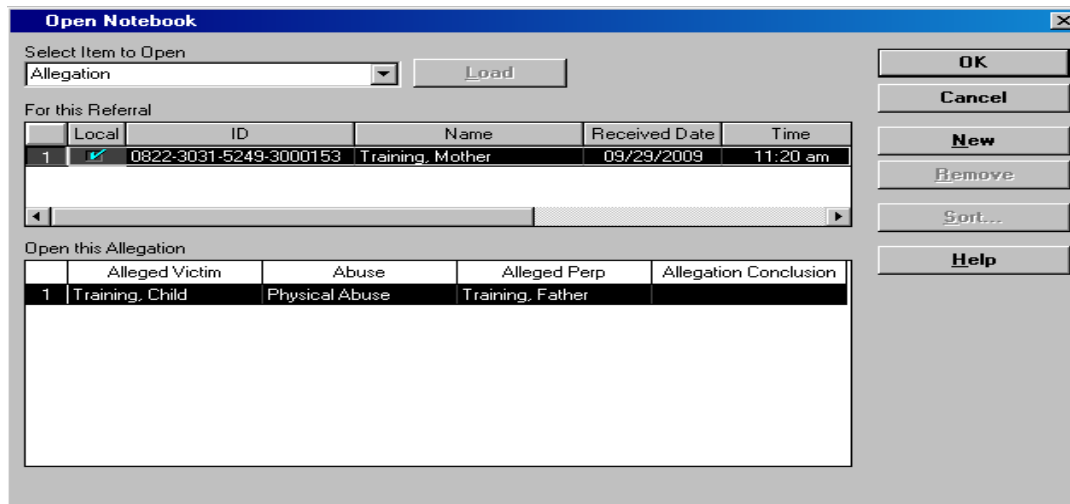
No Supervisor Comments

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At this point, return to the “Training, Mother” referral in CWS/CMS. If the referral was not close when opening SDM, then closing SDM will automatically return to the referral. If the referral was closed prior to opening SDM, then follow the steps for opening the referral as shown earlier.


With the referral open, be sure that the “Referral Management” Section  is selected. Then open the “Existing Allegations” notebook  by clicking on the icon. That will result in the following selection grid.



Open Notebook

Select Item to Open
Allegation Load


For this Referral

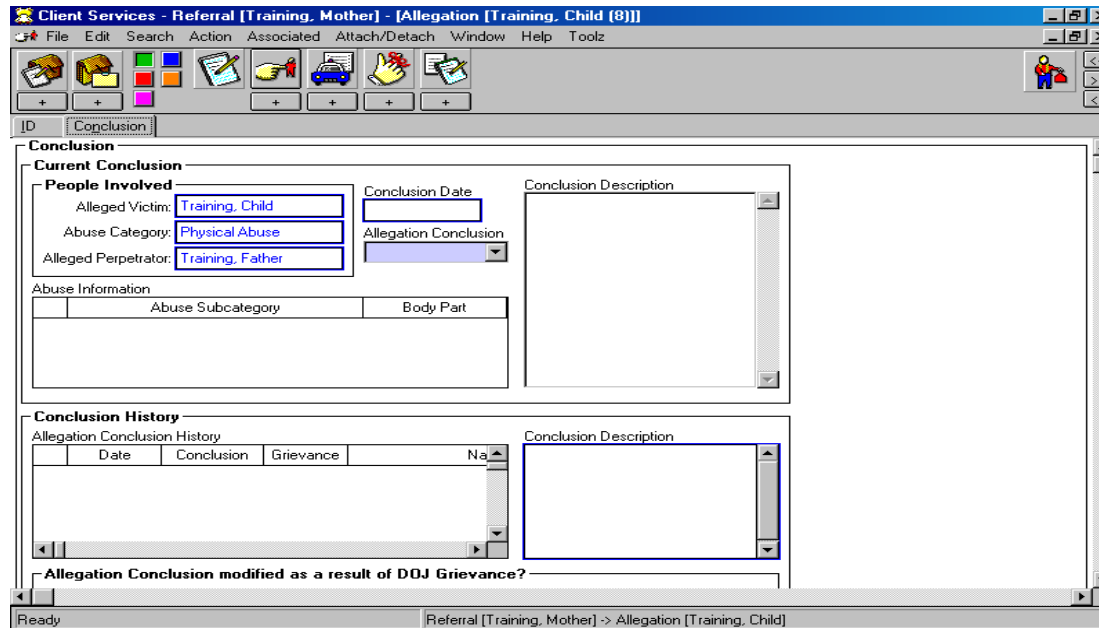
	Local	ID	Name	Received Date	Time
1		0822-3031-5249-3000153	Training, Mother	09/29/2009	11:20 am

Open this Allegation

	Alleged Victim	Abuse	Alleged Perp	Allegation Conclusion
1	Training, Child	Physical Abuse	Training, Father	

OK
Cancel
New
Remove
Sort...
Help

Select the specific allegation that is going to be resolved at this time. In this case, there is only one allegation. Click on the allegation and then click on the “OK” button to the right, or double click on the selected allegation. Then click on the “Conclusion” page.  This action will produce the following screen.



Client Services - Referral [Training, Mother] - [Allegation [Training, Child (8)]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Conclusion

Current Conclusion

People Involved

Alleged Victim: Training, Child

Abuse Category: Physical Abuse

Alleged Perpetrator: Training, Father

Conclusion Date

Allegation Conclusion

Conclusion Description

Abuse Information

Abuse Subcategory	Body Part

Conclusion History

Allegation Conclusion History

Date	Conclusion	Grievance	Na

Conclusion Description

Allegation Conclusion modified as a result of DOJ Grievance?

Ready Referral [Training, Mother] -> Allegation [Training, Child]

Look at the “Current Conclusion” portion of the page.

Current Conclusion

People Involved		Conclusion Date	Conclusion Description
Alleged Victim:	Training, Child		
Abuse Category:	Physical Abuse	Allegation Conclusion	
Alleged Perpetrator:	Training, Father		
Abuse Information			
	Abuse Subcategory	Body Part	

Allegation Conclusion

To enter an “Allegation Conclusion,” click on the down arrow directly under Conclusion. The following selections will appear.

- <None>
- Entered in Error
- Inconclusive
- Substantiated
- Unfounded
- Unknown at Convers

Select the appropriate conclusion based upon the investigation. Each choice will be explained on the following page.

Entered in Error: Once an allegation has been saved to the database, there is no way to simply delete it. The only way to remove it from the record is to select “Entered in Error.” When the referral is saved to Database after making that choice and concluding other allegations, it will disappear from the record.

Inconclusive: Use “Inconclusive” when the referral is neither Substantiated or Unfounded.

Substantiated: Only select “Substantiated” if there is creditable evidence that the allegation is true. This may take the form of victim statements or physical evidence, but there must be evidence.

Unfounded: Select “Unfounded” when there is creditable evidence that the abuse could not or did not occur. This is the same standard as “Substantiated.”

Any allegation that is neither Substantiated or Unfounded is, by definition, Inconclusive.

In this example, the allegation was substantiated. The “Allegation Conclusion” page should look similar to the example below at this time.

Client Services - Referral [Training, Mother] - [Allegation [Training, Child (8)]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Conclusion

Current Conclusion

People Involved

Alleged Victim: Training, Child

Abuse Category: Physical Abuse

Alleged Perpetrator: Training, Father

Conclusion Date: 10/08/2009

Allegation Conclusion: Substantiated

Abuse Information

+	Abuse Subcategory	Body Part

Conclusion History

Allegation Conclusion History

Date	Conclusion	Grievance	Name

Conclusion Description

Allegation Conclusion modified as a result of DOJ Grievance?

Ready Referral [Training, Mother] -> Allegation [Training, Child]

Now it is necessary to make a second cross report. This report must be completed on all abuse allegations other than “General Neglect” with an allegation conclusion of “Substantiated.” To create the second cross report, follow exactly the same steps as with the first cross reports. Once the cross report type drop down menu is opened, select “Child Abuse Summary Report” from the list.

The screenshot shows a software window titled "Client Services - Referral [Training, Mother] - [Cross Report [09/30/2009]]". The menu bar includes File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, and Tools. Below the menu is a toolbar with various icons. The main form area is titled "Identification" and contains the following fields:

- Date: 09/30/2009
- Time: 03:18pm
- Staff Person: Weekly, Susan
- Cross Report Type: A dropdown menu is open, showing the following options: "<None>", "Child Abuse Summary Report" (highlighted), "Electronic Report", "Suspected Child Abuse Report", and "Telephone Report".
- Title: (empty text box)
- Law Enforcement Official Contacted: (empty text box)
- Badge Number: (empty text box)
- Reference #: (empty text box)
- ☐ Cross Report Not Sent

After selecting the correct cross report and completing the appropriate fields, the page will now look like the example below.

Client Services - Referral [Training, Mother] - [Cross Report [09/30/2009]]

File Edit Search Action Associated Attach/Detach Window Help Tool

ID

Identification

Date: 09/30/2009 Time: 03:18pm Staff Person: Weekly, Susan Cross Report Type: Child Abuse Summary Report

Title: Law Enforcement Official Contacted: Phone Number: Ext:

Badge Number: Reference #: ☐ Cross Report Not Sent

Sent To

☒ Department of Justice ☐ Probation ☐ Community Care Licensing

☐ County Licensing ☒ In-State Law Enforcement ☐ Out of State Law Enforcement

☒ District Attorney ☐ Law Enforcement Agency

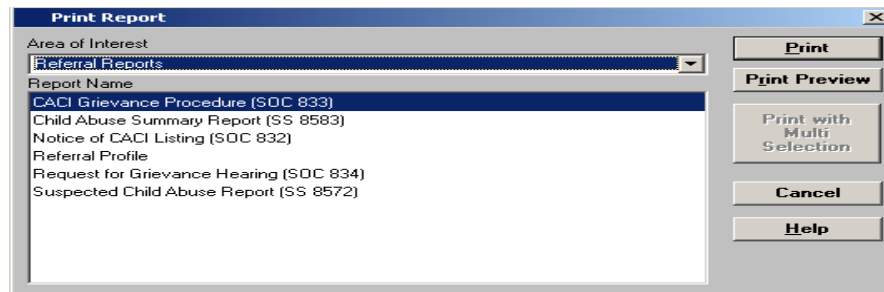
Department of Justice County: Glenn Law Enforcement Agency: Orland Police Department

Narrative Description

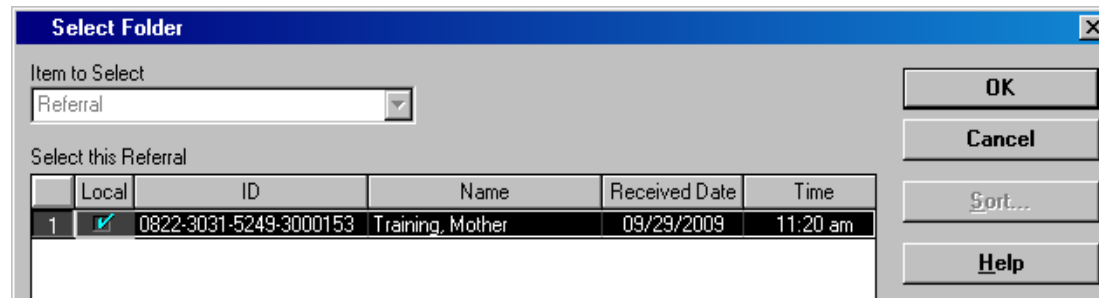
Type a narrative discription of what occurred. Limited to 120 characters.


Ready Referral [Training, Mother] -> Cross Report [09/30/2009]

As with the first cross report, go to the drop down menu under file and select “Print Report.” Be sure that the “Area of Interest” is “Referral Reports.” From the list of possible referral reports, select “Child Abuse Summary Report (SS 8583).” Then click on the “Print Preview” button to the right.



Next, select which referral this report refers to.





STATE OF CALIFORNIA
BCIA 8583
(orig 6/03)

DEPARTMENT OF JUSTICE

A. SUBMITTING AGENCY	<input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> AMENDED REPORT ()	SUBMITTING AGENCY (En AGENCY ADDRESS NAME OF SUBMITTING PA	
	B. INCIDENT INFORMATION	DATE OF REPORT	DATE OF INCIDENT
		Original Agency Report Num	
C. AMENDED REPORT INFORMATION	Comment:		

Child Abuse Form (BCIA 8583)

Suspects

Date of Incident

Training, Father

Height

Weight

Eye Color

Hair Color

CACI Notification

Suspect given written notice per PC11169(B)?

☐ Yes
 ☐ No

Date Notice Given:

Delivery Method

☐ In Person
 ☐ By Mail

☐ Check to print CACI forms
☐ Check to print instructions.

OK

Cancel

Help

Click on the "Suspect" and complete the fields on the page for the suspect selected.

A dialog box titled "Suspects" with a list box on the left containing the text "Training, Father". To the right of the list box are four input fields arranged in a 2x2 grid. The top row is labeled "Height" and "Weight", and the bottom row is labeled "Eye Color" and "Hair Color". All input fields are currently empty.

Clicking on the Suspect, in this case “Training Father” will enable the fields to the right.

If desired, click the “Check to print instructions” check box and the instructions will also print when the document prints.

A dialog box with a single line of text: ☐ Check to print instructions. To the right of the text are three buttons: "OK", "Cancel", and "Help".

Clicking the “OK” button will result in a multi-part document. The first part is the SS-8583 report that is forwarded to the Department of Justice (DOJ), the local District Attorney’s office and the jurisdictional Law Enforcement Office. Keep a copy for the child’s file. The remaining sections are necessary to comply with regulations regarding notice to the individual named as the “Alleged Perpetrator.” Remember, that unless the allegations are unfounded, the cross report is sent to DOJ.

The individual who is named as the alleged perpetrator will then have his/her name added to the “Child Abuse Central Index (CACI).” Inclusion in that index could cause problems with licensing, credentialing, etc. at a later time. Because of that, the requirement is that the department advise the individual that his/her name is being added to the Child Abuse Central Index, and inform him/her of the right to file a grievance. It is also necessary to provide the individual with instructions on how to file a grievance and other information regarding the grievance procedure.

Below is a sample of the DOJ report.



STATE OF CALIFORNIA
BCIA 5553
(Orig 5/03, rev 3/05)

DEPARTMENT OF JUSTICE

CHILD ABUSE OR SEVERE NEGLECT INDEXING FORM

To be completed by Submitting Child Protective Agency pursuant to Penal Code section 11169											
<input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> AMENDED REPORT (attach copy of original BCIA 5553. Complete sections A, C, and all other applicable fields)											
A. SUBMITTING AGENCY	SUBMITTING AGENCY (Enter complete name and check type) Child Welfare Services				<input type="checkbox"/> POLICE <input type="checkbox"/> SHERIFF <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> PROBATION		AGENCY REPORT NUMBER/CASE NAME 0735-1159-3380-0000018				
	AGENCY ADDRESS 800 No Way				City Sacramento		State CA		Zip Code 95810		
	NAME OF SUBMITTING PARTY Chris W				TITLE			AGENCY TELEPHONE (916) 000-2127			
B. INCIDENT INFORMATION	DATE OF REPORT 12/20/2011		The finding that allegations of child abuse or severe neglect are not unfounded is: (Check only one box) <input checked="" type="checkbox"/> SUBSTANTIATED (Penal Code section 11165.12(b)) <input type="checkbox"/> INCONCLUSIVE (Penal Code section 11165.102(c))								
	DATE OF INCIDENT		TYPE OF ABUSE (Check one or more) <input checked="" type="checkbox"/> PHYSICAL INJURY <input type="checkbox"/> SEVERE NEGLECT		<input type="checkbox"/> MENTAL/EMOTIONAL SUFFERING <input type="checkbox"/> WILLFUL HARMING/ENDANGERMENT		<input type="checkbox"/> SEXUAL ABUSE, ASSAULT, EXPLOITATION <input type="checkbox"/> UNLAWFUL CORPORAL PUNISHMENT OR INJURY				
C. AMENDED REPORT INFORMATION	Original Agency Report Number/Case Name:				Date of Incident:		Type of Abuse:				
	<input type="checkbox"/> CHANGED TO INCONCLUSIVE <input type="checkbox"/> CHANGED TO SUBSTANTIATED <input type="checkbox"/> NOW UNFOUNDED				<input type="checkbox"/> ADDED ADDITIONAL INFORMATION <input type="checkbox"/> CORRECTED REPORT INFORMATION <input type="checkbox"/> UNDERLYING INVESTIGATIVE FILE NO LONGER AVAILABLE						
	Comment: Initial Report Information Subst.: PI (Child Training)										
D. INVOLVED PARTIES SUSPECTS	1. NAME: Last First Middle Training, Child				AKA		DOB 6/7/1998		Approx. AGE 13 Years	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE* H
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				IS VICTIM DEVELOPMENTALLY DISABLED (4512(b)(1)(4)(7))? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
	NAME: Last First Middle				AKA		DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE*
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				IS VICTIM DEVELOPMENTALLY DISABLED (4512(b)(1)(4)(7))? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
	NAME: Last First Middle				AKA		DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE*
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				IS VICTIM DEVELOPMENTALLY DISABLED (4512(b)(1)(4)(7))? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
	NAME: Last First Middle				AKA		DOB		Approx. AGE	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE* H
	ADDRESS: Street City State Zip Code 821 No Way Sacramento CA 95819				HGT		WGT	EYES	HAIR	SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER
	RELATIONSHIP TO VICTIM: <input checked="" type="checkbox"/> PARENT/STEPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> FRIEND/ACQUAINTANCE <input type="checkbox"/> STRANGER										
	NAME: Last First Middle				AKA		DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE*
	ADDRESS: Street City State Zip Code				HGT		WGT	EYES	HAIR	SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER
	RELATIONSHIP TO VICTIM: <input type="checkbox"/> PARENT/STEPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> FRIEND/ACQUAINTANCE <input type="checkbox"/> STRANGER										

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Northern California Training Academy

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Below is a sample of the "Notice" to the Client that their name is being sent to the DOJ for inclusion in the "Child Abuse Central Index (CACI)."

NOTICE OF CHILD ABUSE CENTRAL INDEX LISTING

NAME OF ALLEGED SUSPECT Father Training	COUNTY OF Sacramento
--	-------------------------

The Sacramento County Child Welfare Services agency has completed an investigation of alleged child abuse or neglect and determined that the allegations of abuse or neglect are either inconclusive or substantiated. Pursuant to Penal Code Section 11169(b), this is notice that the finding of inconclusive or substantiated abuse or neglect was sent to the California Department of Justice (DOJ) for inclusion in the Child Abuse Central Index (CACI). The CACI contains certain information that enables authorized entities to locate investigations of alleged child abuse or neglect conducted by county child welfare departments.

Law enforcement agencies, court investigators, probation departments and district attorneys may use the CACI when investigating allegations of child abuse or neglect. The CACI is also used by licensing agencies and county welfare agencies to investigate persons who apply for licenses to care for children. If any of these agencies receive information from the CACI that there was a prior investigation of child abuse or neglect, they are required to investigate the child abuse or neglect allegation(s).

REPORTS OF SUSPECTED CHILD ABUSE MAINTAINED BY DOJ ARE CONFIDENTIAL AND MAY ONLY BE DISCLOSED TO STATUTORILY AUTHORIZED PARTIES (PENAL CODE SECTION 11167.5).

The County has determined that the allegation of child abuse or neglect against you is:

☐ Inconclusive or ☒ Substantiated

An inconclusive finding is defined by Penal Code Section 11165.12(c) to mean that the investigator who conducted the investigation determined that the allegation of abuse or neglect was not unfounded but there is insufficient evidence to determine whether child abuse or neglect has occurred.

A substantiated finding is defined by Penal Code section 11165.12(b) to mean that the investigator who conducted the investigation determined that, based upon the evidence, it was more likely than not that child abuse or neglect occurred.

The term child abuse and neglect is defined by Penal Code section 11165.6. This determination is based on the following information discovered during the investigation:

NAME OF ALLEGED VICTIM(S):

Child Training

DATE(S) AND LOCATION(S) THE ALLEGED ABUSE OR NEGLECT OCCURRED:

THE SPECIFIC ACT(S) OF ABUSE OR NEGLECT ALLEGED AGAINST YOU IS/ARE AS FOLLOWS:

Substantiated: Physical Injury (Child Training)

REFERRAL NUMBER:

0735-1159-2380-0000018

No action on your part is required at this time. However, if you want to challenge your listing on the CACI, you must complete the enclosed Request for Grievance Hearing form, and mail it to the following address:

Human Services
1010 Phony St
Sacramento, CA 94229
Attn: Jerry C

You must mail the completed Request for Grievance Hearing form no later than 30 days from the date of this notice. As part of the grievance hearing procedures, you may inspect all records and evidence related to investigation of the referral, except for information made otherwise confidential by law. This information may be requested by checking the box under the signature line of the Request for Grievance Hearing form. For more information, you can contact:

COUNTY STAFF PERSON: Chris W	PHONE (916) 000-2127	DATED 12/20/2011
---------------------------------	-------------------------	---------------------

The last part of this report is the instructions to the client being reported if that client wishes to file a grievance to try to get their name removed from the CACI. This would be if the client disagrees with the investigation conclusion of “Substantiated.” There are three pages to this set of instructions.

**GRIEVANCE PROCEDURES FOR CHALLENGING
REFERENCE TO THE CHILD ABUSE CENTRAL INDEX**

1. Within five (5) business days of submitting an individual's name to the Department of Justice (DOJ) for listing on the Child Abuse Central Index (CACI), the following forms shall be sent to the individual at his/her last known address:
 - a. The Notice of Child Abuse Central Index Listing (SOC 832),
 - b. Grievance Procedures for Challenging Reference to the Child Abuse Central Index (SOC 833), and
 - c. Request for Grievance Hearing (SOC 834).
2. An individual wishing to challenge his/her listing on the CACI may request a grievance hearing pursuant to the following procedure. This does not preclude the county from initiating an internal investigation to address or rectify the matter identified in the request for grievance, prior to the hearing.
 - a. The individual wishing to challenge his/her listing on the CACI shall send by U.S. mail, fax, or in person, a completed SOC 834 form or a written request for grievance hearing, signed by the complainant that includes the referral number, name of county, complete contact information, date of birth, a reason for grievance which the individual believes provides a basis for reversal of the county decision, and if represented, the name and contact information for the representative.
 - b. The request must be received by the county within thirty (30) calendar days of the date of notice. Failure to send the completed SOC 834 form, or written request, within the prescribed timeframe shall constitute a waiver of the right to a grievance hearing.
 - c. An individual is deemed aware of the county decision when the county mails the notification to the individual's last known address or any other address known by the county where the notice and request for grievance are most likely to be received by the individual.
 - d. For individuals to whom no prior notification was mailed regarding his/her submission to the CACI, the individual shall file the completed SOC 834 form within thirty (30) calendar days of becoming aware that he/she is listed in the CACI and becoming aware of the grievance process.
 - e. When an individual requests, the county shall assist the individual in the completion of the SOC 834 form or written request for grievance hearing.
3. The following grievance hearing procedures shall only apply for challenges to county submission for listing individuals on the CACI.
 - a. A grievance hearing request shall be denied when a court of competent jurisdiction has determined that the suspected child abuse and/or neglect has occurred, or when the allegation of child abuse and/or neglect resulting in the referral to CACI is pending before the court.
 - b. If the information in 3 (a) no longer applies, a complainant (an individual wishing to challenge his/her listing on the CACI) can submit the completed SOC 834 form, or written request, within thirty (30) calendar days of the conclusion of the judicial matter to request a grievance hearing.
 - c. The grievance hearing shall be scheduled within ten (10) business days and held no later than sixty (60) calendar days from the date the request for grievance is received by the county, unless otherwise agreed to by the complainant and the county.
 - d. Notice of the date, time, and place of the grievance hearing shall be mailed by the county to the complainant at least thirty (30) calendar days before the grievance hearing is scheduled, unless otherwise agreed to by the complainant and the county.
 - e. The complainant may have an attorney or other representative present at the hearing to assist him/her.
 - f. Either party may request a continuance of the grievance hearing not to exceed ten (10) business days. Additional continuance or dismissal of the hearing shall be granted with mutual agreement of all parties involved or for good cause.
 - g. The county may resolve a grievance at any point by changing a finding of inconclusive or substantiated child abuse and/or neglect to unfounded and notifying the DOJ of the need to remove the complainant's name from the CACI.
4. The grievance review officer conducting the grievance hearing shall be:
 - a. A staff or other person not directly involved in the decision, or in the investigation of the action or finding, that is the subject of the grievance hearing.
 - b. Neither a co-worker nor a person directly in the chain of supervision of any of the persons involved in the finding, or in the investigation of the action or finding, that is the subject of the grievance hearing unless the grievance review officer is the director or chief deputy director of the county.
 - c. A staff or other person who is knowledgeable of the child welfare services field, capable of objectively reviewing case information pertaining to the grievance, able to conduct a fair and impartial hearing, and available to prepare the proposed decision.
5. The grievance review officer shall voluntarily disqualify him/herself and withdraw from any proceeding in which he/she cannot give a fair and impartial hearing or in which he/she has an interest.
 - a. A claimant may request at any time prior to the close of the record, that the grievance review officer be disqualified upon the grounds that a fair and impartial hearing cannot be held or a decision cannot be rendered. Such request shall be ruled upon by the grievance review officer prior to the close of the record.
 - b. If, at the beginning or during the hearing, the grievance review officer upholds a party's motion for disqualification, the matter shall be postponed.
6. If the grievance review officer who heard the case is unavailable to prepare the proposed decision, the county director or his/her designee shall contact the claimant and the county and notify each party that the case is being assigned to another grievance hearing officer for preparation of the decision on the record.
 - a. The notice shall inform the claimant that he/she may elect to have a new grievance hearing held in the matter, provided that he/she agrees to waive the ten (10) day or sixty (60) day period.
 - b. A grievance review officer shall be considered unavailable within the meaning of this section if he/she is incapacitated; has ceased employment as a grievance review officer; or is disqualified under section 5, above.

7. The grievance review hearing shall, to the extent possible, be conducted in a non-adversarial environment.
8. The county, complainant, and his/her representatives, if any, shall be permitted to examine all records and relevant evidence that is not otherwise made confidential by law, which the opposing party intends to introduce at the grievance hearing.
 - a. The county and the complainant shall make available for inspection all records and evidence related to the original referral that prompted the CACI listing, except for information that is otherwise made confidential by law, at least ten (10) business days prior to the hearing.
 - b. The county shall redact such names and personal identifiers from the records and other evidence as required by law and to protect the identity, health, and safety of those mandated reporters of suspected child abuse and/or neglect pursuant to Penal Code section 11167. The county may further redact information regarding the mandated reporter's observations of the evidence indicating child abuse and/or neglect.
 - c. The county shall release dispositive information to the complainant's attorney or representative only if the complainant has provided the county with a signed consent to do so.
 - d. Witness lists shall be available for exchange in advance of the hearing. The county and the complainant shall provide a list of witnesses they intend to call at the grievance hearing at least ten (10) business days prior to the grievance hearing.
 - e. Failure to disclose evidence or witness lists in advance of the grievance hearing can constitute grounds for objecting to consideration of the evidence or allowing testimony of a witness during the hearing.
 - f. Each party and their attorney or representative, and witnesses while testifying, shall be the only persons authorized to be present during the grievance hearing unless all parties and the grievance review officer consent to the presence of other persons.
 - g. The information disclosed at the grievance hearing may not be used for any other purpose. No information presented at the grievance hearing shall be disclosed to any person other than those directly involved in the matter, unless otherwise required by law. Any records and other evidence disclosed by the county to the complainant or the complainant's representative shall be returned to the county at the conclusion of the hearing.
9. All testimony shall be given under oath or affirmation.
 - a. The grievance review officer has no subpoena power. However, the parties may call witnesses to the hearing and question the witnesses called by the other party. The grievance review officer may limit the questioning of the witness to protect the witness from unwarranted embarrassment, oppression, or harassment.
 - b. The grievance review officer may prevent the presence and/or examination of a child at the grievance hearing for good cause, including but not limited to, protecting the child from trauma or to protect his/her health, safety, and/or well-being.
 - c. The grievance review officer may permit the testimony and/or presence of a child only if the child's participation in the grievance hearing is voluntary and the child is capable of providing voluntary consent.
 - d. The grievance review officer may interview the child outside the presence of county staff, complainant, and/or any other party in order to determine whether the participation of the child is voluntary or whether good cause exists for preventing the child from being present or testifying at the grievance hearing.
 - e. The county employee(s) who conducted the investigation that is the subject of the grievance hearing shall be present at the hearing if that person is employed by the county and is available to participate in the grievance hearing. A conflict in work assignments shall not render the county employee who conducted the investigation unavailable to participate in the hearing.
 - f. The county shall first present its evidence supporting its action or findings that are the subject of the grievance. The complainant will then provide evidence supporting his/her claim that the county's decision should be withdrawn or changed. The county shall then be allowed to present rebuttal evidence in further support of its finding. Thereafter, the grievance review officer may, at his/her discretion, allow the parties to submit any additional evidence as may be warranted to fully evaluate the matter under review.
 - g. The grievance review officer shall have the authority to continue to review for a period not to exceed ten (10) calendar days if additional evidence or witnesses are necessary to make a determination on the issue.
10. The county shall have the proceedings of the grievance hearing audio recorded as part of the official administrative record. The county shall possess and maintain the administrative record of the grievance hearing.
 - a. The complainant or the complainant's attorney and/or representative shall be entitled to inspect the recording and any transcripts made thereof; however, the county shall keep possession of the recording and transcript and its contents will remain under seal.
 - b. Where the complainant seeks to inspect the transcript, the costs for transcribing a recording of the hearing shall be assessed to the complainant.
 - c. The county shall lodge the administrative record with the court if any party seeks judicial review of the final decision of the county director.
11. Grievance hearing decisions shall be rendered as follows:
 - a. The grievance review officer shall make a determination based upon the evidence presented at the grievance hearing, whether the allegation of child abuse and/or neglect is unfounded, inconclusive, or substantiated as defined by the Penal Code section 11165.12.
 - b. The grievance review officer shall render a written recommended decision within thirty (30) calendar days of the completion of the grievance hearing. The decision shall contain a summary statement of facts, the issues involved, findings, and the basis for the decision. The county director shall issue a final written decision adopting, rejecting, or modifying the recommended decision within ten (10) business days after the recommended decision is rendered. The final written decision shall explain why a recommended decision was rejected or modified by the county director.
 - c. A copy of the recommended and final decision shall be sent to the following:
 - i. The complainant that requested the grievance hearing;
 - ii. The complainant's attorney or representative, if any; and
 - iii. The California Department of Social Services.
 - d. If the complainant chooses to challenge the final decision of the county director, the evidence and information disclosed at the grievance hearing may be part of an administrative record for a writ of mandate and kept confidential.
 - e. The administrative record shall be kept confidential, including if any of the parties request that it be filed with the court under seal.
 - f. The grievance hearing administrative record shall be retained for a length of time consistent with current law, regulations, or judicial order which governs the retention of the underlying record, but not less than one year from the decision date in any circumstance, and shall include all records accepted as evidence at the hearing.

REQUEST FOR GRIEVANCE HEARINGREFERRAL NUMBER
0735-1159-2280-0000018COUNTY OF
Sacramento

No grievance hearing shall be required when a court of competent jurisdiction has determined that the suspected abuse or neglect has occurred, or when the allegation of child abuse or neglect resulting in the referral to the Child Abuse Central Index is pending before the court.

A. CONTACT INFORMATION

NAME:

DATE OF BIRTH:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER
()ALTERNATE NUMBER:
()

I hereby request a grievance hearing to dispute the decision to list my name on the Child Abuse Central Index (CACI). I acknowledge that I have received a copy of the Notice of Child Abuse Central Index Listing and a copy of the Grievance Hearing Procedures.

B. REASON FOR GRIEVANCE

The reason I am requesting a grievance hearing is because **(YOU MUST CHECK AT LEAST ONE)**:

- ☐ I am not the person who committed the alleged act(s) of abuse or neglect.
- ☐ The alleged act(s) of abuse or neglect did not occur.
- ☐ Even if the alleged act(s) occurred, these acts are not abuse or neglect within the meaning of the Child Abuse and Neglect Reporting Act.
- ☐ Other. If this box is checked, please explain below. If you need more space for your explanation, you may attach additional pages to this form.

SIGNATURE

DATED:

- ☐ Check this box if you would like to schedule an appointment so that you can examine all records and evidence related to investigation of the referral, except for information made otherwise confidential by law. At this appointment, you must also bring and disclose to the county all records and evidence that support your claim that you should not be listed on the CACI.

You may have an attorney or other representative present at the hearing to assist you. If you intend to have an attorney or other representative present, please provide us with the following information.

C. ATTORNEY/REPRESENTATIVE INFORMATION

ATTORNEY OR REPRESENTATIVE'S NAME:

PHONE NUMBER:
()


ATTORNEY OR REPRESENTATIVE'S ADDRESS:

Please return this Request for Grievance to this address:

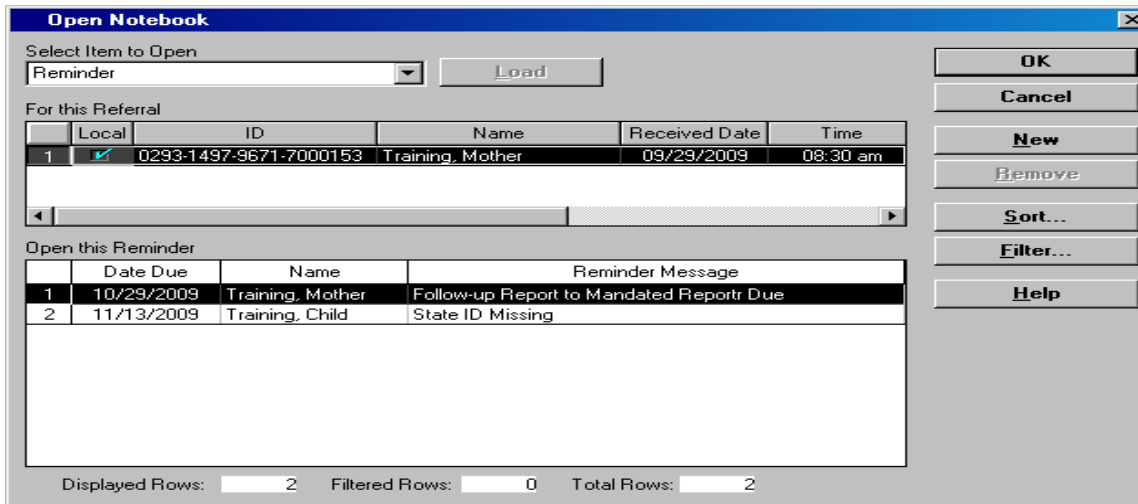
Address: Human Services
1010 Phony St
Sacramento, CA 94229

Attn: Jerry C

After making the necessary cross reports and any required notifications, check to confirm that there are no reminders that would prevent the referral from closing when or if it is disposed of. To check reminders, click on the

“Open Existing Reminders” icon. 

Below is the list of reminders that the above action would display for the training example.



The screenshot shows a software window titled "Open Notebook". It contains a "Select Item to Open" dropdown menu with "Reminder" selected and a "Load" button. Below this is a table for "For this Referral" with columns: Local, ID, Name, Received Date, and Time. The table has one row with a checkmark in the Local column, ID "0293-1497-9671-7000153", Name "Training, Mother", Received Date "09/29/2009", and Time "08:30 am". Below the table is a horizontal scrollbar. Underneath is a section titled "Open this Reminder" with a table with columns: Date Due, Name, and Reminder Message. This table has two rows: Row 1 with Date Due "10/29/2009", Name "Training, Mother", and Message "Follow-up Report to Mandated Reportr Due"; Row 2 with Date Due "11/13/2009", Name "Training, Child", and Message "State ID Missing". To the right of the dialog are buttons: OK, Cancel, New, Remove, Sort..., Filter..., and Help. At the bottom, it shows "Displayed Rows: 2", "Filtered Rows: 0", and "Total Rows: 2".

Local	ID	Name	Received Date	Time
1	0293-1497-9671-7000153	Training, Mother	09/29/2009	08:30 am

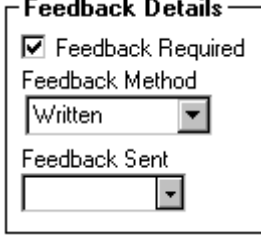
Date Due	Name	Reminder Message
10/29/2009	Training, Mother	Follow-up Report to Mandated Reportr Due
11/13/2009	Training, Child	State ID Missing

Displayed Rows: 2 Filtered Rows: 0 Total Rows: 2

There are two separate reminders shown. The reminder “State ID Missing” will not prevent the referral from closing. However, the reminder “Follow-up Report to Mandated Due” will prevent the referral from completely closing. To satisfy the reminder, click the “Cancel” button to the right. If “OK” button is clicked, the reminder will open to full page. Close the page after seeing the reminder.

Next, go to (or click on) the reporter page. At the bottom right of the reporter page is the “Feedback Details” information box.

The box already shows that feedback is required and that the Feedback method will be written. The Feedback date is blank. Until there is a feedback sent date entered, the reminder will be shown.

A screenshot of a web form titled "Feedback Details". It contains three items: a checked checkbox labeled "Feedback Required", a dropdown menu labeled "Feedback Method" with "Written" selected, and another dropdown menu labeled "Feedback Sent" which is currently blank.

Enter the date that the feedback is being sent. After providing the date, click on the create new referral document “+,” and create the document “Response to Mandated Reporter.”

Linda Instructor
 City Elementry
 25 Some Street
 Orland, California 95963

The above named family or child was referred by you to this agency for Emergency Response intervention on: 09/29/2009 .

The result of the initial Emergency Response intervention is:

☐ Does not meet the State requirements for intervention

☐ Allegations appear to be unfounded - case closed

☐ Allegations cannot be substantiated - case closed

☐ Situation stabilized - case closed

☐ Family has agreed to voluntary Social Services

☐ Case open for service

 (Officer) (Phone #)

☐ Referred to community agency

 (Agency Name) (Agency Phone #)

☐ Referred to Juvenile Court for Investigation

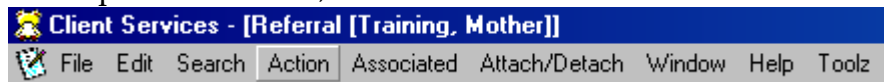
COMMENTS:

The recipient and address is created from information entered in the Mandated Reporter page. The appropriate box must be clicked for the planned action. In this example, a new case will be opened. When completing this document, also in this example, provide the name of the new worker and the phone number for that worker. In most counties, county practice requires the completing worker to enter a comment in the comment box. County practice varies. An example might be to thank the reporter for his/her concern for the child's safety. Follow county practice.

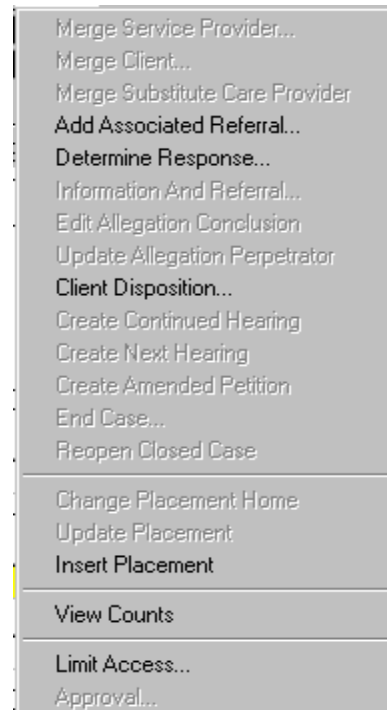
Client Disposition

When the reminders are satisfied, the referral is ready to be resolved. In CWS/CMS that is done by disposing of the client. Each child client who had an allegation of abuse recorded for them must be disposed of. It is necessary to have concluded each allegation made on the allegations page to dispose of a client.

To dispose of a client, click on the "Action Menu" of the "Drop Down Menu."



The following drop down menu appears. Select “Client Disposition” from the list by clicking on it.



The next page shows the result of that action.

Select Notebook

Item to Select
 Client ☐ Family Refused Services

For this Referral

	Local	ID	Name	Received Date	Time
1	<input checked="" type="checkbox"/>	0293-1497-9671-7000153	Training, Mother	09/29/2009	08:30 am

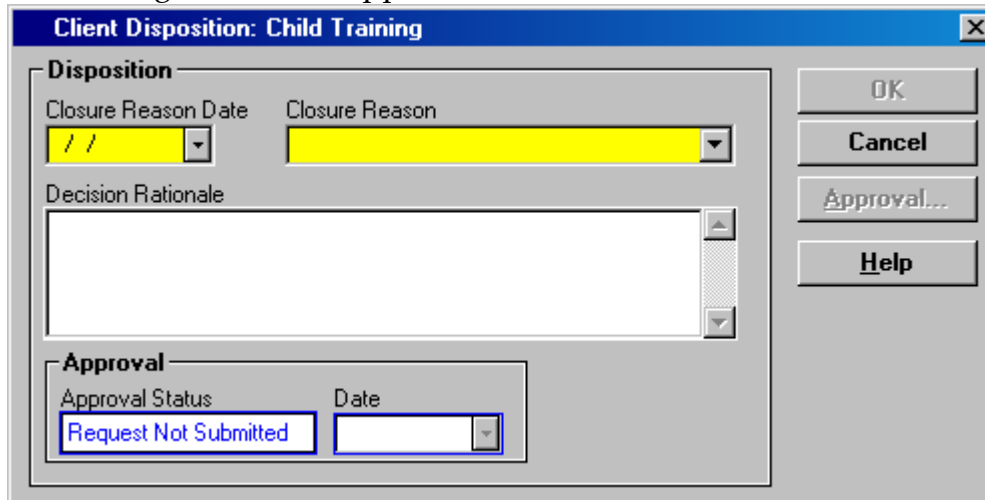
Select this Client

	Name	Age(Yrs)	Gender	Birth Date	Conclusion	Disposition
1	Training, Child	8	Male	01/01/2001	Substantiated	

OK
 Cancel
 Sort...
 Help

Unless there is a conclusion for each and every allegation, the “OK” button will not be enabled. If it is enabled, click on the “OK” button.

This dialogue box will appear.



Complete the “Closure Reason Date” by double clicking in the field typing in the date or using the calendar drop down arrow. Next, select the closure reason. The available reasons will be determined by data that has been entered in CWS/CMS up to this point for this referral. It may be necessary to scroll through the list to find the correct option.

On the next page is a list of all of the options in the list. Remember, not all are going to be available for selection.

None	Child already in a Case
Child already appears in a linked Referral	Client dead prior to Referral date
Client died during investigation	Child does not exist
Child emancipated/reached majority	Child not at risk
Child not involved in incident	Child placed for adoption
Child unrelated to family	Contact attempted/can't locate
Loss of contact with Child	Open new Case
Situation stabilized	

In this example, the "Closure Reason Date" has been entered, and the "Closure Reason" of "Open new Case" has been selected.

Client Disposition: Child Training

Disposition

Closure Reason Date: 09/30/2009

Closure Reason: Open New Case

Decision Rationale

Approval

Approval Status: Request Not Submitted

Date:

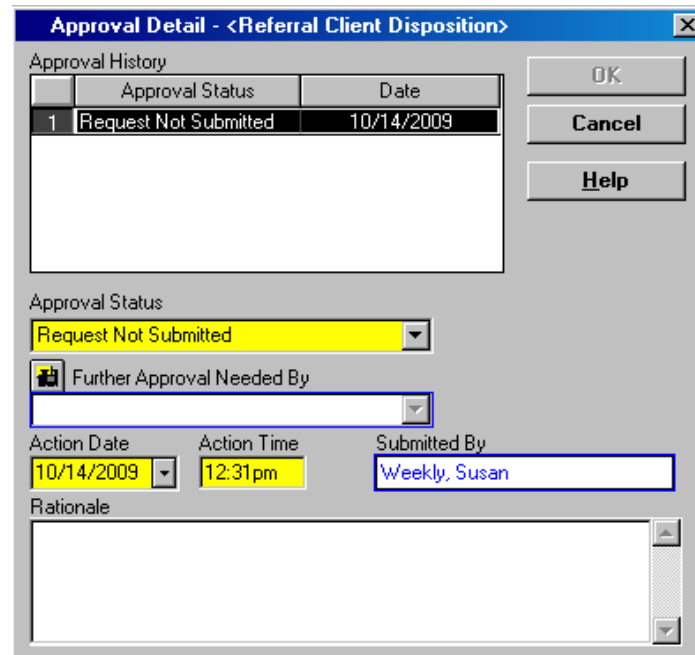
OK

Cancel

Approval...

Help

A “Decision Rationale” may be entered at this time. It cannot be entered later. Client Disposition requires supervisor approval. To send for supervisor approval, click on the “Approval” box. The following dialogue box will appear.

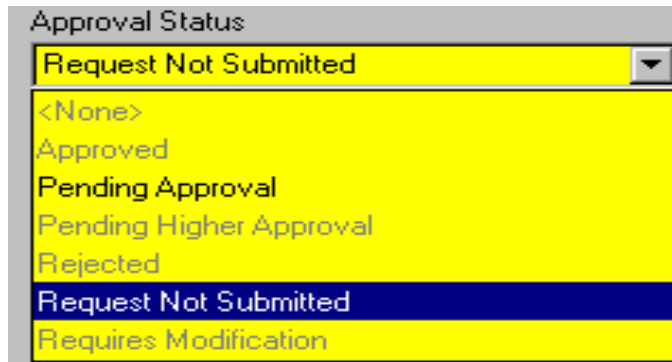


The dialog box titled "Approval Detail - <Referral Client Disposition>" contains the following elements:

- Approval History:** A table with columns "Approval Status" and "Date".

	Approval Status	Date
1	Request Not Submitted	10/14/2009
- Buttons:** "OK", "Cancel", and "Help" are located on the right side.
- Approval Status:** A dropdown menu currently showing "Request Not Submitted" (highlighted in yellow).
- Further Approval Needed By:** A checkbox and a dropdown menu.
- Action Date:** A dropdown menu showing "10/14/2009" (highlighted in yellow).
- Action Time:** A dropdown menu showing "12:31pm" (highlighted in yellow).
- Submitted By:** A text field containing "Weekly, Susan".
- Rationale:** A large text area at the bottom for entering a decision rationale.

In the yellow line under “Approval Status,” click the down arrow.



Then, click on "Pending Approval." Click the now enabled "OK" button. This will result in the application returning to the page where the client to dispose of was selected. If all clients are disposed of, cancel that dialogue box, or select another client to dispose of. Repeat as necessary until all clients are disposed of.

At this time, unless the supervisor determines that something in the referral "Requires Modification," the supervisor would approve opening a new case. All fields in the referral except for those fields having to do with the CACA grievance processes become a read only file.

Activity

Go to the Activity for Chapter 3 in the Activity handbook.

