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Revised: August 2, 2011
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Abuse Investigations—Practice Guidelines

Purpose

To provide guidelines for investigating child abuse and neglect allegations.

Approved

This revised policy was approved by Gary Taylor, Director of CFS, on September 16, 2013. *Signature on file*.

Most Recent Revision

This revision of this Policy and Procedure (P&P) includes addition of a "Visual Inspection of a Child" Policy section.

Background

Child welfare agencies are required to accept reports of suspected child abuse/neglect. When a report is determined to meet the legal definition of abuse or neglect and a new referral is generated, Children and Family Services (CFS) staff will investigate and determine whether intervention is needed.

The primary goal of the child abuse/neglect investigation is to determine the potential for or the existence of any condition which places the alleged victim child, or any other child in the family or household, at risk and in need of intervention.

This P&P provides general guidelines for conducting a child abuse/neglect investigation.

For further information on completing child abuse/neglect investigations and identifying appropriate protective interventions, refer to CFS P&Ps:

- Abuse Investigations—Findings, Documentation, and Cross Reporting (A-0305)
- Abuse Investigations—Protective Interventions (A-0414)

Definitions

For purposes of this P&P, the following apply:

Willful harming or injuring of a child or the endangering of the person or health of a child (Penal Code [PC] Section [§] 11165.3): Legally defined as a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation in which his or her person or health is endangered.

Child Abuse (PC § 11165.6): Child abuse is legally defined as:

- A physical injury or death which is inflicted by other than accidental means on a child by another person
- Sexual abuse, including both sexual assault and sexual exploitation
- Willful harming or injuring of a child or endangering of the person or health of a child
- Unlawful corporal punishment or injury
- Neglect

The Penal Code sections below provide further definitions of child abuse:

A. **Physical Abuse (PC §§ 11165.4 and 11165.6):** Any act which results in a non-accidental physical injury including a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

B. **Sexual Abuse (PC § 11165.1):** Acts of sexual assault on and the sexual exploitation of minors, as defined in Penal Code 11165.1.

C. **Emotional Abuse (PC § 11166.05):** This child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of a parent or guardian.

D. **Neglect (PC § 11165.2):** The negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health and welfare. The term includes both acts and omissions on the part of the responsible person.

There are two types of neglect:

1. **General Neglect (PC § 11165.2[b]):** General Neglect (Penal Code section 11165.2[b]): The 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 physical injury to the child has occurred.

2. **Severe Neglect (PC § 11165.2[a]):** The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. Severe neglect also means those situations where any person having the care and custody of a child 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, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

Visual Inspection: Lifting or removing a child's clothing for the purpose of observing the child's body to assess for injuries, marks, and/or bruises caused by abuse and/or neglect. (This does not include examining a child's head or having a child pull up their shirt sleeves and/or pant legs to observe their arms and/or legs.)

POLICY

Conditions Not Necessarily Indicating Risk

Per Welfare and Institutions Code (WIC) §§ 300, 16509, 16509.1, and 16509.2, a child will not be determined to be at risk and in need of intervention based solely on the existence of any of the following conditions:

A. Reasonable and age-appropriate spanking to the buttocks where there is no evidence of serious physical injury.

B. Lack of emergency shelter for the family.

C. Willful failure of the parent or guardian to provide adequate mental health treatment, based upon a sincerely held religious belief.

D. Cultural and religious child-rearing practices and beliefs that differ from community standards unless the practices present a specific danger to the physical or emotional safety of the child.

E. Treatment by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner.

F. Physical or mental incapacity, or both, of a parent or child.

G. Children fighting by mutual consent.

H. Voluntary sexual activity between children under age 14 who are of similar age and sophistication.

I. Pregnancy of a child.

J. Maternal substance abuse.

K. Sudden Infant Death Syndrome (SIDS).

Response Times

A. **Immediate Responses ("I's"):**
Per Division 31-115, an immediate response investigation will be initiated when a child is considered to be at immediate risk of abuse, neglect, or exploitation.

Per CFS policy, investigation of all Immediate Response referrals will begin immediately after assignment notification (as soon as the Emergency Response [ER] Senior Social Worker [SSW] has been verbally notified of the referral assignment, without delay). When a timely initial response is not possible or when other barriers may prevent completion of the investigation, the SSW will promptly consult with a Senior Social Services Supervisor (SSSS) to obtain direction.

Per CFS policy, other forms of Immediate Responses include:

1. Orangewood Response Protocol:
ER SSWs will be assigned referrals when a child has been transported directly to Orangewood Children and Family Center (OCFC) by law enforcement without CFS involvement. Orangewood Response referrals will be assigned on weekdays during the hours of 8:00 a.m. and 8:00 p.m. These assignments will be handled as immediate responses, and the assigned ER SSW will respond to OCFC immediately upon assignment notification.

2. Field Response Protocol:
ER SSWs will be assigned referrals when law enforcement is in the field and requests CFS assistance to conduct a joint placement assessment. This assessment will determine if the child can remain safely in the home or if a community placement can be identified. Field Response referrals will be handled as immediate responses on weekdays during the hours of 8:00 a.m. and 8:00 p.m. SSWs will make every effort to respond within 30 minutes of assignment notification.

3. Court Response Protocol:
ER SSWs will be assigned referrals when Court (e.g., Family Law, Probate, Mental Health, etc.) requests CFS assistance. Court Response referrals will be assigned on weekdays during the hours of 8:00 a.m. and 5:00 p.m. These assignments will be handled as immediate responses, and the assigned ER SSW will respond to Court immediately upon assignment notification.

4. Overnight Delays:
In exceptional circumstances, it may be in the best interest of the child and the investigation to delay response in contacting the victim child. This approach is referred to in Orange County as an Overnight Delay Immediate (ODI). When making the determination to assign as an ODI, the primary consideration will be the immediate safety of the victim child.

Other factors to consider prior to identifying as an ODI are:

- Possible exigency and need to obtain a warrant
- Unknown home address for child
- Type of setting needed for the interview
- Time of day/night
- Nature of allegation(s)
- Previous child abuse and/or neglect history
- Age/vulnerability of the child
- Protective ability of non-offending parent(s)
- Availability of medical personnel

Note: When a referral has been determined to be an ODI, the referral may be assigned the following morning to accommodate staff availability. However, all children listed as victims must still be seen within 24 hours of the referral date and time (not the time of assignment).

B. **10-Day Responses:**

Per Division 31-120, an attempted face-to-face contact with all victim children in a 10-Day Response referral will be made within 10 calendar days of the referral date. This is the date the referral is received at the Child Abuse Registry (CAR), not the date it is assigned to the ER SSW. (For example, for a report received by CAR on June 10, the tenth day is June 19.)

Per CFS policy, another form of 10 Day Response is a "See By." "See By" referrals are identified by CAR as 10-Day Responses with a specific response date noted. Depending on the individual circumstances of the referral, the SSW will commence investigation no later than the response date provided on the referral and prior to that date when appropriate. (For example, a “See By” may be utilized when the referral alleges abuse by a parent, but the child is not scheduled to have contact with that parent until later in the week.)

Interview Preparation

When preparing to investigate a referral, as applicable, the ER SSW will:

- Review priors, including those previously determined to be unfounded
- Obtain and review police reports/court reports
- Consult with Reporting Party (RP) and other professionals in contact with the family
- Identify potential safety risks to SSW by reviewing for:
  - Prior and current interactions with CFS
  - Screener alerts including weapons, substance abuse, domestic violence, etc.
  - History of mental illness
  - Neighborhood risk factors
- Contact dispatch for the appropriate law enforcement jurisdiction and request information regarding recent and/or historical police calls to the family's address
- Consult with a Public Health Nurse (PHN) and child abuse medical expert (e.g., Child Abuse Services Team [CAST] medical staff, etc.) when medical issues are noted in the child abuse report
- Consult with the assigned SSW if there is currently an open case. Refer to CFS P&P Abuse Investigations—Open Case (A-0402)
- Determine whether there is an open CalWORKs case per CFS P&P CalWORKs—CFS Collaboration (D-0502) and, if so, contact the case worker to consult on the mutual client

Law Enforcement Assistance

Per Division 31-130, the ER SSW will contact law enforcement to request assistance before the alleged victim, alleged perpetrator, and others are contacted when the physical safety of the family and/or the SSW may be endangered.

Law enforcement may also be consulted before initiating the investigation in additional circumstances. Factors to consider include, but are not limited to:

- Potential for criminal prosecution
- Nature of allegation
- Protocols for the specific law enforcement jurisdiction involved

Regardless of allegation type, when there is a disclosure of abuse or neglect and/or a physical injury which may result in protective custody or a police report, the SSW will contact law enforcement to request in-person response to complete a joint investigation. If law enforcement declines to respond, the SSW will document the request and the fact that it was declined and the name, title, and contact information for the law enforcement officer who declined to respond.

Per CFS policy, when law enforcement requests that the SSW either delay contact or have no contact with a child, siblings, parents/caregivers, or alleged perpetrator, the SSW will immediately consult with a SSSS. The potential for safety and risk concerns will be the primary consideration when deciding how to proceed. An ER Program Manager (PM) will be consulted if a decision has been made to delay contact or not make contact with one or more of the parties listed above. The SSW will document consultation decisions in Child Welfare Services/Case Management System (CWS/CMS) and in the Investigation Narrative.

Medical Consultations

The ER SSW will consult with a PHN when investigating allegations of medical neglect, severe physical injuries, drug endangered children (DEC – home methamphetamine labs), or substance exposed infants. SSWs will team with a CFS PHN during investigation. When a PHN is not available to accompany in the field on the initial visit, SSWs will consult with a PHN during work hours to ensure that all medical issues have been thoroughly addressed. Certain situations may require that one or more subsequent field visits occur with the PHN to further evaluate the medical circumstances. Regardless of whether a PHN is initially available to accompany in the field or to consult, the SSW will adhere to all response timelines as described in the “Response Times” Policy section above.

Other medical resources include but are not limited to:

- RP when identified as a medical professional
- CAST medical personnel
- Child's medical providers
- Specialized Family Services (SFS) Intake Coordinators

Significant consultation and concerns noted during discussions with a PHN (or other medical resource) will be documented in CWS/CMS and in the Investigation Narrative.

Note: If a PHN makes a determination regarding the cause of a child's condition and/or injuries that differs from that of the assigned SSW and/or the child's treating physicians, the assigned SSW will consult with a PM.

Note: Refer to CFS P&P Medical Assessment and Consultation (A-0418) for guidelines regarding conducting investigations of allegations of physical abuse and severe neglect for children ages three and younger.

Refer to CFS P&P Child Abuse Services Team (CAST) (A-0401) for guidelines regarding investigations of sexual abuse allegations.

Child Contacts/ Interviews

Per Division 31-125, the ER SSW will complete an assessment of the alleged victim or any other child in the family or household during the child abuse investigation.

Per CFS policy, during the course of every child abuse/neglect investigation, all children in the family, regardless of whether they are named as an alleged victim, will be interviewed individually, face-to-face, and apart from parents or siblings, so that the parents and siblings cannot participate in or hear the conversation. All children will be interviewed and, as necessary, visually inspected per the policy section "Visual Inspection of a Child" below, prior to determining the outcome of the investigation and making a finding. Any exceptions must be discussed with a SSSS and documented in a CWS/CMS contact and in the Investigation Narrative.

Per CFS policy, when the initial attempt to contact a child is unsuccessful, subsequent attempts will occur as soon as possible and no less than every five business days until the contact is made. This guideline applies to each child with an allegation, regardless of allegation type, with the exception of "At Risk, Sibling Abused."

Per Division 31-125, regardless of the specific allegation, the investigating SSW will assess each child for all types of abuse,

including physical abuse, sexual abuse, emotional abuse, and neglect.

Interviews with children will attempt to:

- Assess the child's immediate safety needs
- Assess the child's understanding of concepts of truth/lie
- Assess the child's level of functioning
- Obtain a description of events related to the allegation as well as the child's perception of those events
- Assess the child's perception of his or her own safety and confidence in parent/caregiver's ability to protect

Unable to Locate Child: If an alleged victim child cannot be located or seen, the following will be completed and documented prior to SSSS approval of referral closure:

A. Contact RP for additional information that may assist in locating the family.

B. Send a letter to the last known address notifying of the investigation and requesting contact. Wait no less than one week after the letter has been sent before closing referral if no response is received.

C. Consult with case manager if family is involved with CalWORKs. (**Note:** Searching CalWIN alone is not an authorized alternative for talking directly with the case manager.)

D. Make collateral contacts with other professionals who may have knowledge of the family's whereabouts, such as school district and law enforcement representatives.

E. Consult with a SSSS to identify additional resources that may assist in locating the family.

The reason for lack of contact, efforts to make contact, and SSSS consultation and approval must be documented in CWS/CMS on the Contacts page. "Contact Purpose" should be identified as "Consult with Staff Person." A brief narrative will be provided.

Whenever possible, the SSW will interview the child prior to making contact with the parents.

School Interviews

Interviews of children at school will occur per guidelines outlined in "School Interviews—Abuse Investigations" Policy section of CFS P&P Warrants (G-0901).

Frequency of Child Contacts

Per Division 31-320, as long as the referral remains open, all of the alleged victim children will be seen at least two times in the first 21 days and a third time by the 30th day. The timeframe for these guidelines begins as soon as the initial contact with the alleged victim children has been completed.

Visual Inspection of Child

A. **Authority for Visual Inspection:**
Per *Calabretta v. Floyd (1999)*, a SSW may visually inspect a child's body when the allegation and/or reliable evidence establish reasonable cause to believe the child has physical injuries due to abuse and/or neglect.

Circumstances that may establish reasonable cause for a visual inspection include, but are not limited to:

- Reliable allegation that the child may have injuries on parts of their body that are not readily apparent
- Reliable disclosure by the child and/or other parties suggest that the child may have injuries on parts of their body that are not readily apparent
- The child has injuries that are readily apparent on their face and/or limbs

A SSW may conduct a visual inspection only when one of the following apply:

- Exigent circumstances exist
- Parental consent is provided (**Note**: Parental consent may be withdrawn or limited at any time)
- A Search/Entry Warrant is obtained pursuant to CFS P&P Warrants (G-0901) when exigent circumstances do not exist and the parents refuse to provide consent or limit/withdraw consent

B. **Conducting Visual Inspection:**
Per CFS policy, the SSW conducting visual inspection will:

- Do so only in the presence of another adult, who may be, but is not limited to:
  - The child's parent
  - Relative
  - School personnel
  - Another social worker
  - Law enforcement officer
  - Public Health Nurse
- Allow the child to choose one or more adults to be present for the visual inspection and, as applicable, assist with

lifting and/or removing the child's clothing for the visual inspection

- Explain the reason for the visual inspection and the visual inspection process to the child
- Immediately stop the visual inspection and make arrangements to have the child examined by a medical professional (e.g., PHN, child's pediatrician, CAST medical personnel, Urgent Care, etc.) if the child expresses being uncomfortable or refuses the visual inspection
- Examine each part of the body in sections, having the child re-cover those body parts prior to uncovering other body parts (e.g., Examine limbs, head, and neck while the child is clothed. Pull back or rearrange and, as necessary, remove clothing to inspect trunk, buttocks, and back.)

Child More Than Three Years of Age: Per CFS policy, a SSW who is the opposite gender of a child more than three years of age will conduct visual inspection only when:

- The parent provides consent and assists with lifting and/or removing the child's clothing for the visual inspection

–Or–

- The adult witness, if not a parent, assists with lifting and/or removing the child's clothing for the visual inspection

–And–

- The child does not express discomfort

When these guidelines are not met for visual inspection of a child more than three years of age, the SSW conducting visual inspection will be the same gender as the child. **Note:** If the assigned SSW is not the same gender as the child, consider contacting a SSSS to request assistance from a SSW who is the same gender to conduct visual inspection. Any exceptions must be approved by a SSSS and documented in the Investigation Narrative and in a Child Welfare Services/Client Management System (CWS/CMS) contact.

Pre-Adolescent/Adolescent: When the assigned SSW is the opposite gender of a pre-adolescent or adolescent requiring visual inspection and arrangements cannot be made for a SSW of the same gender to conduct the visual inspection, the assigned SSW will not conduct the visual inspection. The assigned SSW will ensure arrangements are made for the child to be examined by a medical professional (e.g., PHN, child's pediatrician, CAST medical personnel, Urgent Care, etc.).

The SSW conducting or observing a visual inspection will never:

- Touch the site of the apparent injury
- Touch, photograph, or examine the child's genitalia, anus, or breasts (**Note:** The assigned SSW will request a CAST interview pursuant to CFS P&P Child Abuse Services Team [CAST] [A-0414] if the need for such an examination is indicated.)
- Have a child older than three years of age totally unclothed
- Have the child undress in front of anyone other than the adult witness

C. **Documentation:**
The ER SSW will document the following in a CWS/CMS contact and in the Investigation Narrative upon completion of a visual inspection:

- Facts that established exigent circumstances requiring visual inspection of child's body, as applicable
- Name of parent who provided consent for visual inspection of a child's body and time and location parental consent provided, as applicable
- Date, time, location of the visual inspection
- Full name, title, and contact information for adult witness of visual inspection
- Manner in which visual inspection was conducted, including: whether child's clothing was lifted, rearranged, or removed and name, title, and contact information for person who lifted, rearranged, or removed child's clothing
- Detailed description of marks and/or bruises, including:
  - Size
  - color
  - Shape
  - Location on child's body on which the marks and/or bruises were observed

D. **Photographs:**
The assigned SSW may photograph injuries observed during a visual inspection, pursuant to CFS P&P County Issued Cellular Telephones (B-0202).

When taking photographs of injuries observed during a visual inspection, the assigned SSW will:

- Explain to the child the reason for taking photographs
- Do so only in the presence of the adult witness to the visual inspection
- Place a familiar-sized object in the photograph (e.g. coin, dollar bill, ruler, etc.) to provide perspective regarding size of the injury
- Provide documentation of each photograph in a CWS/CMS contact and the Investigation Narrative

Photographs will not be taken of a child's breasts or genitals.

Parent Contacts/ Interviews

Per Division 31-125, the ER SSW will conduct an in-person investigation with all parents who have access to the child alleged to be at risk of abuse, neglect, or exploitation.

Per CFS policy, after a face-to-face contact is made with one custodial parent, and unsuccessful efforts to conduct a face-to-face interview with the other non-offending parent are made, a telephone interview with the other parent is permitted with SSSS approval.

Exception: Telephone contact with the non-offending parent is permitted without SSSS approval when the allegation has been determined to be unfounded.

Attempts to contact the parents will be documented in CWS/CMS and the Investigation Narrative.

A non-custodial parent will be considered to have access if the parent has regular or frequent in-person or telephone contact with the child.

Interviews with parents will attempt to:

- Obtain statements about parent's perception of abuse or neglect
- Gather factual information about events related to the allegation
- Assess for ability and willingness of non-offending parent to protect
- Assess willingness of offending parent to modify abuse behavior

Every effort will be made to contact the parents on the same day as contact has been made with the child.

Alleged Perpetrator Contacts/ Interviews

Per CFS policy, alleged perpetrators, regardless of their relationship to the child, will be interviewed face-to-face. When contact is made, the ER SSW will advise the alleged perpetrator of the allegation against him or her without revealing the identity of the RP, per Penal Code § 11167(e). Safety issues for CFS staff and victims will be considered and addressed prior to making contact with the alleged perpetrator.

Interviews with alleged perpetrators will attempt to:

- Obtain a statement regarding the alleged perpetrator's understanding of the investigation and the events alleged
- Inform of the allegation including the identification of the alleged victim, during the first contact
- Verbally notify of the DOJ reporting requirement and the grievance process outlined in CFS P&P Grievance Reviews for Child Abuse Central Index (CACI) Submissions (A-0301)

The ER SSW will consult with a SSSS if there is a question about whether to contact an alleged perpetrator. When a decision has been made not to contact the alleged perpetrator either due to safety concerns or at law enforcement request:

A. Document the reason for lack of contact and SSSS consultation in CWS/CMS and in the Investigation Narrative. Include the name, title, and contact information for the law enforcement officer who requested the ER SSW not have contact, when applicable.

B. Document law enforcement's contact or lack of contact with the alleged perpetrator at the time of closing the referral.

C. If law enforcement decides not to contact the alleged perpetrator, the SSW will complete the contact unless otherwise instructed by law enforcement.

Collateral Contacts

Per Division 31-125, the ER SSW will make necessary collateral contacts with persons having knowledge of the condition of the child.

Interviews with collateral contacts will attempt to obtain information pertinent to the child's safety and risk while providing minimal information about the investigation, such as the identity of the child and the SSW's role in the investigation. Collateral contacts may include, but are not limited to:

- Relatives
- RPs (without identifying the person as the RP in the Investigation Narrative)
- Doctors, other medical professionals
- Therapists
- Teachers
- Neighbors
- CalWORKs staff
- DASU SSWs
- Family Law Court Liaison

Home Entry Authorization

Per CFS policy, the SSW will not enter a home without an adult present to provide permission. If the adults refuse entry to the home:

A. Immediately call 911 if a child may be in immediate danger.

B. Consult with a SSSS to determine if further action such as obtaining a warrant to authorize entry into a home is indicated. Refer CFS P&P Warrants (G-0901).

C. Document the adult's refusal to allow entry.

Home Assessments

Per CFS policy, the home environment where the alleged victim child resides will be assessed in person by the ER SSW on every referral, regardless of the original allegation. The extent of the assessment will be determined on a case-by-case basis. The current allegation, family circumstances, child abuse/neglect history, and initial impression of the home will be used to make that determination. In all instances, the ER SSW will observe and assess the common living area and the child's sleeping area.

Exception: When a hospital hold has been placed on a substance exposed infant who has no siblings, it may not be necessary to assess the family home. The SSW will consult with a SSSS for authorization not to see the home, when deemed appropriate.

For Orangewood Response referrals that result in placing a child into protective custody, if law enforcement has not assessed and documented the condition of the victim child's home environment, a SSW will visit the home prior to the Detention hearing.

In all instances when a child will be released to a home, a home assessment must be completed by the SSW regardless of the referral circumstances and prior to release.

Factors to consider when assessing the home include but are not limited to:

A. Child's age and developmental level.

B. Adequate resources to meet the child's basic needs.

C. Safety hazards (e.g., weapons, medicines, illegal drugs, broken windows, sharp objects in reach of children, swimming pools/bodies of water, children's sleeping accommodations, etc.).

D. When physical injury is alleged, the assessment must include a visual inspection of the area where the injuries were reported to occur to determine if the injuries and reported cause are consistent with the physical environment.

A description of the home environment will be documented in CWS/CMS and in the Investigation Narrative. The description will include any safety hazards noted, discussion with the custodial parent or caregiver about the steps necessary to resolve the safety hazards and timeframes for doing so, and development of a SDM Safety Plan, when needed.

Structured Decision Making (SDM)

The Structured Decision Making (SDM) Safety Assessment tool will be utilized during the child abuse investigation to provide structure for client interviews, ensure that all major safety factors are assessed, and guide the decision whether to remove a child from a home based on safety threats and available interventions. SDM will be completed per CFS P&P Structured Decision Making (D-0311). SDM safety and risk factors will be thoroughly examined before a decision is made regarding allegation disposition and intervention needed.

When one or more safety threats are identified and the victim child will be left in the home, a Safety Plan must be completed.

The Investigation Narrative will reflect the information contained in the Safety and Risk Assessment tools.

For further direction on completing SDM and developing a Safety Plan, refer to CFS P&P Structured Decision Making (D-0311).

Attorney Contacts

A SSW may be contacted by an attorney to obtain information regarding an investigation or to participate in a client interview. The SSW will verify the relationship of the attorney to the client. Once the relationship has been verified, if the attorney has legal

questions, the SSW will refer the attorney to speak with a representative of the County Counsel's (CC) office. If there is an open dependency case, the SSW will contact the Deputy CC assigned to the courtroom in which the case is being heard. If there is no open case, the SSW will contact the supervising Deputy CC.

Interview Taping

In the event that a parent, attorney, or other party requests to audio or videotape an interview with a SSW, the SSW will decline the request due to the confidential information discussed during interviews and the inability of CFS to protect a child's rights by preventing distribution of audio/videotaped interviews.

Note: This guideline does not apply to requests by law enforcement to audio or videotape SSWs conducting child abuse/neglect interviews. The SSW will document in the Investigation Narrative when an interview is recorded by law enforcement.

Follow-Up Consultations

After the initial field interview is completed, the SSW will consider the need for consultation to determine if there are any immediate concerns regarding the child's safety based on the SDM Safety and Risk Assessment tools and other observations. The ER SSW will consult with their assigned SSSS when available and consider additional resources that may be helpful in assessing safety and risk factors, including:

- Another ER or VFS SSSS
- Current or prior assigned SSW
- Law enforcement
- Medical staff (PHN, CAST medical staff, other medical professionals, etc.)
- CAST forensic interview
- SFS Intake Coordinators

Contact Documentation

Referral contacts will be documented in CWS/CMS and the Investigation Narrative. Refer to CFS P&Ps Referral Compliance Contacts and Documentation (A-0415) and Abuse Investigations—Findings, Documentation, and Cross Reporting (A-0305).

REFERENCES

Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- Attachment 1—Specialized Investigations–Goals and Considerations

Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them.

- CFS P&P Abuse Investigations—Findings, Documentation, and Cross Reporting (A-0305)
- CFS P&P Abuse Investigations—Protective Interventions (A-0414)
- CFS P&P Abuse Investigations—Open Case (A-0402)
- CFS P&P Referral Compliance Contacts and Documentation (A-0415)
- CFS P&P Warrants (G-0901)
- CFS P&P Medical Assessment and Consultation (A-0418)
- CFS P&P Structured Decision Making (D-0311)
- CFS P&P CalWORKs—CFS Collaboration (D-0502)
- CFS P&P Child Abuse Central Index (CACI) Grievance Reviews (A-0301)

Other Sources

Other printed references include the following:

None.

FORMS

Online Forms

Required forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
California Substitute Care Provider Safety Assessment	Via SDM Application

Hard Copy Forms

Forms listed below must be completed in hard copy (including multi-copy NCR forms). ***For reference purposes only,*** links are provided to view these hard copy forms, where available.

Form Name	Form Number
Orange County Safety Plan	F063-25-453
Orange County Safety Plan (Spanish)	F063-25-453Sp
Orange County Safety Plan (Vietnamese)	F063-25-453VN

CWS/CMS Forms

The following required forms may **only** be obtained in CWS/CMS. ***For reference purposes only,*** links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures

Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

Penal Code Sections 11165 through 11174.3 constitute the Child Abuse and Neglect Reporting Act (CANRA) which is intended to protect children from abuse and neglect.

Welfare and Institutions Code Section 300 describes the conditions under which a child may be adjudicated a dependent of the Juvenile Court.

Welfare and Institutions Code Sections 16509, 16509.1, and 16509.2 describe conditions that, based solely on their existence, may not necessarily indicate risk of abuse and neglect.

California Department of Social Services Policies and Procedures Manual, Division 31, Section 101 states that CFS will respond to referrals which allege that a child is endangered by abuse, neglect, or exploitation.

California Department of Social Services Policies and Procedures Manual, Division 31, Section 115 provides guidelines for Immediate Response investigations.

California Department of Social Services Policies and Procedures Manual, Division 31, Section 120 provides guidelines for 10 Day Response investigations.

California Department of Social Services Policies and Procedures Manual, Division 31, Section 125 outlines investigation requirements including conditions not necessarily indicating child risk.

California Department of Social Services Policies and Procedures Manual, Division 31, Section 130 outlines when to request law enforcement assistance for a child abuse investigation.

California Department of Social Services Policies and Procedures Manual, Division 31, Section 320 outlines the frequency of social worker contacts with a child during the course of a child abuse investigation.

Calabretta v. Floyd (1999) 189 F.3d 808 9th Cir. denied a social worker and law enforcement officer qualified immunity regarding their coerced entry into a home. The officer and social worker investigated suspected child abuse, interrogated, and strip searched a child without a search warrant and without exigent circumstances. The appellate court ruled that both government officials should have known these actions were unconstitutional.