

ER - Open Case Investigations

(Revised 08/23/2024)

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Related Policies

Additional information can be found in the following policies:

- Abuse Allegation Received by SW
 - Case Consultation
 - Case Transfers
 - Change of Placement (COP) Requirements When Notice is Given to Move Child/Youth
 - Changing Placements after Termination of Parental Rights/.26(n) Procedures
 - Child and Family Team Meetings
 - Child Fatality and Near Fatality Protocol
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**Related Policies
(cont.)**

- Child Victim Witness Protocol
- Contacts - SW and Child
- Critical Incident Protocol
- ER - Changing Response Determination
- ER - Closing Referrals
- ER - Investigations
- Grievance Review by SCP or Parent
- Hotline - Assignment of Referrals
- Injuries to Children in Open OCS Cases or Investigations
- Investigative Search Warrants (ISWs)
- Medical Opinions - Forensic Examinations/Interviews and Medical Consultations
- Medical Treatment/Medical Releases
- Office of the Ombudsman
- Protective Custody Warrants (PCWs)
- Safety Plans
- Structured Decision Making (SDM)
- SW Expectations While the Child Is in Placement

Forms

This policy references the following forms:

- 04-2 Investigation Narrative
- 04-4 Downgrade/EO Template (CWS/CMS Template)
- 04-26 Referral Closure Letter (CWS/CMS Template)
- 04-26Arabic Referral Closure Letter (Arabic) (CWS/CMS Template)
- 04-26HaitianCreole Referral Closure Letter (Haitian Creole) (CWS/CMS Template)
- 04-26Korean Referral Closure Letter (Korean) (CWS/CMS Template)
- 04-26mandarin Referral Closure Letter (Mandarin) (CWS/CMS Template)
- 04-26Somali Referral Closure Letter (Somali) (CWS/CMS Template)
- 04-26sp Referral Closure Letter (Spanish) (CWS/CMS Template)
- 04-26tagalog Referral Closure Letter (Tagalog) (CWS/CMS Template)
- 04-26vietnamese Referral Closure Letter (Vietnamese) (CWS/CMS Template)
- 04-142 Emergency Response Closing Checklist
- 04-184 CWS Suspected Child Abuse Report
- 04-277cc Congregate Care Safety Plans
- 04-277A Substitute Care Provider Safety Plan
- 04-277sp Substitute Care Provider Safety Plan (Spanish)
- 20-46 Language Needs Determination
- Pub 13 Your Rights Under California Welfare Programs
- RFA 809 Resource Family Visit Record
- RFA 809C Resource Family Visit – Corrective Action Plan

Additional Emergency Response (ER) forms are linked to the ER - Investigations policy.

Resources

This policy references the following resources:

- Ombudsman Brochure
 - Ombudsman Brochure (Spanish)
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Overview

The purpose of this policy is to outline required actions when responding to a report of suspected abuse or neglect of a child who is already in an open child welfare case. This includes but is not limited to, children/youth participating in a Family Reunification, Family Maintenance (Voluntary or Court Ordered) case, any children/youth with dual jurisdiction status or a Permanent Plan and includes referrals received as the result of fatality of a child/youth during an open case.

Refer to the Hotline - Assignment of Referrals to determine which referrals meet criteria for assignment to OCI.

An investigating SW, assigned to investigate any allegations on an open case, will follow the applicable policies and procedures outlined in this policy and the links referenced throughout.

Background

In April 2005, the California Department of Social Services (CDSS) released the [All County Letter \(ACL\) 05-09](#), which directs counties to respond to referrals on children in out of home care, including children in relative or non-relative extended family member (NREFM) placements by applying the same ER protocols used to investigate any other referral.

In May 2017, CDSS released [ACL 17-27](#) clarifying that the caseworker responding to the referral must be skilled in ER. The ACL directs County CWS agencies to ensure family maintenance, family reunification, licensing and adoptions workers are not tasked with responding to referrals and investigating allegations. These referrals will be investigated by a social worker skilled in ER and not the ongoing caseworker.

In response to these directives, County of San Diego CWS established the Open Case Investigations (OCI) unit. This unit is staffed with skilled ER social workers who are tasked with investigating referrals on youth with an open case.

Policy

OCI SWs are Emergency Response (ER) SWs assigned to the OCI unit. OCI SWs will follow all policies and procedures established for ER SWs.

In addition to following standard ER policies, OCI social workers assigned to investigate referrals for youth with an open case will follow the guidance outlined in this policy and corresponding linked policies and protocols referenced throughout.

Policy (cont.)

Investigations will include a comprehensive assessment for all types of abuse and neglect of the child, and not focus solely on the original allegation or incident, in order to determine the potential for or existence of any conditions that may put the child at risk for future abuse and/or neglect.

Critical Incident Report (CIR)**Generating a Critical Incident Report (CIR)**

- Per the Critical Incident Protocol, the first person who has knowledge of an event or circumstance that necessitates a CIR will generate the CIR.
 - If the CS SW is the first to identify the need for a CIR, then the CS SW will generate the CIR.
 - If the Hotline SW is the first to identify the need for a CIR, then the Hotline SW will generate the CIR.
 - If the CIR is not generated when the OCI SW reviews the case, then the OCI SW is responsible for generating the CIR.

NOTE: For types of CIRs and reporting procedures, follow the Critical Incident Protocol and complete required noticing.

OCI Evaluated Out (EO) Referrals

An OCI PSS will not EO a referral on a child:

- who died during an open CWS case even when there are no other living children in the home.
- with an open CWS case if the SDM Hotline screening tool recommends an in-person response.

A PSS may EO a referral, with manager approval, **if**:

- additional information is obtained that demonstrates the referral does not meet criteria for an investigation, after it was assigned by the Hotline **or**,
 - it is decided in consultation with the case carrying PSS that the Hotline erred in completing the tool **and**,
 - PSS has consensus from the Response Review Team (RRT) and a manager to EO
 - all steps and criteria in the ER - Changing Response Determination policy are met.
-

Reporting Requirements**Reporting Requirements - All CWS Staff**

CWS staff are **mandated reporters**, within the scope of their job, and must immediately report to the Child Abuse Hotline concerns or allegations of abuse, neglect, or exploitation of children. CWS staff will complete and email the 04-184 form to the Hotline.

All CWS staff will follow the Abuse Allegation Received by SW and the Mandated Reporters policies when there are suspicions of abuse and/or neglect.

Case Carrying SW Responsibilities**Facilitated Engagement**

The case carrying SW will assist with engagement between the child, family, caregiver, and services providers as needed to support the OCI SW with establishing rapport with all parties.

Monthly Face to Face Contacts

- Case carrying SWs will complete monthly face-to-face contacts with all youth and will not rely on an OCI SW to complete a monthly compliance contact.
- Case carrying SWs are encouraged on a case-by-case basis to coordinate a combined contact with the OCI SW if appropriate.

Case Management

Case carrying SWs will continue to provide ongoing case management services during the course of an open investigation and will adhere to SW Expectations While the Child Is in Placement policy.

Examples of case management services and issues include but are not limited to:

- Youth returning from AWOL status with no new allegations of abuse, neglect, or exploitation.
- Youth engaging in consensual sexual acts with persons outside the home, unless it is suspected that the substitute caregiver is knowingly allowing dangerous activity.
- Parents and/or Caregivers out of compliance with the Case Plan.
- Issues about the quality of care that do not meet the criteria or definition of abuse or neglect to trigger an investigation.

Consent and Release

The case carrying SW is responsible for ensuring that all consent for treatment and release of information forms are current, accurate and accessible in the CWS/CMS. (See Medical Treatment/Medical Releases for more information).

Assessments versus Investigations

Case carrying SWs continually assess for safety of children/youth throughout the case.

ACL 17-107 provides counties with instructions on how to assess for child safety during emergency response investigations, throughout a case, and how to appropriately monitor safety plans.

In order for San Diego County to meet existing federal requirements and safety outcome measures, SWs must consistently and appropriately utilize safety assessments, safety plans, and risk assessments. This includes safety plans in substitute care provider homes such as placements with resource parents/NREFMs and in congregate care facilities. Safety assessment and safety plans must be utilized when determining if a child may be maintained safely in their home or placement during the course of an investigation.

**Case Carrying SW
Responsibilities
(cont.)**

SWs must assess for child safety and identify any immediate safety threats prior to leaving any child in the home or placement. Immediate safety threats refer to specific family or placement situations that are difficult to manage, imminent and likely to have immediate, severe effects on the child. SCP safety assessments will assist ER and CS SWs and the PSS determine which safety intervention is most appropriate for the child and the SCP if an allegation of abuse or neglect by an SCP is received.

Congregate care safety assessments are to be completed when the allegations are against a congregate care facility such as STRTPs or group homes. If allegations are against a third-party, non-household member and there are no allegations against the caregivers no safety assessment is required

A safety plan will be used once a safety assessment has been completed, an immediate safety threat has been identified, and the SW has determined that the caregivers, with the support of a safety network, possess the protective capacity to mitigate the identified safety threat(s). Using a safety plan is considered the least restrictive method to keep children in their home or placement, which is in line with requirements listed in ACL 17-107.

It is important to note that a safety plan differs from a case plan in that a safety plan permits a child to remain in the home or placement during the course of an emergency response investigation by listing specific, immediate action steps that mitigate immediate safety threats. Safety plans must address immediate safety needs of the child and may also include action steps that support the child's and caregiver's needs over time. A case plan seeks to create behavioral change over an extended period of time to reduce risk and further increase the caregiver's capacity to protect the child

A CS SW who identifies a safety threat will:

- consult with a PSS.
- implement a safety plan if the caregivers and safety network possess the protective capacity to mitigate the safety threat.
- follow all policies and procedures listed in the Safety Plans policy.
- collaborate with the caregiver(s) specific, temporary, and immediate action steps that mitigate any immediate safety threats.
- create timelines for all action steps and monitoring steps, including an end date that will be in place until the caregiver agrees and until an OCI SW is assigned to revisit the safety plan in accordance with existing or newly identified safety threats.
- monitor the safety plan until an OCI SW is assigned and able to monitor the safety plan.

If an identified safety threat has not been resolved by the end of the OCI SW's investigation, the CS SW will have a copy of the safety plan, and the CS SW will incorporate all remaining interventions into the case plan. CS SWs are responsible for continuing to assess for child safety throughout the case. Assessments of child safety must occur during compliance visits as the caregiver's protective capacity may change over time. Changes in caregiver's protective capacity may require CS SWs to adjust the interventions throughout the case plan.

For detailed information on SDM see the Structured Decision Making (SDM) policy.

Case Carrying SW Responsibilities (cont.)

The table below describes examples of assessing versus investigating.

If...	Then...								
abuse, neglect, or exploitation of a youth is reported to a case carrying worker by a 3 rd party	report the allegations to the Child Abuse Hotline and allow a OCI SW to investigate the allegations								
a case carrying SW witnesses or is told about abuse, neglect, or exploitation of a youth during a face-to-face contact with a child/youth	assess the child’s immediate safety by completing a Safety Assessment, consult with PSS, and make a determination if the child can safely remain the home or placement and...								
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #cccccc;">If...</th> <th style="background-color: #cccccc;">Then...</th> </tr> </thead> <tbody> <tr> <td>the child is safe to remain in the placement,</td> <td> <ul style="list-style-type: none"> • report the allegations via the 04-184 to the Child Abuse Hotline and, • the assigned investigating SW will investigate the allegations. </td> </tr> <tr> <td> A safety threat is identified but there are safety interventions that can be put in place to keep the child in the household/placement, NOTE: For more detailed information on Safety Assessments, see the SDM Policy and Procedure Manual, and Safety Plans . </td> <td> <ul style="list-style-type: none"> • CS SW will consider if there are any safety interventions that will allow for the child to remain in the household for the present time and, • Implement any and all safety interventions (e.g. temporary safety plan) necessary to mitigate the safety threat prior to leaving the child in the household. • Notify CLS within 2 business days if a safety plan was developed. </td> </tr> <tr> <td>the child is not safe and is removed from the placement</td> <td> <ul style="list-style-type: none"> • Remove the child from the household/placement and, • report the allegations via the 04-184 to the Child Abuse Hotline and, • the assigned investigating SW will complete investigation in consultation with the OCI PSS and CS SW </td> </tr> </tbody> </table>	If...	Then...	the child is safe to remain in the placement,	<ul style="list-style-type: none"> • report the allegations via the 04-184 to the Child Abuse Hotline and, • the assigned investigating SW will investigate the allegations. 	A safety threat is identified but there are safety interventions that can be put in place to keep the child in the household/placement, NOTE: For more detailed information on Safety Assessments, see the SDM Policy and Procedure Manual, and Safety Plans .	<ul style="list-style-type: none"> • CS SW will consider if there are any safety interventions that will allow for the child to remain in the household for the present time and, • Implement any and all safety interventions (e.g. temporary safety plan) necessary to mitigate the safety threat prior to leaving the child in the household. • Notify CLS within 2 business days if a safety plan was developed. 	the child is not safe and is removed from the placement	<ul style="list-style-type: none"> • Remove the child from the household/placement and, • report the allegations via the 04-184 to the Child Abuse Hotline and, • the assigned investigating SW will complete investigation in consultation with the OCI PSS and CS SW
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**OCI SW
Responsibilities****The OCI SW:**

- is the lead investigator of the referral.
- is responsible for coordinating and streamlining the investigation to minimize trauma for the child.
- is responsible for ensuring all pertinent parties are properly notified of the investigation.
- will ensure all ER - Investigations policies and procedures are followed.
- will ensure out of home investigation protocols are followed.
- will ensure all investigation components (i.e., forms, reports, etc.) are uploaded to and/or generated in the referral.
- will initiate the Child and Family Team Meetings referral in region where the case is located.
- will host Case Consultation meetings regarding the investigation.
- will notify CLS within 2 business days if a safety plan was developed.
- will coordinate, consult and collaborate investigation with CLS, IEU, complaints unit, and CCL, as applicable.
- will notify the case carrying SW of the referral within 24 hours of being assigned a referral on a youth with an open case and any new subsequent referrals on the youth.
- will collaborate with the CS SW to determine whether a safety plan is necessary and whether a child's case plan is adequate to meet the child's needs.
- will verify the immediate safety of other children placed in congregate care facilities when conducting an initial in-person investigation of allegations in congregate care settings.
- will be responsible for monitoring a safety plan that is implemented by the OCI SW.
- will follow all policies and procedures of the Safety Plans policy.
- will report allegations of abuse or neglect to the Child Abuse Hotline to generate companion referrals, as needed.

**Consultation and
Collaboration**

Referrals assigned to the OCI unit require consultation and collaboration across multiple programs.

Consultation with the Case Carrying SW/PSS

- OCI SWs will attempt to consult with the case carrying SW prior to first contact and will consult throughout the investigation with the case carrying SW and PSS at all major decision points. See the Case Consultation policy for more on major decision points and SW and PSS consultations.
 - OCI and case carrying SWs/PSS should make decisions in consultation with one another whenever possible.
 - OCI and case carrying SWs should collaborate on the development and monitoring of safety plans whenever possible.
-

Consultation and Collaboration (cont.)

Notification to Children's Legal Services (CLS)

- OCI SWs will notify and attempt to consult with the youth's CLS attorney prior to first contact and will continue to work in collaboration with the CLS attorney throughout the investigation.
- OCI SWs will notify CLS within 2 business days if a safety plan has been created in the investigation due to a safety threat.
- OCI SWs will consult with County Counsel if a safety plan in is effect for longer than two weeks to discuss whether a modification of the court order regarding custody arrangements is needed.
- For youth **placed in a licensed facility** (PCC, SPA, FFA, LGH or STRTP), the OCI SW will notify the youth's dependency attorney of the referral within 36 hours of the Agency receiving the report and any new subsequent reports.
- For youth, **not placed in a licensed facility**, the OCI SW must notify the dependency attorney as soon as possible.

Dependency attorneys for youth are entitled to receive information regarding an investigation for a youth they represent, and this information must be provided within 30 days of the request.

Utilization of Child Victim Witness Protocol

- Investigations are to be streamlined to reduce trauma and confusion for the youth through consultation and utilization of Child Victim Witness Protocol (CVWP).
- OCI SWs will work closely with Law Enforcement to ensure implementation of CVWP.
- OCI SWs will ensure children receive forensic medical services as needed at the Chadwick Center for Children and/or Palomar Hospital.
NOTE: Refer to the Forensic Interview/Forensic Medical Exam Criteria resource for policy on when those investigative steps are required.
- When applicable, OCI SWs will conduct a minimal facts interview within the response time with children who will receive a forensic interview to ensure the immediate safety of the children. Forensic interviews are conducted at one of our local Child Advocacy Centers (CACs) which are either the Chadwick Center for Children and/or Palomar Hospital.

NOTE: SWs will follow all relevant policies and procedures as outlined in the Child Victim Witness Protocol and the Medical Opinions - Forensic Examinations/Interviews and Medical Consultations policy. For children who present with injuries during a non-physical abuse allegation investigation, the SW will first reference the Injuries to Children in Open OCS Cases or Investigations policy to determine if forensic medical services are necessary.

Utilization of Child and Family Team (CFT) Meetings

- Both OCI and case carrying SWs will attend CFT meetings and Safety Mappings.
 - The youth's CLS attorney will be notified of CFT meetings by the OCI SW.
-

**Consultation/
Collaboration (cont.)**

Utilization of Multidisciplinary Team (MDT) Meetings

- Disagreements between the OCI SW and case carrying SW will be resolved in MDT consultations.
- The OCI SW will schedule and host MDT meetings for referrals assigned to this unit.
- The OCI SW, OCI PSS and the CS SW and PSS must attend the MDT.
- MDT can be helpful when deciding if a petition should be filed.
- Refer to the Case Consultation policy for a list of all MDT requirements and procedures.

Attendance at Child Protection Team (CPT) Meetings

- The OCI worker must attend CPT if the SW is unable to attend the PSS or Senior Protective Services Worker (SPSW) will attend on their behalf.
- The CS SW will also attend CPT meetings, if the CS SW is unable to attend the PSS or Senior Protective Services Worker (SPSW) will attend on their behalf.

Attendance of Forensic Interviews and Forensic Medical Services (FMS)

- OCI SWs are required to attend forensic services provided to the youth at the Chadwick Center and/or at Palomar Hospital, as related to the investigation.
- The OCI SW will notify the CLS attorney of any scheduled forensic services.
- If available, the case carrying SW should attend any forensic interview or FMS.

If any forensic interviews are scheduled before an OCI or ER SW is assigned the CS SW will attend the forensic interview.

**Out of Home
Investigation
Protocols**

Whenever possible OCI SW will coordinate with IEU or Complaints investigating workers to go out together when meeting with the child and caregiver.

**Structured Decision
Making**

Safety Assessment

A new allegation assigned for an investigation on a child in an open case triggers the need to conduct a new SDM Safety Assessment or SDM Substitute Care Provider (SCP) Safety Assessment to determine if the youth can continue to remain safely in the home and if a safety plan is needed. The Safety Assessment/SCP Safety Assessment must be completed prior to concluding an in-person contact with a child/youth, when investigating a referral and will be entered into SDM within two business days.

SDM Safety Assessments will be conducted to assess a parent's household only when there is an open referral and an allegation involving the parent, including when allegations involving the parent have been added during an investigation of a placement or outside of the parent's household. When the child is an open case **and** in an out-of-home placement, the safety assessment outcome will always be "Unsafe." If the family is an open case with the child placed in the home, then the safety assessment outcome will always be "Safe with Plan."

Structured Decision Making (cont.)

For investigations alleging abuse/neglect by a substitute care provider, the OCI SW will use the SCP Safety Assessment. The SCP Safety Assessment reflect the higher standards of care placed on SCPs. SCPs must meet RFA written directive standards to be an approved placement. These considerations must be weighed when determining if it is appropriate to safety plan with a SCP.

The SCP Safety Assessment tool helps guide the decision to remove the child from the SCP's home based on whether safety threats are present and whether interventions are adequate to maintain the placement.

Safety Assessments are **not completed** when a child's placement is a licensed group home, institution, emergency shelter such as PCC, or short-term residential therapeutic program (STRTP), or if allegation is against third-party non-household members (i.e. CSEC allegations) **and** allegations involve the licensed group home or STRTP and their staff.

Whenever a Safety Threat is identified as the result of a Safety Assessment, the OCI SW will consult with the OCI PSS and the Complaint Unit PSS (or the duty RFA PSS afterhours) to determine if the Safety Threat can be mitigated through the use of a Safety Plan or if the Safety Threat and allegation are too significant to leave the child/youth in the home of the parent/caregiver/SCP. Consultation will include the case carrying SW and PSS, as needed.

Safety Plans

When determining if a SCP Safety Plan is appropriate the SW must:

- Consult with a PSS
- Notify the Complaints Unit and RFA PSS if a SCP Safety Plan was developed by the following business day.
- Consider the severity of the safety threat identified on the SCP Safety Assessment tool
- Consider any complicating factors present with the SCP or the youth
- Consider the protective capacities of the SCP and safety network
- Ensure all the requirements for Safety Planning are met
- Consider previous trauma, current risk, and impact of a change of placement for the youth

SCP Safety Plans have the additional requirements:

- SCP Safety Plans must have an end date within **7 business days**.
- Prior to the SCP Safety Plan expiring, the placement decision must be consulted on with the youth's Child and Family Team.
- A CFT meeting and consultation on the referral at a MDT case consultation is recommended.
- RFA must be invited to the CFT meeting and MDT or Cross Program Case Consultation (CPCC). See the Case Consultation policy for case consultation requirements and procedures.

Refer to the Safety Plans policy for all safety plan requirements including the procedure for safety planning with congregate care facilities.

Structured Decision Making (cont.)**Risk Assessment**

SDM Risk Assessments are **NOT** completed on referrals when the SCP is the alleged perpetrator. SDM Risk Assessments will be conducted to assess a parent/guardian household when there is an allegation involving the parent/guardian, including when there has been an allegation involving a parent/guardian that has been added during the investigation on a SCP.

See Structured Decision Making (SDM) for more information on use of SDM tools.

Safety Plans

During the initial in-person investigation, OCI SWs must determine whether the child(ren) may remain in the home or current placement or determine whether immediate removal is necessary by conducting a safety assessment. A safety plan must be used once a safety assessment has been completed, an immediate safety threat has been identified, and the case worker has determined that the caregivers/congregate care facility, with the support of a safety network, possess the protective capacity to mitigate the identified safety threats. Use of a safety plan is considered the least restrictive method to keep children in their home or placement.

OCIs will revisit any safety plans created by a CS SW. Safety plans created by CS SWs are meant to be temporary until an investigating SW is able to determine the appropriateness of the safety plan in accordance with existing or newly identified safety threats. When creating safety plans OCI SWs will:

- be responsible for following the Safety Plans policy.
 - consult with a PSS prior to, during, and after implementing a safety plan.
 - create immediate actions combined with monitoring actions and timelines.
 - create an end date.
 - make announced and unannounced visits while the safety plan is active.
 - maintain ongoing collaboration and engagement with a safety network, caregivers, and CS SWs.
 - revisit the safety plan in accordance with existing or newly identified safety threats and modifying goals and action steps, as necessary.
 - provide a copy of the safety plan to the CS SW and PSS within 1 working day.
 - Communicate with the CS SW of the progress of the safety plan.
 - Schedule a CFT.
-

Children and/or Youth Contacts

Children should be seen in their home or placement location except when it is assessed that the child may not feel safe to talk freely in the home environment.

If...	Then...
the child is interviewed at their home/placement	<ul style="list-style-type: none">• request to speak to the child in a private location• observe the child's bedroom
the child is interviewed away from their home/placement	<ul style="list-style-type: none">• notify the SPC or the parent the same day, if the child resides with the parent• see the home and the youth's bedroom

See ER - Investigations policy and Contacts - SW and Child for additional information about child/youth contact requirements.

Parent/Guardian Contacts

Parents must be interviewed as either

- a collateral,
- a non-protecting parent, or
- an alleged perpetrator.

NOTE: If the parent's rights have been terminated, the SW will not contact them. An exception can be made if the parent is a witness to the reported abuse/neglect.

If the parent/guardian is the alleged perpetrator or non-protecting parent, the OCI SW will ensure the parent/guardian is provided:

- Your Rights pamphlet (Pub 13)
- The Ombudsman brochure
- HHS from 20-46, Language Needs Determination
- Community resources

If the parent is **not the alleged perpetrator and was not involved in the incident as non-protecting**, the OCI worker will contact and interview the parent as a collateral. Unlike interviewing other collaterals, the OCI SW can share the allegations in the referral with the parent.

Parent/Guardian Contacts (cont.)

The table below describes timeframes for notifying a parent of a referral for their child.

If...	Then...
the parent is not an alleged perpetrator	notify the parent of the referral within 24 hours of having contact with child.
the parent is an alleged perpetrator	contact the parent within the determined response timeframe for seeing the child.

If the OCI SW is unable to contact the parent, they will continue to make reasonable attempts; the OCI SW will document their attempts.

Substitute Care Provider Contacts

Substitute Care Providers (SCP) must be interviewed as

- a collateral, **or**
- an alleged perpetrator.

If the SCP **is an alleged perpetrator**, the OCI worker will inform the SCP of the allegations and ensure the caregiver is provided:

- Your Rights pamphlet (Pub 13)
- The Ombudsman brochure
- HHS 20-46, Language Needs Determination
- Community resources

NOTE: If the alleged perpetrator is a staff member of a LGH/ STRTP, or other institution, the only form provided is the HHS 20-46 Language Needs Determination.

If the SCP is **not the alleged perpetrator**, the OCI worker will:

- contact and interview the caregiver as a collateral.
 - assess to determine if the caregiver followed county protocol to report the injury and/or incident.
-

Collateral Contacts

The OCI SW will attempt to interview all relevant collaterals, which may include:

- youth's daycare provider
 - youth's teacher/school personnel
 - youth's parent(s), if not the alleged perpetrator
 - youth's caregiver, if not the alleged perpetrator
 - other youth (not victims) in the placement (with parental permission)
 - relatives and /or non-relative extended family members
 - other adult household members
 - visitation monitor or supervisor
-

**Collateral Contacts
(cont.)**

The OCI SW will attempt to interview all relevant collaterals, which may include:

- youth's CASA
- youth's Probation Officer
- CWS staff (including but not limited to the case carrying worker, the RFA and regional placement worker, the Pathways worker, etc.)
- licensed facility staff
- the FFA SW

Children as Collaterals

Other children in the home or facility, including biological, adopted, or non-dependent guardian child(ren) of the SCP should be interviewed for collateral verification of the incident. If during the interview with the collateral child, concerns arise regarding their safety and wellbeing a companion referral must be generated.

Interviewing a child as a collateral requires consent from their parent/guardian.

Companion Referrals

If additional incidents of abuse are disclosed, the OCI SW will report abuse allegations via the 04-184 form to HHSA, CARCWS.

Documentation of child collateral statements

Child collateral statements must be documented in a manner that protects the confidentiality of the child(ren).

The first instance of referring to the collateral child will include their initials and the 19-digit companion referral number. Subsequent references to that child will be documented by their initials only. The child's name may be used if the child is not listed as a victim child in another referral and consent was provided by the child's parent/caregiver.

Information documented from a child collateral with an open companion referral is only that which pertains to the OCI SW's assessment of the allegations, and safety of the child(ren) who are subjects of this referral. Other details will be documented in the companion referral (if any) regarding the collateral child.

Service Providers

The OCI SW will contact the child and/or youth's service providers to obtain an update on the child and/or youth's progress in services if this information is needed for investigative purposes.

The case carrying SW will update the therapist on new concerns and/or circumstances regarding the child's case.

Child and Family Teams (CFT)

Child and Family Team Meetings will:

- occur prior to a change of placement (COP)
- occur prior to filing a petition or motion (WIC 300, 342, 387, 388, .26n)
- be held in the region of the child's placement
- be attended by the OCI SW, OCI PSS, and CS SW or PSS

NOTE: It might not be possible to have a CFT meeting prior to filing a petition or change of placement if an exigent removal was necessary. In that case, a CFT meeting must occur within 5 working days of the COP if a CFTM discussion placement with all required team members did not occur prior to the removal, or within 4 days if the youth is detained a temporary shelter care facility such as PCC.

All other relevant policies and procedures must be followed as outlined in the Child and Family Team Meetings policy.

Placement Decisions

Exigent COPs will be made as needed by the OCI SW in consultation with an OCI PSS. The Change of Placement (COP) Requirements When Notice is Given to Move Child/Youth do not apply in cases of exigent circumstances.

Non-exigent COP decisions are the joint responsibility of the OCI and case carrying SW, and the CFT following the Change of Placement (COP) Requirements When Notice is Given to Move Child/Youth. Refer to the case consultation section of this policy for steps to take when there is a disagreement between the OCI SW and CS SW.

If a child is **active to the Adoptions** program, the OCI SW must contact the adoption social worker immediately to determine if a .26n petition needs to be filed. See Changing Placements after Termination of Parental Rights/.26(n) Procedures .

In the best interest of the child/youth, a Placement Preservation Strategy will be developed and implemented in the CFT meeting to attempt to preserve the placement. If the CFT determines that it is not in the child's best interest to remain in the placement, or the placement preservation plan is not successful, the case carrying SW must give the resource parent at least 14 calendar days advanced written notice when the intent is to remove the child from their home. The resource parent has a right to request a Grievance Review by SCP or Parent if they disagree with the decision.

Responsibilities by Program for Investigating and Filing Petitions

The table below describes the workflow process for investigating and/or filing a WIC 300 petition for a youth with an open Voluntary Services case.

Voluntary Services Cases	
If...	Then...
<p>there is a new referral received</p> <p style="text-align: center;">AND</p> <p>It is less than 30 days from when the VS case opened</p>	<ul style="list-style-type: none"> the referral will be assigned to the last ER SW for investigation. secondary will be assigned to the VS SW and PSS <p>NOTE: Please refer to the Hotline-Assignment of Referrals for the process if the last ER SW is unable to take the referral.</p>
<p>there is a new referral received 30 days or more from when the case opened</p>	<ul style="list-style-type: none"> the referral will be assigned to the OCI unit, who will complete the investigation. If it is determined that a WIC 300 petition needs to be filed, the OCI PSS will contact the regional CI PSS and the OCI PSS will transfer the referral to the Court Intervention unit in the region where the case is assigned.

The table below describes the responsibilities by program for investigating and filing a WIC 342 or a WIC 387 petition for a youth with an open dependency case.

Subsequent Petitions		
If...	And...	Then...
<p>a WIC 342 petition will be filed on a dependent youth</p>	<p>As a result of a new referral</p>	<ul style="list-style-type: none"> the OCI SW will complete the investigation and, transfer to the case carrying SW to file the petition and manage the case.
<p>A WIC 387 petition will be filed</p>	<p>there is a new referral</p>	<ul style="list-style-type: none"> the OCI SW will complete the investigation, and transfer to the case carrying SW to file the petition.

Responsibilities by Program for Investigating and Filing Petitions (cont.)

The table below describes the responsibilities by program for investigating and filing a WIC 342 or a WIC 387 petition for a youth with an open dependency case.

Subsequent Petitions		
If...	And...	Then...
Any petition is needed for a Youth who is active to Adoptions	there is a new referral	<ul style="list-style-type: none"> the OCI SW will complete the investigation and, transfer to the case carrying worker to file petition and/or assess if a .26n is required.

NOTE: When the referral involves a dependent sibling in an FM case and a non-dependent sibling, the OCI SW will complete the investigation. If it is determined that a WIC 300 petition is needed to be filed on the non-dependent sibling, the OCI PSS will contact the regional CI PSS and the OCI PSS will transfer the referral to the CI unit in the region where the case is assigned. For the dependent sibling see the chart above.

Refer to the Case Transfers policy for transferring timelines.

The table below describes the responsibilities by program for investigating and filing WIC 340(a) and 340(b) protective custody warrants (PCWs) for investigations on non-dependent youth (including non-dependent youth in VS cases):

If...	Then...
As the result of a new referral, a WIC 340(a) warrant will be filed on a non-dependent youth	<ul style="list-style-type: none"> OCI SW who will complete the investigation, and the OCI PSS will contact the regional CI PSS and the OCI PSS will transfer the referral to the Court Intervention unit in the region where the case is assigned.
As the result of a new referral, a WIC 340(b) warrant will be filed on a non-dependent youth	<ul style="list-style-type: none"> the OCI SW will consult with the OCI PSS and county council, and if it is determined a 340(b) warrant is necessary, the OCI SW will file the 340(b) warrant following all procedures outlined in the Protective Custody Warrants (PCWs) policy, and the OCI PSS will contact the regional CI PSS of the region where the case is being assigned, within 2 hours of determining a warrant was approved to be filed by county council, and the OCI PSS will assign secondary to the CI unit in the region where the case is being assigned, and

Responsibilities by Program for Filing Protective Custody Warrants (PCWs)

The table below describes the responsibilities by program for investigating and filing WIC 340(a) and 340(b) protective custody warrants (PCWs) for investigations on non-dependent youth (including non-dependent youth in VS cases):

If...	Then...
<p>As the result of a new referral, a WIC 340(b) warrant will be filed on a non-dependent youth</p>	<ul style="list-style-type: none"> • CI PSS will assign the referral the same business day, the OCI SW and PSS will maintain primary assignment in the referral, and • the OCI SW will serve the warrant, pick-up and detain the child(ren), and complete the initial placement the child(ren) (i.e., Polinsky, approved RFA home, etc.), and • the OCI SW will enter all contacts within 1 business days, and • within one business day the OCI PSS will transfer the referral to the CI unit in the region where the case is being assigned, and • the CI SW will complete filing the petition and all other action steps in the Protective Custody Warrants (PCWs) policy including completing the 271. <p>NOTE: If the OCI SW is unable to locate the family/child to serve the same day the warrant was obtained, the CI SW will continue making attempts until the court date and/or as ordered by the court.</p>

Investigative Search Warrants (ISWs)

The OCI SW is responsible for requesting any investigative search warrants (ISWs) whenever one is needed for an assigned referral.

Requesting an Investigative Search Warrant shall be considered whenever one or more of the following applies:

1. SWs and law enforcement need access to the child(ren) and/or the home environment, to be able to assess immediate safety or whether the child(ren) (or other children at the address) should be taken into protective custody under WIC 305 or 306.
2. A search warrant needs to be issued for the specified residence to direct any peace officer or SW to search the residence to locate the child(ren), to interview a child, to perform a limited body inspection, or to inspect the home.
3. A Medical and/or Sexual Abuse Examination for Investigative/ Evidentiary Purposes is needed

Steps on how to request an ISW can be found in the Investigative Search Warrants (ISWs) policy.

Child Fatality/ Near Fatality

A referral regarding the death of a youth with an open case (with or without siblings) will be assigned to the OCI unit for investigation. SWs will follow the Child Fatality and Near Fatality Protocol.

The allegation type for a deceased child will likely be severe neglect and/or physical abuse. The allegation should never be general neglect. The allegation should have an identified perpetrator.

In addition to standard practice, when a child dies in an open case, the OCI SW will:

- Support the case carrying SW with providing emotional support to the family, as needed
- Interview all parties with knowledge of the events preceding the child's death
- Establish a timeline of events and interactions leading up to the child's death
- Gather all pertinent documents including but not limited to police reports, medical records, first responder documentation, etc.
- Determine if JV-220s were current and if child was receiving prescribed medication, if applicable

Referrals on child fatalities or near fatalities with an open case require:

- OCI PSS and SW consult with Office of the Ombudsman (OOO) prior to Disposition and closing the referral.
 - Utilization of MDT case consultation for all major decision points, with the Office of the Ombudsman included.
-

Family Maintenance (FM) Cases

For FM cases (VS or Court-involved) it is recommended for the OCI and case carrying SW to both meet with the family together during the first initial contact.

The case carrying SW will support engagement and assessment, while the OCI SW will lead the investigative interviews.

Investigation Outcomes

The OCI SW will follow the ER - Closing Referrals policy and will ensure:

- Updated the alleged perpetrator in the allegation notebook if the alleged perpetrator was initially unknown and discovered during the course of the investigation.
 - completion of an **Investigation Narrative** to record closing summary information for all referrals.
 - allegation conclusions are consistent with the standards of California PC 11165.6.
 - a Referral Closure letter is mailed to the parents 04-26
 - Letters are not sent to parents whose rights are terminated.
 - Separate letters must be sent to parents not residing in the same location.
 - A closure letter is not sent to a SCP. SCPs are notified verbally when a referral is being closed for a child in their home.
 - If a SCP also happens to be a parent with an open companion referral, they will receive a closure letter when the referral for their child is closed.
-

Investigation Outcomes (cont.)

- The SS8583 is completed if the new allegation is investigated and meets the DOJ reporting criteria. A CACI Grievance Letter must be sent to the perpetrator; this includes parents **and** SCPs.
- Investigation information requested by the CLS attorney is provided within 30 days of the request.
- Occurrence of Maltreatment is documented in CWS/CMS.
- CCL has received a copy of the ERD and the Investigation Narrative per PC 11166.2.

EXCEPTION: Do not cross report to CCL any general neglect allegations or any non-substantiated allegations when the referral is on the CCL employee's own family member.

It is recommended to use the ER Closing Checklist (04-142) to ensure all requirements are met before closing a referral.

Documenting Occurrence of Maltreatment

To ensure that federal measures that track recurrence of **Maltreatment in Foster Care** are accurate, OCI SWs will update the "Occurrence Information" field on the ID tab of the Allegation Notebook for all substantiated referrals received on children/youth with an open CWS case if the youth is placed in out-of-home care.

OCI PSS will ensure that the **Occurrence Information** is complete and accurate prior to closing the referral.

The table below explains the steps for updating Occurrence Information.

Step	Action
1	Click on Allegation Notebook.
2	Locate Occurrence Information box on the ID page.
3	Enter the Start and End Date for when the abuse occurred: <ul style="list-style-type: none">• If the exact date is unknown, an approximate date can be entered.• If multiple incidents occurred over time, enter the approximate range of time when incidents began to occur and stopped occurring.• If the abuse has recently occurred, enter the date it started and last known date it occurred.• Do not use the referral date unless the incident occurred on that date.
4	Enter the location of where the incident(s) occurred.

Complaints and Licensing Violations

OCI SWs will not be assigned to investigate complaints and/or licensing investigations. However, a referral may include both allegations of abuse/neglect and additional complaints/licensing issues.

Allegations against Resource Homes that solely involve licensing or a Resource Family Approval (RFA) Written Directives (WD) issue and do not meet the criteria for assignment are referred to the Complaint Unit. The Complaint's Unit will make a determination whether or not the Resource Family is meeting the requirements of the WD or licensing standards.

If during the course of the Complaint's Unit investigation it is found that the Resource Family (RF) is not meeting applicable laws or the WD, the complaint worker will provide the RF:

- A Resource Family Visit Record (RFA 809).
- A Resource Family Visit Corrective Action Plan (RFA 809C) to correct any identified deficiencies, if applicable.

NOTE: If it is determined that a deficiency cannot be corrected, an administrative action will be pursued.

Allegations or referrals on homes pending RFA approval are known as "concerns" as they are not fully approved. The concerns are addressed by the RFA worker and the OCI worker.

After Hours Unit (Standby)

A referral needing an immediate response after hours will be assigned to an after hours (standby) worker to initiate the investigation and assess for immediate safety. If follow up is needed, the referral will be assigned as described in the Hotline - Assignment of Referrals section of this policy.

Alignment with SET

The Open Case Investigations policy and having a team with to focus on investigating referrals on open cases aligns with [SET Value 1](#). This ensures that investigations of youth in open cases are investigated to the same standards as children who do not have open dependency cases. Relationships with Children, Youth and Families are the foundation of our work and enhancing child safety is the top priority for all involved. Additionally, this policy aligns with [SET Value 2](#) and [SET Value 5](#). By having a specialized team and policy to investigate referrals on open cases workers can build connections and work in a collaborative Partnerships with Kinship and Resource Families, and the legal system. This supporting safe and stable homes that nurture children and seeking collaborative decisions with youth's dependency attorney to support the best interest and wellbeing of the child.
