

* Use this guide to help you submit a CWS Policy & Procedure Review Request. *

- 1. Go to the Business Assurance & Compliance: Report a Concern webpage.
- To submit a CWS Policy & Procedure Review Request form, click on the CWS Policy & Procedure Review Request button in blue.



3. You will be taken to the form. Before completing the form, it is recommended you save the form to your device by clicking the save or download icon on your web browser.



4. Go to the file path where the form was saved or downloaded to (the default save location for most devices is the **Downloads** folder). Find the file and double-click on the file name to open the form.



Note: If you cannot view the form, you may need to install a PDF viewer software to your device. The most common PDF viewing software is Adobe Acrobat Reader. It can be downloaded <u>here</u> for free.

CWS POLICY & PROCEDURES REVIEW REQU Business Assurance & Compliance	EST	CWS POLICY & PROCEDURES REVIEW REQUEST Business Assurance & Compliance
Acknowledgment of Review Limitations		Personal Statement
I understand that by completing this form, I am requesting a review of relation to my Child Welfare Services (CWS) case or investigation. I un (BAC) will perform an independent review of my policy or procedural c	the policy, procedure and/or process follow iderstand that Business Assurance & Com oncerns and will notify me at the conclusion	wed in Please explain how you believe CWS policy, procedure and/or process was not appropriately followed in the administration of the case or investigation provided in this form. Please provide specific names, dates and locations. Limit 2,000 characters. on of its on of the case or investigation provided in this form. Please provide specific names, dates and locations. Limit 2,000 characters.
review. This review will be limited in scope to an analysis of whether pro- followed in the administration of the case or investigation. Case outcore this review process. I acknowledge that it is my responsibility to direct followed in my case or investigation.	olicy, procedure and/or process was appropre(s) cannot be reversed or modified as pa BAC to the policy or procedure I believe was	opriately bart of same set of
Click the check-box to acknowledge you have read and understand th	e statement above.	
Requester Information		
Please enter your contact information below.		
Current Date:		
First Name: Conta	t Phone:	
Last Name: Conta	t Email:	
Mailing Address:		
What is your relationship to the CWS client in this review request?		
Case/Referral Information Please enter the case or referral information below. If you have a referral clo	sure letter, it will contain a 16-digit referral numb	nber.
Client First Name: Case of	or Referral Number:	Swam Declaration & Concent
Client Last Name:		My initials below affirm that the information I provided in this form is true and correct to the best of my knowledge and
If you entered a referral number, is the referral currently open or still	under investigation?	belief. I consent to allow the County of San Diego to contact me to provide and to gather information necessary for the processing of this review request
If you entered a referral number, what year was the referral for this o	ase completed?	
Have you received a copy of the investigation report for this case?		Enter your initials to acknowledge you have read and understand the statement above.
Has this case or referral been referred to juvenile court?		
Request Information		* Please click the button below to submit your review request via email to Business Assurance & Compliance. *
Please select the category that best fits the policy, procedure or process you you provided. Select up to three (3).	are requesting BAC to review in the case or re	Submit to BAC
	• •	
		May 2023 May 20:

- 5. Complete pages 1 and 2. To avoid errors, please follow the tips below:
 - <u>Do not enter protected, confidential, or client-identifying information</u> in the web form beyond what is asked.
 - The form cannot be submitted unless all questions with a <u>red outline</u> are completed.
 - Enter only numbers (including area code) when providing a contact phone.
 - Fill out all other questions as completely as possible (this will help us identify the case and route it faster).
 - Do not answer questions on page 3 labeled "For BAC Office Use Only."
 - Date questions use the feature 'calendar date picker'. Select a date from the calendar.
 - Do not copy and paste text from another document into the form (the original format may cause problems).
 - Save the document frequently to avoid losing progress.
 - The form can be downloaded using the Google Chrome or Microsoft Edge web browser.
- 6. When you have completed all required questions, save your form. Once you have done so, click on the **Submit to BAC** button in orange (at the bottom of page 2).





Note: If you are having trouble using the **Submit to BAC** button, you may disregard it and draft an email manually. Attach your form and send it to: <u>compliance.hhsa@sdcounty.ca.gov</u>

7. The button should create an email message automatically. Your form should be attached to the email and the email should be addressed to the following email: <u>compliance.hhsa@sdcounty.ca.gov</u>

월 9 약 ↑ ↓ ▼	CWS PP Review Request - First Last - 7/27/2023 - Message (Plain Text)								
File Message Insert Options Format Text Review Help Acrobat Q Tell me what you want to do									
Paste ✓ Format Painter Glichourd	▲ A^ A = ~ = ~ A 2 ~ A ~ = = = = = = = = = = =	Address Check Book Names	Attach File	 Follow Up ~ High Importance Low Importance 	Uctate	Sensitivity			
Clipboard	Dasic Text	Ndmes	Include	Tags 14	voice	Sensitivity			
To HHSA, Compliance Send Cc Subject CWS PP Review Request - First Last - 7/27/2023									
BAC-CWS-policy-review-request-2023.05.pdf 6 MB									
Hello,									
My name is First Last. Please find my attached CWS Policy and Process Review Request completed on 7/27/2023.									
Thank you.									

Note: If you are using Outlook, the recipient of your email may appear as "HHSA, Compliance."

8. Click the **Send** button to submit your form to Business Assurance & Compliance.