

Emergency Response Field Tool

How to Conduct Balanced, Solution-focused & Accurate Investigations

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INTRODUCTION

The Emergency Response Field Tool was developed to help social workers conduct interviews and investigations in the field. This tool brings together:

1. The California Penal Code
2. Structured Decision Making® (SDM)¹, and
3. Solution-focused interviewing

This field tool is designed to help social workers synthesize these three components of practice in their conversations with children and parents.

The Emergency Response Field Tool can be used to improve outcomes in the following ways:

1. The Penal Code definitions and closing reasons are at the social worker's fingertips and can guide conversations to ensure that interviews and closing decisions align with California law.
2. The SDM safety and risk definitions are at the social worker's fingertips to ensure proper and real time use of both assessments.
3. Solution-focused questions and facilitation skills are at the social worker's fingertips to help maximize family engagement.

Social workers can share parts of the Emergency Response Field Tool with children and families to increase transparency in their decision-making.

¹ This material was developed independently from NCCD and is designed to support use of Structured Decision Making® system, which was developed by NCCD. For information on Structured Decision Making contact Raelene Freitag at (800) 306-6223.

CALIFORNIA PENAL CODE

Physical Abuse

Penal Code 11165.4

As used in this article, “unlawful corporal punishment or injury” means a situation where any person willfully inflicts upon any child any cruel or inhumane corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include the exercise of the degree of physical control authorized by Section 44807 of the Education code. It also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Emotional Abuse

Penal Code 11165.3

As used in this article, “the willful harming or injuring of a child or the endangering of the person or health of a child,” means 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.

Sexual Abuse

Penal Code 11165.1

As used in this article, “sexual abuse” means sexual assault or sexual exploitation as defined by the following:

- a) “Sexual Assault” means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) or Section 261.5 (statutory rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b), or paragraph (1) of subdivision (c) of section 288 (lewd or lascivious acts upon a child), 288a (oral copulation), 289 (sexual penetration) or 647.6 (child molestation).
- b) Conduct described as “sexual assault” includes, but is not limited to, all of the following:
 - 1) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

- 2) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
 - 3) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that, if it does not include acts performed for a valid medical purpose.
 - 4) The intentional touching of the genitals or intimate parts (including the breasts, genital area, groin, inner thighs, and (buttocks) or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that, it does not include acts which may be reasonably construed to be normal caretaker responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.
 - 5) The intentional masturbation of the perpetrator's genitals in the presence of a child.
- c) "Sexual Exploitation" refers to any of the following:
- 1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) Section 311.4 (employment of minor to perform obscene acts).
 - 2) Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.
 - 3) Any person who depicts a child in, or who knowingly develops, duplicates, prints or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3

Neglect & Severe Neglect

Penal Code 11165.2

As used in this article, “neglect” means the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.

- a) “Severe Neglect” means 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 of neglect any person having care or 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.
- b) “General Neglect” means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervisions where no physical injury to the child has occurred. For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect.

Penal Code 11165.13

11165.13. For purposes of this article, a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Section 123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to a county welfare or probation department, and not to a law enforcement agency.

Allegation Conclusions 11165.12

- a) “Unfounded Report” means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined by Section 11165.6

- 11165.6 - As used in this article, the term “child abuse or neglect” includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, and unlawful corporal punishment or injury as defined in Section 11165.4.

“Child abuse or neglect” does not include a mutual affray between minors. “Child abuse or neglect” does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

- b) “Substantiated Report” means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in Section 11165.6, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred.
- c) “Inconclusive Report” means a report that is determined by the investigator, who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.

What is reported to DOJ

11169. (a) An agency specified in Section 11165.9 shall forward to the Department of Justice a report in writing of every case it investigates of known or suspected child abuse or severe neglect that is determined to be substantiated, other than cases coming within subdivision (b) of Section 11165.2. An agency shall not forward a report to the Department of Justice unless it has conducted an active investigation and determined that the report is substantiated, as defined in Section 11165.12. If a report has previously been filed which subsequently proves to be not substantiated, the Department of Justice shall be notified in writing of that fact and shall not retain the report. The reports required by this section shall be in a form approved by the Department of Justice and may be sent by fax or electronic transmission. An agency specified in Section 11165.9 receiving a written report from another agency specified in Section 11165.9 shall not send that report to the Department of Justice.

(b) On and after January 1, 2012, a police department or sheriff's department specified in Section 11165.9 shall no longer forward to the Department of Justice a report in writing of any case it investigates of known or suspected child abuse or severe neglect.

(c) At the time an agency specified in Section 11165.9 forwards a report in writing to the Department of Justice pursuant to subdivision (a), the agency shall also notify in writing the

known or suspected child abuser that he or she has been reported to the Child Abuse Central Index (CACI). The notice required by this section shall be in a form approved by the Department of Justice. The requirements of this subdivision shall apply with respect to reports forwarded to the department on or after the date on which this subdivision becomes operative.

(d) Subject to subdivision (e), any person who is listed on the CACI has the right to a hearing before the agency that requested his or her inclusion in the CACI to challenge his or her listing on the CACI. The hearing shall satisfy due process requirements. It is the intent of the Legislature that the hearing provided for by this subdivision shall not be construed to be inconsistent with hearing proceedings available to persons who have been listed on the CACI prior to the enactment of the act that added this subdivision.

(e) A hearing requested pursuant to subdivision (d) shall be denied when a court of competent jurisdiction has determined that suspected child abuse or neglect has occurred, or when the allegation of child abuse or neglect resulting in the referral to the CACI is pending before the court. A person who is listed on the CACI and has been denied a hearing pursuant to this subdivision has a right to a hearing pursuant to subdivision (d) only if the court's jurisdiction has terminated, the court has not made a finding concerning whether the suspected child abuse or neglect was substantiated, and a hearing has not previously been provided to the listed person pursuant to subdivision (d).

(f) Any person listed in the CACI who has reached 100 years of age shall have his or her listing removed from the CACI.

(g) Any person listed in the CACI as of January 1, 2013, who was listed prior to reaching 18 years of age, and who is listed once in CACI with no subsequent listings, shall be removed from the CACI 10 years from the date of the incident resulting in the CACI listing.

(h) If, after a hearing pursuant to subdivision (d) or a court proceeding described in subdivision (e), it is determined the person's CACI listing was based on a report that was not substantiated, the agency shall notify the Department of Justice of that result and the department shall remove that person's name from the CACI.

(i) Agencies, including police departments and sheriff's departments, shall retain child abuse or neglect investigative reports that result or resulted in a report filed with the Department of Justice pursuant to subdivision (a) for the same period of time that the information is required to be maintained on the CACI pursuant to this section and subdivision (a) of Section 11170. Nothing in this section precludes an agency from retaining the reports for a longer period of time if required by law.

(j) The immunity provisions of Section 11172 shall not apply to the submission of a report by an agency pursuant to this section. However, nothing in this section shall be construed to alter or diminish any other immunity provisions of state or federal law.

STEPS TO REPORT AN INDIVIDUAL TO DOJ:

When an allegation of abuse is substantiated:

1. Go to File.
Click on Print Report
Click on Child Abuse Investigation SS 8583.
Follow the small box prompts and input the child's location, perpetrator's information, and if you spoken with witnesses and victims.
2. Form SS 8583 will populate into a form. Check the form to ensure all areas are filled out correctly because sometimes it doesn't populate everything. Print the form and you will need to mail it to DOJ at the following address:

Department of Justice
Bureau of Criminal Information and Analysis
P.O. Box 903387
Sacramento, CA 94203-3870
Attention: Child Abuse Unit.
3. In CMS/CWS you will click on the + sign under the police car. You will generate a Child abuse report investigation cross report. Click on section to DOJ.
4. Notify the individuals they are being reported to DOJ. The following three forms need to be completed, printed, and mailed to the individual who is being reported to DOJ.
 - A. SOC832 Notice of Child Abuse Central Index Listing. (Complete a brief description of the allegation on the form).
 - B. SOC833 Grievance Procedures for Challenging Reference to the CACI.
 - C. SOC834 Request for Grievance Hearing.

CALIFORNIA SDM® SAFETY ASSESSMENT DEFINITIONS²

SAFETY THREATS

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

- Serious injury or abuse to the child other than accidental—The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.
- Caregiver fears he/she will maltreat the child and/or requests placement.
- Threat to cause harm or retaliate against the child—Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS investigation.
- Excessive discipline or physical force—The caregiver has tortured a child or used physical force in a way that bears no resemblance to reasonable discipline or punished the child beyond the duration of the child's endurance.
- Drug-exposed infant—There is evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant.
- Indicators of drug use during pregnancy include: drugs found in the mother's or child's system; mother's self-report; diagnosed as high risk pregnancy due to drug use; efforts on mother's part to avoid toxicology testing; withdrawal symptoms in mother or child; pre-term labor due to drug use.
- Indicators of imminent danger include: the level of toxicity and/or type of drug present; the infant is diagnosed as medically fragile as a result of drug exposure; the infant suffers adverse effects from introduction of drugs during pregnancy.

2. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

- There must be both current immediate threats to child safety AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.
- Previous maltreatment includes any of the following:

² Children's Research Center, The Structured Decision Making® System Policy and Procedures Manual, California Department of Social Services, May 2008, updated 10/1/10.

- Prior death of a child as a result of maltreatment.
- Prior serious injury or abuse to the child other than accidental. The caregiver caused serious injury defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child *and required medical treatment*.
- Failed reunification—the caregiver had reunification efforts terminated in connection with a prior CPS investigation.
- Prior removal of a child—removal/placement of a child by CPS or other responsible agency or concerned party was necessary for the safety of the child.
- Prior CPS substantiation—a prior CPS investigation was substantiated for maltreatment.
- Prior inconclusive CPS investigation—factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- Prior threat of serious harm to a child—previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.
- Prior service failure—failure to successfully complete court-ordered or voluntary services.

3. Child sexual abuse is suspected, and circumstances suggest that the child’s safety may be of immediate concern.

- Suspicion of sexual abuse may be based on indicators such as:
- The child discloses sexual abuse either verbally or behaviorally (e.g., age inappropriate or sexualized behavior toward self or others).
- Medical findings consistent with molestation.
- The caregiver or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).
- Access to a child by possible or confirmed sexual abuse perpetrator exists.

4. Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

- The caregiver fails to protect the child from serious harm or threatened harm as a result of physical abuse, neglect, or sexual abuse by other family members, other household members, or others having regular access to the child. The caregiver does not provide

supervision necessary to protect the child from potentially serious harm by others based on the child's age or developmental stage.

- An individual with known violent criminal behavior/history resides in the home, or the caregiver allows access to the child.

5. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- The injury requires medical attention.
- Medical evaluation indicates the injury is the result of abuse; the caregiver denies or attributes injury to accidental causes.
- The caregiver's explanation for the observed injury is inconsistent with the type of injury.
- The caregiver's description of the injury or cause of the injury minimizes the extent of harm to the child.
- Factors to consider include the child's age, location of injury, exceptional needs of the child, or chronicity of injuries.

6. The family refuses access to the child, or there is reason to believe that the family is about to flee.

- The family currently refuses access to the child or cannot/will not provide the child's location.
- The family has removed the child from a hospital against medical advice to avoid investigation.
- The family has previously fled in response to a CPS investigation.
- The family has a history of keeping the child at home, away from peers, school, and other outsiders for extended periods of time for the purpose of avoiding investigation.
- The caregiver intentionally coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.

- Minimal nutritional needs of the child are not met, resulting in danger to the child's health and/or safety.
- The child is without minimally warm clothing in cold months.

- The caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous medical condition(s), or does not follow prescribed treatment for such conditions.
- The child appears malnourished.
- The child has exceptional needs, such as being medically fragile, which the caregiver does not or cannot meet.
- The child is suicidal and the caregiver will not/cannot take protective action.
- The child shows effects of maltreatment such as serious emotional symptoms, lack of behavioral control, or serious physical symptoms.
- The caregiver does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caregiver leaves the child alone (time period varies with age and developmental stage).
- The caregiver is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).
- The caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for the child's care.

8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to:

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety.
- Lack of water or utilities (heat, plumbing, electricity), and no alternate or safe provisions are made.
- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.

- Guns and other weapons are not locked.
- Methamphetamine production in the home.

9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.

The caregiver has abused legal or illegal substances or alcoholic beverages to the extent that control of his/her actions is significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child; has harmed the child; or is likely to harm the child.

10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.

- There is evidence of domestic violence in the home, AND this creates a safety concern for the child. Examples may include:
- The child was previously injured in domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
- The child is at potential risk of physical injury.
- The child's behavior increases risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.

11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

Examples of caregiver actions include the following:

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.
- The caregiver places the child in the middle of a custody battle.

12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child.
- The caregiver's inability to control emotions impedes his/her ability to parent the child.
- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child.
- The caregiver's depression impedes his/her ability to parent the child.
- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained, eat neatly, expected to care for younger siblings, or expected to stay alone).
- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as:
 - Not knowing that infants need regular feedings;
 - Failure to access and obtain basic/emergency medical care;
 - Proper diet; or adequate supervision.

CALIFORNIA SDM® FAMILY RISK ASSESSMENT DEFINITIONS³

NEGLECT INDEX

N1. Current Report Is for Neglect

Score 1 if the current report is for any type of neglect. This includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver absence/incapacity. This applies to referred allegations as well as allegations made during the course of the investigation.

N2. Prior Investigations

Choose the appropriate score based on the number of prior investigations and the type of complaint investigated. For differential response referrals, include Paths 2 and 3.

Score 1 if there were no investigations prior to the current investigation. **Do not** include referrals that were not assigned for investigation.

Score 1 if there were one or more investigations, substantiated or not, for any type of abuse prior to the current investigation. Abuse includes physical, emotional, or sexual abuse/sexual exploitation. **Do not** include referrals that were not assigned for investigation.

Score 2 if there were one or two investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations. Neglect includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver being absent/incapacitated. **Do not** include referrals that were not assigned for investigation.

Score 3 if there were three or more investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations. Neglect includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver being absent/incapacitated. **Do not** include referrals that were not assigned for investigation. Where possible, history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

N3. Household Has Previously Received CPS (voluntary/court ordered)

Score 1 if the household has previously received CPS or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

N4. Number of Children Involved in the Child Abuse/Neglect Incident

³ Children's Research Center, The Structured Decision Making® System Policy and Procedures Manual, California Department of Social Services, May 2008, updated 10/1/10.

Choose the appropriate score given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

N5. Age of Youngest Child in the Home

Choose the appropriate score given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

N6. Characteristics of Children in Household

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records. a. Score 0 if no child in the household exhibits characteristics listed below. b. Score the appropriate amount (maximum 3) if one or more of the following characteristics are present for a child in the home and mark which are applicable: c. Score 1 if any child has a developmental, learning, or physical disability and mark which type is present.

Developmental disability: A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

Learning disability: Child has an Individualized Education Plan (IEP) to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness. Score 1 if any child is medically fragile or diagnosed with failure to thrive.

Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members; and that requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; and the child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.

Failure to thrive: A diagnosis of failure to thrive by a physician. Score 1 if any child has a mental health or behavioral problem. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

N7. Primary Caregiver Provides Physical Care Inconsistent with Child Needs

Score 1 if physical care of the child (lack of age-appropriate feeding, clothing, shelter, hygiene, or medical care) threatens the child's well-being or results in harm to the child. Examples include the following:

- Repeated failure to obtain standard immunizations;
- Failure to obtain medical care for severe or chronic illness;
- Repeated failure to provide the child with weather-appropriate clothing;
- Persistent rat or roach infestations;
- Inadequate or inoperative plumbing or heating.
- Poisonous substances or dangerous objects lying within reach of small child;
- The child wears filthy clothes for extended periods of time;
- The child is not being bathed on a regular basis, resulting in dirt caked on skin and hair and a strong odor.

N8. Primary Caregiver Has a History of Abuse or Neglect as a Child

Score 1 if credible statements by the primary caregiver or others, or state records of past allegations, indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

N9. Primary Caregiver Has/Had a Mental Health Problem

a. Score 0 if the primary caregiver does not have a current or past mental health problem.

b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:

- Has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;
- Has had repeated referrals for mental health/psychological evaluations; or
- Was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem

a. Score 0 if the primary caregiver does not have and never has had a drug or alcohol problem.

b. Score 2 if the primary caregiver has a past or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

- Substance use that affects or affected employment, criminal involvement, or marital or family relationships; and/or that affects or affected caregiver's ability to provide protection, supervision, and care for the child;
- An arrest in the past two years for driving under the influence (DUI) or refusing breathalyzer testing;
- Self-report of a problem;
- Treatment received currently or in the past;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use and/or abuse;
- The child's diagnosis with Fetal Alcohol Syndrome or Exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caregiver was birthing parent.

Legal, non-abusive prescription drug use should not be scored. Indicate whether the alcohol and/or drug problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months. If drug use during the past 12 months is marked, also indicate type of drug used. Mark all that apply.

N11. Primary Caregiver Has Criminal Arrest History

Score 1 if the primary caregiver has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI, but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc.

N12. Current Housing

a. Score 0 if the family has housing that is physically safe.

b. Score 1 if any of the following apply:

- The family has housing, but the current housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).
- The family is homeless or was about to be evicted at the time the investigation began. Consider as "homeless" people who are living in a shelter and those living on a short-term basis with relatives or friends.

ABUSE INDEX

A1. Current Report Is for Physical Abuse

Score 1 if the current report is for physical abuse. This includes substantiation of referred allegations or allegations made during the course of the investigation.

A2. Number of Prior Investigations

Score the appropriate amount given the count of all investigations, substantiated or not, that were assigned for CPS investigation. For differential response referrals, include Paths 2 and 3.

- a. Score 1 if there were no prior investigations.
- b. Score 0 if there were one or more neglect investigations but no abuse investigations.
- c. Score 1 if there was one prior abuse investigation (physical, emotional, or sexual abuse/exploitation) regardless of whether there were any neglect investigations.
- d. Score 2 if there were two or more prior abuse investigations (physical, emotional, or sexual abuse/exploitation) regardless of whether there were any neglect investigations.

Where possible, abuse history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

A3. Household Has Previously Received CPS (voluntary/court ordered)

Score 1 if household has previously received CPS or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child

Score 1 if a child sustained an injury resulting from abuse and/or neglect prior to the complaint that resulted in the current investigation. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization such as a bone fracture or burn; OR if there was prior substantiated physical abuse to a child involving a current household member as a perpetrator.

A5. Number of Children Involved in the Child Abuse/Neglect Incident

Choose the appropriate score given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

A6. Characteristics of Children in Household

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records.

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if one or more of the following characteristics are present for a child in the home, and mark which are applicable:
 - Delinquency history: Any child in the household has been referred to juvenile court for delinquent or status offense behavior. Status offenses that are not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.
 - Developmental disability: A severe chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
 - Learning disability: Child has an IEP to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.
 - Mental health or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medication.

A7. Two or More Incidents of Domestic Violence in the Household in the Past Year

Score 1 if in the previous year there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult.

A8. Primary Caregiver Employs Excessive/Inappropriate Discipline

- a. Score 0 if the primary caregiver does not employ excessive/inappropriate discipline.
- b. Score 1 if the primary caregiver employs excessive/inappropriate discipline.

Disciplinary practices caused or threatened harm to the child because they were excessively harsh physically or emotionally and/or were inappropriate to the child's age or development. Examples include locking the child in a closet or basement, holding the child's hand over fire, hitting the child with dangerous instruments, or depriving a young child of physical and/or social activity for extended periods.

A9. Primary Caregiver Is Domineering

- a. Score 0 if the primary caregiver is not domineering.
- b. Score 1 if the primary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior, or over-reactive rules.

A10. Primary Caregiver Has a History of Abuse or Neglect as a Child

Score 1 if credible statements by the primary caregiver or others indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

A11. Primary Caregiver Has/Had a Mental Health Problem

- a. Score 0 if the primary caregiver does not have a current or past mental health problem.
- b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:
 - Has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;
 - Has had repeated referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.
 - Indicate whether the mental health problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months.

Conversation with the Parents

- Purpose: “We received a call that someone was concerned about the safety of your children”.
- Agreements: “I recognize that it might be difficult to have someone from Child Protective Services in your home. I also recognize that we may come from different backgrounds. What can I do to make this conversation easier for you?”
- Context: “I have 30 days to complete this investigation. During this process I will need to talk with your children and with other people that know your child so that I can determine if your child is safe, and if he/she is not safe, what we can do to make sure your child is safe. In this process, we may have a family meeting called a Team Decision Making Meeting. We will do our best to get input from you and others that care about your family, and we will do our best to make decisions together, based on a balanced assessment of the situation. At the end of this process, we will be in contact about next steps or how this will conclude.”
- Desired Outcome:
“When our conversation is over today, what are your best hopes of what could result from our conversation?”
- Network: “Is there anyone else that you want here during our conversation? Is there anyone else you think it would be important for me to talk with?”
- Content: *(Pick a few questions that would best work with this parent and adjust them as needed. Combine these with basic who, what, why, when, how questions pertaining to SDM safety threats.)*

What’s working well?

- When you think about protecting Alicia from fighting or arguing in the home,⁴ what is already going well that doesn’t need to change?
- On the struggles you have had with fight and arguments, when is the problem not a problem? What is different then? What are you doing differently? What are others doing differently?
- What have you already tried and what has helped, even if only a little bit? What could make that happen more often?
- What sorts of things are you or others doing when everyone is getting along?

⁴ The example of protecting a child from exposure to DV is used here. But you can replace the underlined sections with any other concerns: neglect, physical abuse, sexual abuse, emotional abuse, etc.

- Has there ever been a time when you weren't getting along, and you almost started arguing and fighting in front of Alicia, and you were able to deal with it? How did you do it? What helped you get through that?
- Think of a time when you weren't getting along with someone, but you found a way to get along, even if it was just for a short time. What exactly did you do, even if it was something very small? What helped you to decide to respond that way? What was the benefit of getting along with that person?
- Can you think of anyone that you have met in your life that you feel like you can trust? How did you know you could trust them? How has that person helped you? What have you done to maintain this relationship?
- Suppose this person you trust noticed a positive change you made in the past. What else would he/she say about that? What do you think he/she would say you could do to increase the likelihood that that could happen again?

What are the challenges?

- What are you most worried about that might get in the way of you reaching the goal of getting along peacefully with each other when Alicia is home?
- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about how you have been getting along with each other when Alicia is home?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about how you have been getting along with each other when Alicia is home?
- How do you think Alicia has been impacted when you are not able to find ways to get along peacefully when Alicia is home?

What could happen to resolve the challenges?

- Suppose I ran into you six months from now and you are now successfully providing a peaceful home for Alicia, and I asked you what steps you had taken. What would you say? What would have been the very first step?

- Who are your role models? What did/do you most appreciate about them and how they are able to get along with their spouse/partner or work through setbacks? If they were here right now, how would they advise you to handle your most difficult moments?
- If you were to think of something that someone else who is in the same situation as you might benefit from what would it be?
- How would a person you respect be able to tell that you are on the right track, headed toward your goal?
- What ideas do you already have for reaching your goal? What and who could help you to keep your goal in view?
- If things keep going as they are, what do you imagine will be your story about this time in your life? Is that the story you want for yourself? If not, what story would you hope for instead?

Scaling Questions (mostly related to “what needs to happen to resolve challenges?”):

1. On a scale of 0 to 10, where 0 = I am not motivated to do what it might take to treat each other respectfully in front of Alicia and 10 = my primary focus is to make sure we treat each other respectfully in front of Alicia, where would you put yourself on this scale?
2. On a scale of 0 – 10, where 0 = I am not willing to do things differently than I have been doing, and 10 = I am willing to make significant changes so that I can ensure a peaceful and respectful home for Alicia, where do you put yourself on this scale?
3. On a scale of 0 – 10, where 0 = I am not at all confident that I can make these changes, and 10 = I am highly confident that I can make these changes, where would you put yourself on this scale?
 - » Where would X (family member or person who is seen as important) rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
 - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?

Questions that mirror SDM® Safety Assessment

These questions are basic in their nature and would require follow-up questions and re-phrasing in most cases.

1. How do you discipline your children?
2. Can you tell me about the times when your family worked with a social worker to help with things such as the safety of your children?
3. Can you tell me about any times where there has been a problem with touching/sexual abuse in your family? Has anyone ever accused your family of having this problem?
4. Can you tell me about times when you might have struggled with protecting your children from physical or sexual abuse, or protecting them from unsafe people or situations?
5. *Is the parent providing more than one explanation for an injury to their child?*
6. *Are the parents giving you indication that they might flee or that they are coaching their children not to talk with you?*
7. Can you tell me about times when you might have struggled to feed your children enough food; get them enough clothes to wear; find a safe person to watch your children when you are not able; or get them medical care that they need? *(Differentiate poverty related challenges from child neglect)*
8. Can you tell me about times when you might have struggled to keep the house clean and free from hazards?
9. Can you tell me about the times when your use of drugs/alcohol might have gotten in the way of safely caring for your children?
10. Can you tell me about the times when there might have been fighting in your home and it might have scared the kids or made them feel less safe?
11. Can you tell me about any times when you might have been upset with one of your children and said things that you regret to them or called them names? Has there ever been a time when one of your children gets into trouble more than the others? Can you tell me more about that?
12. Has there ever been a time when you felt so sad, or so anxious, or heard voices that others didn't, and as a result, you had a hard time keeping your children safe?

Next Steps: "Based on our conversation today, here are some next steps that I will take and that you have agreed to take: _____"

Plus/Delta: "What worked well about our conversation today? What would we change or do differently next time?"

Documentation in CWS/CMS:

- How you were invited into the home, including any verbal statements or non-verbal gestures
- That you gave the parents a copy of your business card and a copy of the Civil Rights brochure.
- Demographic information
 - Ask the parents if they have lived in any other counties or states, and if they have any children not living with them.
- Indian heritage - Are they enrolled in a Tribe? Do they have verification? If not, take whatever information they are able to give you regarding Indian heritage.

Additional Assessment Topics:

- Observations of the home environment
- Criminal history
- Trauma history
- Support system
- Employment
- Health
- Educational needs of the children
- Developmental needs of the children

Conversations with Children

Purpose: “We received a call that someone was concerned about your safety. I am a social worker and my job is to work with children and their parents or caregivers and find ways to keep them safe.”

Agreements: “I recognize that it might be difficult to talk about things that are going on in your family with me since we just met. I also recognize that we may come from different backgrounds. What can I do to make this conversation easier for you?”

Context: “I am going to talk with your parents at some point and also to other adults that can help me to get a better understanding of how we can be sure you are safe. I will do my best to get your permission and agreement before I talk with anyone else or share anything that we talk about today.”

Desired Outcome: “When our conversation is over today, what are your best hopes of what could happen because of our conversation?”

Network: “Is there anyone else that you want here during our conversation? Is there anyone else you think it would be important for me to talk with?”

Content: *(Pick a few questions that would best work with this child and adjust them as needed. Combine these with basic who, what, why, when, how questions pertaining to SDM safety threats.)*

What’s working well?

- When you think about the time you spend with your family,⁵ what is already going well that doesn’t need to change?
- On the struggles you have had with fight and arguments in your house, when is the problem not a problem? What is different then? What are you doing differently? What are others doing differently?
- What have you already tried and what has helped, even if only a little bit? What could make that happen more often?
- What sorts of things are you or others doing when everyone is getting along?
- Has there ever been a time when there was fighting in your home, and you were able to deal with it? How did you do it? What helped you get through that?

⁵ The example of exposure to DV is used here. But you can replace the underlined sections with any other concerns: neglect, physical abuse, sexual abuse, emotional abuse, etc.

- Can you think of anyone that you have met in your life that you feel like you can trust? How did you know you could trust them? How has that person helped you? What have you done to maintain this relationship?
- Suppose this person you trust noticed one thing you have done to stay safe, even when there is some fighting going on. What would they say you did? What else would he/she say about that?

What are the challenges?

- What are you most worried about that might get in the way of your parents getting along better with each other?
- Most parents are not at their best all the time. When are your parents “less on their game” than usual? What are they like then? What would I notice at those moments?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the fighting in your home?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the fighting in your home?
- How has the fighting impacted you?

What could happen to resolve the challenges?

- Suppose I ran into you six months from now and your parents have found a way to get along when they are around you, and I asked you what steps they had taken. What would you say? What would have been the very first step?
- Who are your role models? What did/do you most appreciate about them? If they were here right now, how would they advise you to handle your most difficult moments?
- If you were to think of something that someone else who is in the same situation as you might benefit from, what would it be?

Scaling Questions (mostly related to “what needs to happen to resolve challenges?”):

- On a scale of 0 – 10, where 0 = I am not at all confident that the fighting will stop, and 10 = I am highly confident that the fighting will stop, where would you put yourself on this scale?
 - » Where would X (family member or person who is seen as important) rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
 - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?

Next Steps: “Based on our conversation today, here are some next steps that I will take and that you have agreed to take: _____”

Plus/Delta: “What worked well about our conversation today? What would we change or do differently next time?”

Questions that mirror SDM® Safety Assessment

These questions are basic in their nature and would require follow-up questions and re-phrasing in most cases.

1. Can you tell me what sorts of things happen when you get into trouble?
2. Can you tell me about times when you have talked with a social worker before about whether or not you feel safe?
3. Can you tell me about a time when anyone might have touched you in a way that made you feel uncomfortable or touched you and told you to keep it a secret? Has anyone ever been worried that this sort of thing might be happening to you?
4. Can you tell me about a time when you didn’t feel protected by one of your parents or caregivers from being physically hurt or touched by someone in a way that would make you feel uncomfortable?
5. Can you tell me about a time when you might have been hurt and one or both of your parents or caregivers told people different things about how you were hurt?
6. Can you tell me about any times when one or both of your parents or caregivers ever told you not to talk to social workers?
7. Can you tell me about any times when you have not been able to get enough food; have enough clothes to wear; been left alone with no adults or unsafe adults; or not been taken to the doctor when you were sick? *(Differentiate poverty related challenges from child neglect)*
8. Can you tell me about a time when you may have lived in a home that was dirty and/or unsafe?

9. Can you tell me about a time when either of your parents/caretakers may have used alcohol or drugs and then had trouble safely taking care of you?
10. Can you tell me about a time when there might have been fighting in your home between your parents or caregivers and you felt unsafe or scared?
11. Has there ever been a time when the kids in your house did not get treated the same?
Can you tell me about any times when your parents or caregivers might have called you or your brother or sister names or said or did things that make you or them feel unloved and/or unsafe?
12. Has there ever been a time when your parents/caregivers seemed so sad, or so anxious, or they seemed to be talking to people that aren't there, and as a result, they had a hard time keeping you safe?

Documentation in CWS/CMS:

- How you were given permission to interview the child
- That you gave the child a copy of your business card and a copy of the Civil Rights brochure.
- Demographic information
 - Ask the child if they have lived in any other counties or states, and if they have any siblings not living with them.
- Indian heritage - Are they enrolled in a Tribe? Do they have verification? If not, take whatever information they are able to give you regarding Indian heritage.

Additional Assessment Topics:

- Does the child know the difference between real and make believe?
- Observations of the child's appearance and demeanor
- Observations and statements regarding the home environment and who lives in the home
- Trauma history
- Support system
- Health
- Educational needs
- Developmental needs

INVESTIGATION NARRATIVE SUGGESTED HEADINGS

Referral Summary

- Bullet the key allegations and safety threats alleged in the referral.
- Consider using a Harm and/or Danger Statement here.

Penal Code Definitions

- Copy and paste the Penal Code that would apply to this particular referral.
- Bullet evidence (statements, observed behaviors, injuries, photos, documentation) that aligns with the Penal Code that would lead to you either substantiate the allegation, or to close the allegation inconclusive or unfounded.
 - If you are closing the referral as inconclusive or unfounded, describe your reasoning – i.e. the lack of evidence, statements, etc.

SDM® Safety & Risk Assessments

- List safety threats and risk factors from the SDM® definitions that apply to this allegation
- Ensure definitions were reviewed for each item checked
- Document evidence, statements, observed behaviors that back up factors that were checked
- List risk level and safety threat(s) if there are safety threats

Assessment:

- Describe the reasons why you made the decisions you did, based on the factors above
 - Substantiated, inconclusive, unfounded
 - Open a case or closing the referral

DOJ Letter

- Are you sending a DOJ letter? If not, why not?
- Was the family informed?

Safety Plan Worksheet

Child Name: _____ Family Name: _____ Worker Name: _____ Case #: _____ Date of Plan: _____ Date of Next Review: _____		
Danger Statement(s):		
Safety Goal:		
SDM Safety Threat(s): SDM Risk Level: WIC Code:		
<u>Who:</u>	<u>What action will be taken?</u>	<u>How will we know it worked?</u>

References

Bannink, Fredrike, 1001 Solution-Focused Questions: Handbook for Solution-Focused Interviewing, W.W. Norton & Company, 2006.

California Penal Code http://www.leginfo.ca.gov/.htmlpen_table_of_contents.html

Children's Research Center, The Structured Decision Making® System Policy and Procedures Manual, California Department of Social Services, May 2008, updated 10/1/10.

Facilitator's Guide to Participative Decision-Making, www.communityatwork.com