CWS/CMS Referral Screening



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Referral Screening – CWS/CMS Procedures

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Referral Screening – CWS/CMS

The referral screening process on CWS/CMS is designed to capture information regarding allegations of child abuse or neglect to meet the requirements of California's Emergency Response Protocol. The following process can be used for documentation of all incoming referrals to the child protection agency, regardless of response time or appropriateness of in person response. Details of the requirements can be found in section 31-105 of the Child Welfare Services program manual.

Learning Objectives

At the completion of this section, trainee will be able to:

- Enter a referral on CWS/CMS according the Emergency Response Protocol.
- Search, retrieve and review child welfare history for a child and family.
- Cross report to all appropriate agencies.
- Produce a comprehensive document ready to be transferred to the investigating worker.
- Record information regarding a 'Safely Surrendered Baby' on CWS/CMS.
- Understand provision for referring cases unsuited for CWS intervention to the right agency and procedure in CWS/CMS.

STEP ONE

Entering A New Referral

Begin by selecting Client Services



Use the + sign to 'Create a New Referral'

| a Client S | ervices | | | | | | _ 8 × |
|---------------------------|------------------|--------|---------------------|-----------------|----------------|--------------|-------------|
| <u>F</u> ile <u>E</u> dit | <u>S</u> earch | Action | Asso <u>c</u> iated | A <u>t</u> tach | <u>W</u> indow | <u>H</u> elp | |
| | > + | | | | | | 心 入 く |

The new referral opens to the ID Page and automatically assigns a 19 digit number to it.

| 🛣 Client Services - [Referral [0010-6509-4129-2000018]] | You are currently running Scenario Manager. 💶 🗷 |
|--|---|
| 😢 Eile Edit Search Action Associated Attach/Detach Window Help Toolz | X |
| | ی ۲ ۲ |
| Summary ID Reporter Assignment Spec Proj | |
| Identification and Common Address Performation | |
| Date Time Beferral Name | |
| 08/07/2008 V 12:43pm | |
| Screener Report Method | |
| | |
| Common Address | |
| Street No. Street Name | |
| Phone Ext | |
| City State ZIP ZIPExt () - | |
| Country Location of Children | |
| | |
| Address Comment | |
| | |
| v | |
| Screener Alerts | |
| | |
| v | |
| DOJ Grievance Request | |
| Request Date Resolution Date Outcome Filed By | |
| | |
| | |
| | |
| | |
| Request Date Resolution Date Outcome Filed By | |
| | |
| | |
| | |
| | |
| Heady Heterral [U010-6509-4129-2000018] | |

This page is used for basic referral identifying information.

- Date & Time Fields enter the actual date and time the referral was reported. It automatically opens to current date/time, but can be modified.
- Referral Name identifies the referral according to the county's naming convention. Most often, counties use the Mother's Name in referral identification.
- Screener this field is read only, and is populated from the Assignment Page once the referral has been assigned to the screener.
- Report Method how the incident was reported. Only the selections under the drop down menu can be used.
- Common Address enter the primary address of the referral. Typically, this is where the children live.
- Address Comment use this field to give additional information to assist the worker in locating the family.
- Location of Children this field is especially important for referrals requiring an immediate response to indicate current location of the victim(s).
- Screener Alerts this section can be used to identify areas of concern the investigator needs to know before conducting the investigation, such as, "family speaks only Spanish", or "beware of the dog in the family's yard", etc. Some counties use this section to record the details of the referral.
- DOJ Grievance Request section enables only after allegations have been concluded.

Reporter Page – complete this page with information about the person reporting the alleged abuse or neglect.

| 🧝 Client Services - [Referral [0570-2087-0461-5001518]] You are currently running Scenario Manager, 🗖 🖪 | × |
|--|---|
| 🕅 Eile Edit Search Action Associated Attach/Detach Window Help Toolz | × |
| | |
| Summary ID Reporter Assignment Spec Proj | |
| _ Reporter | ▲ |
| Information Confidentiality Reporter's Name Unknown Application for Petition Family Informed | |
| └ Identification ───── | |
| Prefix First MI Last Suffix Relationship to Referral | |
| Address Phone | |
| Street No. Street Name City State ZIP ZIP Ext City Image: City State Image: City <td< td=""><td></td></td<> | |
| Mandated Reporter Feedback Details | |
| Agency Name Image: Feedback Required Law Enforcement Badge Number Image: Feedback Required Feedback Required Image: Feedback Required Feedback Required Image: Feedback Required Feedback Required | • |
| Ready Referral [0570-2087-0461-5001518] | |

- Confidentiality is automatically requested and afforded to any person reporting suspected abuse or neglect, but can be waived by the individual reporting.
- Check Boxes for Reporter information any boxes that apply should be selected. If the Reporter's Name Unknown box is checked – the entire page is disabled. The Self Reporter box cannot be checked on this page – a selfreporter is a client that reports the alleged incident – this box will be checked if self-reporter is indicated in a client notebook. Definition of who is determined to be a Mandated Reporter can be found in the Penal Code section 11165.7(a).
- Complete the rest of the page with as much information as possible about the reporting party, including agency, address and phone number and indicating whether the mandated reporter requires feedback. *Mandated reporters may be told the results of the investigation and the action that the agency is taking with regard to the child or the family. (P.C. 11170 b (2)).*

Form Populating Tip

This page will populate the form 'Response to the Mandated Reporter' if completely filled out!

Assignment Page – this page is used to record the staff person(s) assigned the referral. As the referral moves from one worker to another (i.e., Screener to ER worker to Case Manager), a history of assignments is maintained here.

| 😹 Client Services - [Referra | al [0570-2087-0461-50 | 01518]] | You are currently | running Scenario Manager 문 🗙 |
|--|---|--|-------------------|------------------------------|
| 🕅 Eile Edit Search Action | Associated Attach/Det | ach <u>W</u> indow <u>H</u> elp Tool <u>z</u> | | _ B × |
| | y 📬 🚑 📎 | | | € € |
| Summary ID Reporter / | Assign <u>m</u> ent Spec Proj | | | |
| Caseload | Responsibility | Start | End | Role Type 🔺 |
| 1 ER1 | Primary 09 | 9/05/2003 11:12am | | |
| Responsibility Primary Secondary Details Start Date Start Time 09/05/2003 11:12am End Date End Time Image: Start Time Image: Start Time Maintering Start Time Image: Start Time Image: Start Time | Read Only Responsibility Descriptio | nent Destination Staff O In-b CWS Staff - ZIP County (or Stal Sacramento CWS Office Downtown Sa Unit Emd Date End Date Phone Numbe [916] 567-215 | iox Caseload | |
| Ready | | Referral [0570-2087-0461-5001 | 1518] | |

The page is activated by clicking the + sign in the upper left corner.

The first entry is always the Primary Assignment. A case or referral can only have one Primary Assignment, but can have multiple secondary assignments.

The assignment must specify the County, Office, Unit and Caseload the referral is assigned to. The individual taking the report will be the first staff person with primary assignment.

The Staff Persons name and phone number will automatically populate based on the Caseload entry. Staff person information is 'read only' and is populated from Resource Management, County Organization section, Staff Person notebook.

Use the plus+ sign to add additional assignments. If there are Secondary Assignments, the 'role type' of that person must be specified.

STEP TWO - OPTIONAL

Screener Narrative (some counties do not use this document – they use Screener Alerts section on ID page)

Use the + sign – Create New Document - Referral

| G | ienerate New Documents | × |
|---------------|--------------------------------------|----------------|
| - Cour Sta | nty te of California 💌 | ОК |
| Doc | uments to Generate | Cancel |
| | Туре | |
| 1 | Emergency Response Referral Document | <u>I</u> mport |
| 2 | Investigation Narrative | |
| 3 | Screener Narrative | <u>H</u> elp |
| 1 | | |
| 1 | | |
| | | |
| | | |

Select the Screener Narrative from this dialog box, then Click OK. That will open the Screener Narrative in Microsoft Word.

SCREENER NARRATIVE

ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:

- 1. PRECIPITATING INCIDENT (Severity, frequency; location and description of injury; history of abuse)
- 2. CHILD CHARACTERISTICS (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
- 3. CARETAKER CHARACTERISTICS (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
- 4. FAMILY FACTORS (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
- 5. DOMESTIC VIOLENCE/ABUSE FACTORS (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

The Screener Narrative is a Microsoft Word document that opens with the above text box reminding screener of what information should be obtained for the referral screening process. Complete a narrative of the incident here. All Word tools can be utilized, ie., Spell Check, Thesaurus, etc. SAVE, PRINT, CLOSE or MINIMIZE WORD.

STEP THREE

Searching for Clients in the Statewide Database

This process serves two important functions in the referral process. First, searching the statewide database for clients is essential in determining whether there is a history of abuse or neglect for the family. Second, if the client's are known to the statewide database, they need not be created again, just attached to the referral in progress. That will attach all prior history as well.

In the top menu bar, use the Search, then Start Search command. The following box will open.

| Search | | | | × |
|------------------------|------------|---|----------------------|-------------------|
| Search Type | | | | OK |
| Client | • | 1 | | |
| | | - | | Cancel |
| | | | | Help |
| | | | | <u> </u> |
| Last Name | | | 🔲 <u>P</u> honetic N | lame Search |
| First Name | | | | |
| Middle Name | | | Phonetic <u>5</u> | treet Name Search |
| Social Security Number | | | 📕 Partial Add | ress Match |
| Gender | | - | | |
| Approximate Age | | | | |
| Ethnicity | | - | | |
| Street Number | | | | |
| Street Name | | | | |
| City | | | | |
| County of Residence | Sacramento | - | | |
| State | California | - | | |
| ZIP Code | | | | |
| Date of Birth | | | | |
| Home Phone | | | | |
| | | | | |

When searching for clients, it is best to use minimal criteria to begin with. A good way to start is to enter the client's first and last name, gender and approximate age. Additional pieces of information can be used to narrow the search. The reason more specific pieces of data on a client should not be used, i.e., social security number, ethnicity, is because the computer will search for someone that matches that criteria exactly. If the client had not been entered previously with that exact information, you may miss locating them. When searching, it is best not to select the county of residence, because you are interested in determining statewide history on the client. It is best to search for all clients individually. Using the 'phonetic name search' check box will allow the capability of finding sound alikes, which is helpful if you are unsure of the spelling.

Search Tips

- When using approximate age searching for a child 12 years or younger, the database will include plus/minus 2 years.
- When using approximate age searching for a child 13 years or older, the database will include plus/minus 5 years.
- Using phonetic searches will return different spellings, but similar pronunciations
- Entering less search criteria is best to start. Add additional pieces one by one to narrow the search.

The Search Result screen will include all potential client matches, with a percentage of how closely the client matched your search criteria.

| 😹 Clie | ent Servi | ices - [S | earch Res | sults [Clien | t Abstr | act Search:Re | sults]] | | You are curre | ently running Scena | nio Manager. <mark>- (8) ×</mark> |
|----------|----------------|----------------|-------------------|----------------------|-------------------|----------------------|----------------------------|--------|-----------------|---------------------|-----------------------------------|
| 🏘 Eil | e <u>E</u> dit | <u>S</u> earch | <u>A</u> ction As | sso <u>c</u> iated / | A <u>t</u> tach/D | etach <u>W</u> indow | <u>H</u> elp Tool <u>z</u> | | | | _ 8 × |
| Ø | | | | | | | | | | | ⊙ ∳ ⊂ |
| _ Sea | rch Info | rmation - | | | | | | | | | |
| Statu | 19 | | | | | Search Criteria | | | | | |
| Sen | dina auerv | to host | .9/8/2003 1 | 10:49:26 AM | | Phonetic Search | :h | Yes | | | |
| Hos | is proces | sing quer | ry9/8/200 | (3 10:49:26 A | AM 📃 | Phonetic Stree | t Search | No | | | |
| Proc | essing Co | mplete! | .9/8/2003 1 | 10:49:26 AM | | Partial Address | Search | No | | | |
| | | | | | | Last Name | | Lozano | | | |
| | | | | | | First Name | | Pedro | | | |
| | | | | | - | • | | |) | • | |
| | Sensitiv | Archive | е | Name | % | Date of Birth | SSN | Gender | Ethnicity | County of Residence | Primary Language |
| 1 | | | Lazano, I | Pedro | | 02/09/1967 | 544-57-2165 | Male | White | Sacramento | |
| 2 | | | Lazano, I | Pedro | | 02/09/1967 | 544-57-2165 | Male | White | Sacramento | |
| 3 | | | Lazano, I | Pedro | | 02/09/1967 | 544-57-2165 | Male | White | Sacramento | |
| 4 | | | Loxano, I | Pedro | | 01/02/1988 | 112-34-5569 | Male | American Indian | Merced | Lao |
| 5 | | | Lozano, I | Pedro | | 06/07/1994 | 567-71-5912 | Male | Hispanic | Sacramento | Spanish |
| 6 | | | Lozano, I | Pedro | | 05/05/1990 | 555-55-5555 | Male | | Kern | Spanish |
| 7 | | | Lozano, I | Pedro | | 06/07/1994 | 567-71-5912 | Male | Hispanic | Sacramento | Spanish |
| 8 | | | Lozano, I | Pedro | 100 | 06/07/1994 | 567-71-5912 | Male | Hispanic | Sacramento | Spanish |
| | | | | | | | | | | | |
| | | | | | | | | | | | ► I |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Ready | | | | | | Search Re | sults [] | | | | |

Search Results

- If search results indicate 'Maximum Hits Exceeded', use the 'Search Again' selection under the Search command in the menu bar.
- Will locate AKA's if previously entered on the Names page in the Client notebook. AKA's are cross-referenced with any names used by the client.
- Clients marked as 'Sealed' do not display in the search results unless you have 'Sealed' privilege.
- Clients marked as 'Sensitive' will display in the search results, but will be unable to be opened if you don't have 'Sensitive' privilege. You will not be able to open the sensitive client's abstract if it belongs to another county.

Open the client abstract for further review to determine more positively that it is the client you are looking for. Double click to open.

The 'Client Abstract' is a snapshot of the client with limited information.

| Client Services - [Client Abstract] | Lozano. Pedro - Row #8 1 | 1 | You are currently running Scenario Manager L |
|--|---|---|--|
| Eile Edit Search Action Associat | ed A <u>t</u> tach/Detach <u>W</u> indow | v <u>H</u> elp Tool <u>z</u> | |
| | | | € € € |
| D Other <u>N</u> ames Other Addresses | Family <u>M</u> embers [<u>R</u> eferral His | story Case History | |
| _ Identification | | | |
| Last Known Residence Address 821 21st St. | SSN Gender 567-71-5912 M | Primary Ethnicity Hispanic | |
| Sacramento, CA 95814 | Date of Birth Age 06/07/1994 9 | Missing Child with outstanding warrant | _ |
| | Birth Place/Hospital Name | Birth City | |
| Client ID | Indio | | |
| 0154-6709-9581-4001518 | Alien Registration # | Emigration Country | |
| Most Becent | | | |
| Date of Death Juvenile Court # | Drivers License # | Last State ID # | |
| | | 34-42-7654567-2-02 | |
| Parental Rights Termination | | | |
| Related Person | Date Termination F | Reason Under Appeal | Vol. Relinquishment |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | • |
| Heady | Client Abst | ract [Lozano, Pedro] | |

Id Page – is populated with general identifying information of the client.

Other Names Page – other names the client uses will be displayed here only if they have been recorded on the Names page of the Client Notebook.

Other Addresses – any and all prior addresses of the client will appear here.

Family Members – this page displays family members of the identified client. Individuals listed here are populated from the Related Clients page of the Client Notebook.

Referral History – this page will briefly list the client's past involvement with child welfare services. Each referral will be listed with allegations, conclusions and dispositions of each.

Case History – this page will indicate whether a case is open or had been open at one time for a child. The type of program the client was involved in will be listed here, i.e., Family Reunification, Family Maintenance, Permanency Planning. The assigned worker's name and phone number will also display here.

STEP FOUR

Attaching Clients to your Referral

Once you have found the clients in the statewide database, you need to Attach them to your referral. This attaches all the child welfare history of the client and will make sure that all forms, reports and documents reflect that history.

The referral you are working on must be 'in focus' in order to use the Attach functionality. Use the Attach Existing Client command to begin the process

| ooo alo / maon Emoning | | gin the process. |
|--|--|--|
| 🔀 Client Services - [Referral [1515-7934-5111-1 | 001518]] You are c | urrently running Scenario Manager. 🗖 🗙 |
| 🕅 File Edit Search Action Associated Attach/D | etach Window Help Toolz | _ <u>8</u> × |
| Attach | i Existing Client Existing Reminder i Existing Petition Existing Court Report | |
| Summary ID Reporter Assignment SI Attach | Existing Case Plan Document | |
| Identification and Common Address - | Existing Sub Care Provider | _ |
| Referral Identification Detact | n Client | |
| Date Time Referral rrame 09/08/2003 ↓ 10:49am Screener Repr | ort Method | |
| Common Address Street No. Street Name City California County Address Comment Screener Alerts | ZIP ZIP Ext Location of Children | |
| | | - |
| Attaches other Clients to this Case or Referral | Referral [1515-7934-5111-1001518] | |

You will now be able to highlight the clients you wish to attach. All persons associated with the client will automatically be highlighted.

| At | tach Existing Client | | | | | × |
|-----------------|-------------------------------------|----------------------|-----------|-------------------|---------------|--------------|
| Item I Clier | io Attach it | Y | | | | OK |
| For th | iis Referral | | | | | Cancer |
| | Local ID | Name | F | Received Date | Time | Sort |
| 1 | 1515-7934-5111-1001518 | | | 09/08/2003 | 10:49 am | |
| | | | | | | <u>H</u> elp |
| | | | | | | |
| • | | | | | | <u>·</u> |
| Attac | h this Client | | | | | |
| | Name | Age(Yrs) | Gende | er Birth | Date . | <u> </u> |
| 5 | Lozano, Joseph | 29 | Male | | | |
| 6 | Lozano, Pearl | 28 | Female | | | |
| 7 | Lozano, Pedro | 9 | Male | 06/07 | 71994 | |
| 8 | Mobukuna, Ifanyani | 41 | Male | | | |
| 9 | Mobukuna, Nicholas | 8 | Male | 11/03 | /1994 | |
| 10 | Mobukuna, Stephen | 4 | Male | 07/30 | /1999 | |
| 11 | Scotch, David | 9 | Male | 11/16 | /1993 | |
| 12 | Scotch, Janice | 40 | Female | 04/14 | /1963 - | |
| 13 | Scotch, Martin | 43 | Male | 12/25 | /1959 | - |
| A | dditional items can be added to the | list by performing a | search on | Client, then open | ing the absti | ract. |

Once clients have been attached, review and update the following pages in the Client notebook.

MA **6** Ñ 1 -\$ Ti **M**E + 🙀 💽 🔞 \$ ۴ħ. JV-135 Adoption Info AAP Eligibility .og AFDC-FC A Name Type Confidentiality SSN Alien Registration # Effective Date 09/15/2004 • • Date of Bith or Age and Ag 06/07/1998 • 10 Ye Safelu Surre - [Ψ. Client Numbe Client is a Minor Mo 🗌 Outstanding Warrant Exist mation -Other Cli WA Eligi ncapacitated Pa C Yes C No © Unknown C Not Applica Secondary Language English + Othe • C NotAsked C Pending C Yes No C Unknown C Not Applicable Child has Indian Ancestry Indian Ancestry Notifica County Date Hispanic or Latino Origi C Yes C No € Und Date Informed Referral [0010-6509-4129-2000018] -> Client [Pedro

Open the 'Existing Client' and select one of the clients to open.

ID page – Review and update this page with information gathered from the reporting party.

| Client Services - Referral [0010-6509-4129-2000018] - [Client [Pedro Lozano]] | You are currently running Scenario Ma | nager 🗗 |
|---|--|----------|
| Elle Edit Search Action Associated Attach/Detach Window Help Toolz | | _ 6 |
| ፆ 隆 🚦 🏙 🎥 🌮 🐜 🗳 🙀 😧 🔞 3 👘 | | * |
| m_may ID Demog. Address <u>N</u> ames Related Clients ID Num Juv. Cit. # Search Log AFDC-FC Attorneys Service | e Providers ICWA/JV-1 <u>3</u> 5 Adoption Info AAP Eligibility | |
| + Type Number Street Name City State Zip Cour | nty Phone Messages | Com |
| 1 Residence 100 First St. Fresno California 93705 Sacrame | nto | |
| | | |
| (| | <u>)</u> |
| - mmon Address Bafarral | | |
| History Information Displayed Active Copy Common Address | AWOL/Abducted | |
| Idress Type Street No. Street Name | C AWUE | |
| esidence 100 First St. | C Abducted | |
| y State ZIP ZIP Ext | Not Applicable | |
| Cattornia 🔄 93705 | | |
| arramento | | |
| reign Country Foreign ZIP | | |
| Message Ext | | |
| reign Address Description (Province Name, etc.) Emergency Ext | | |
| La Dute End Date Comment | | |
| 3/07/2008 V | | |
| poking/Irmate Number | | |
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Address page – Be sure to complete this page for each client – use the Copy Common Address button to copy address from ID page of the referral if appropriate– be sure to adjust the Address Type to Residence. If address is not the same as common address – use the + plus sign to add the address.

_ 8 ×

| Client Services - Referral [1515-7934-5111-1001518] - [Client [Pedro Lozano]] | You are currently running Scenario Manager, _ Ø × _ Ø × Ø Ø Ø Ø Ø Ø Ø Ø Ø AFDCFC Attorneys Service Providers SOC318 |
|--|---|
| + Relative 1 Juarez, Felicia | Related As Grandparent/Grandson (Maternal) |
| 2 Lozano, Joseph | Father/Son (Birth) |
| 3 Lozano, Pearl | Mother/Son (Birth) |
| Relative's Name Lozano, Pearl / Lozano, Fedro Mother/Son (Birth) Start Date End Date ✓ < | |
| Ready Referral [1515-7934-5111-1001518] -> | Client [Pedro Lozano] |

Related Clients Page – be sure this page accurately reflects each persons relationship to one another and whether or not they live together.

STEP FIVE

Use the 'Create New Client' function (plus + sign) to add any clients you did not find in the statewide database.

| 😢 File Edit Search Action Associated Attach/Detach Window Help Toolz | _ 8 × |
|---|-------------------|
| |) > > |
| | |
| Client Services - Reterral [1226-3324-7444-7001518] - [Client []] You are currently running Scenario Manager, [] X | |
| | |
| | |
| | |
| Summary ID Dengg, Address Names Rejated Clients ID Num Juv. Cit. # Search Log AFDC-FC Attorneys Service Providers SOC318 / 🛨 🕨 | |
| Name and Identification | |
| Confidentiality | |
| Prefix First Middle Last Suffix Name Type | |
| Legai ▼ Legai ▼ | |
| Gender Marital Status SSN Alien Registration # Ineffective Date | |
| | |
| Driver's License - State/Number Date of Birth or Age and Age Unit | |
| | |
| | |
| Self Reporter Client is a Minor Mother Lient Number | |
| Common Address Dutstanding Warrant Exists D0/06449/2010/00/01/0 | |
| Cliher Client Information Clanguage Ethnicity | |
| CICWA Eligible Cicated Parent Primary Language Primary Ethnicity | |
| C Yes C Yes | |
| C No | |
| Not Asked Unknown Unkno Unknown Unknown Unknown Unknown Unknown U | |
| | |
| | |
| O Yes | |
| | |
| © Unknown | |
| Not Applicable | |
| Ready Referral [1226-3324.73447001518] > Client [] | |
| | |

ID Page

Create a new client and complete the ID page with as much information as possible. Be sure to indicate the gender of the client, if it is left at 'unknown', you will not be able to get approval of the referral. If the date of birth is

unknown, be sure to include an approximate age. This is the only way that computer can distinguish between adults and children.

| Client Courters - Defensel Footo CFO | | for dealer and a 1 | | | N | | |
|---|---|--------------------------------|---------------|-------------------|-----------------------------|------------------------------|---------------|
| Client Services - Referral [0010-650 | -4129-2000018] - [Llient | [Pedro Lozano]] | | | Tou are curren | tly running Scenario M | anager b' X |
| | Airgninnergni minnnik i | | | | | | |
| | % % | i 🔡 🛍 📓 🕯) | | | | | * N N N |
| Summary ID Demog. Address Nam | es Rejated Clients ID Num | Juv. Crt. # Search Log AF | C-FC Attorney | s Service Provi | ders ICwA/JV-1 <u>3</u> 5 A | doption Info AAP Eligibility | 1 |
| Address | | | | | | | |
| + Type Number | Street Name | City State | Zip | County | Phone | Messages | Comn |
| 1 Residence 100 | First St. | Fresno California | 93705 | Sacramento | | | |
| | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| Common Address Referral | | | | AW | OL/Abducted | | |
| | History Inform | hation Displayed: Active | y Common Ad | dress C / | AWOL . | | |
| Address Type Street No. | Street Name | | | 0 | Undusted | | |
| Residence 100 | First St. | | | | abducted | | |
| City Sta | te | ZIP ZIP Ext | | • | Not Applicable | | |
| Fresno | lifornia 🗾 💌 | 93705 | | | | | |
| County Additional Address H | eader | Phone | | | | | |
| Sacramento 💌 | | Primary | Ext | | | | |
| Foreign Country | Foreign ZIP | Mercane | E vi | | | | |
| I | v | | <u> </u> | | | | |
| Foreign Address Description (Province Name | . etc.) | Emergency | Ext | | | | |
| | | () · | | | | | |
| Start Date End Date | Comment | | | | | | |
| 08/0//2008 | | | - | | | | |
| Booking/Inmate Number | | | | | | | |
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| Bandy | Referral (0010 | L6509.4129.20000181.5 Clark II | Parko Lozano] | | | | |
| i normali i | neielia (uuru | coop map appointed a click li | -curo sozanoj | | | | |

Address page – Be sure to complete this page for each client – use the Copy Common Address button to copy address from ID page of the referral if appropriate– be sure to adjust the Address Type to Residence. If address is not the same as common address – use the + plus sign to add the address.

| Clernt / [/Relative] Clernt / [/Relat | |
|---|---|
| Relative's Name [Client] / [Relative] Start Date End Date | 324-7344-7001518] - [Client []] You are currently running Scenario Manager. <mark>→</mark> [관] 🗶 |
| Related Clients Related Clients Related As F Related Clients Related As Sugmary ID Demga Addgess Names Related Clients Related Clients Related As | ted A <u>t</u> tach/Detach <u>Wi</u> ndow <u>H</u> elp Tool <u>z</u> |
| Sugmay D Dengg Address Names Related Clients ID Nym Juv. Crt. # Search Log AFDC-FC Attorneys SDC318 Related Clients Relative Related Clients Related As Related As Relative's Name Relative's Name Relative's Name Relative's Name Client/(Relative) Image: Start Date End Date Image: Start Date Image: | |
| Relative Relative * Relative Relative's Name [Client] / [Relative] [Client] / [Relative] Start Date End Date | ames Related Clients ID Num Juv. Crt. # Search Log AFDC-FC Attorneys Service Providers SOC318 / 🔸 🕨 |
| Relative Relative Related As | |
| Relative's Name [Clerr] / [Relative] [Clerr] / [Relative] Start Date End Date Live at the same location Parent's Whereabouts Unknown | Relative Related As |
| | n's Whereabouts Unknown |
| D | D-Guill(200-0004-7044-7001E10) + Climit (1 |

Related Clients Page – use the plus + sign to activate the page, select the clients to relate. Complete the relationship field to reflect how each person is related to one another. It is critical that this page be completely accurately because it populates many of the forms, reports and documents in CWS/CMS.

STEP SIX Record the Allegations

Use the 'Create New Allegation' notebook to record the allegations of abuse or neglect alleged by the reporting party.

| Client Services - Referral [0892-1312- | 4105-2001518] - [āllegation []] | You are ourrently running Scenario Manager |
|---|--|--|
| Grife File Edit Search Action Associated a | Attach/Detach Window Help Toolz | |
| | | |
| ID Conclusion | | |
| - Identification | | |
| People Involved | etrator Type Occurrence Inform | ation |
| Alleged Victim | restrator Not Identified | d Date |
| | | |
| Alleged Perpetrator | rpetrator Number of Occurrences | • |
| | on-Protecting Parent Per | |
| Abuse Category | P/Res. Facility Staff Location of Incident | |
| | | * |
| Information Source O Alleged By Reporter O Added By Perpetrator History dilection Permetrator History | y Investigator | ×. |
| Date Nam | ne l | |
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| | | |
| | | |
| Ready | Referral [0882-1312-4106-3001518] -> | Allegation [] |
| | | |

Each allegation must be recorded separately for each child. Use the plus + sign to begin each allegation.

Alleged Victim - All children's names will be available under this drop down menu. If a child's name is missing, check that child's client notebook. If gender has not been completed, or the age of the child, their name will not appear here.

Alleged Perpetrator - All other clients will appear under this menu. If perpetrator's name is unknown, leave this field blank. If perpetrator's name is known, select under the menu and use the appropriate identifier: Perpetrator, Non Protecting Parent, or SCP/Res. Facility Staff. *Note: if the perpetrator is a substitute care provider (foster parent) for the victim or staff at a residential facility, it is critical that it be documented as such here in order to meet the CFSR – Safety Outcome Measure S2.1.*

Abuse Category -Select the category of abuse indicated. For definitions of each, refer to the Child Abuse and Neglect Reporting Act – PC 11165 et seq. If multiple children live in the home, but have not been named a victim, use the 'At Risk, Sibling Abused' allegation for each. 'Substantial Risk' was designed to allow the provision of voluntary and/or preventative services and should only be used after the completion of an investigation and not at Intake (hotline). For more information for the use of this allegation, see ACL 07-52, dated 12/21/07.

Occurrence Information – enter if known.

STEP SEVEN

Cross Reporting Requirements

A cross report must be made within 36 hours of receiving the information to the law enforcement agency having jurisdiction over the case, to the agency responsible for investigation of cases under section 300 of the W & I code, and to the District Attorney's office for every known or suspected instance of child abuse or neglect as defined in Section 11166(a) of the Penal Code. All allegations except General Neglect or Substantial Risk require cross reporting to take place.

| 🚼 Client Services - Referral [0882-1312-4106-3001518] - [Cross Rej | port [09/08/2003]] You are currently running Scenario Manager. 🗕 🖪 🗙 |
|--|--|
| 🚔 Eile Edit Search Action Associated Attach/Detach Window Help | |
| | |
| <u>I</u> D | |
| Identification | |
| Date Time Staff Person | Cross Report Type |
| 09/08/2003 🔽 04:45pm 🛛 🖓 allace, Chris | Suspected Child Abuse Report |
| Title Law Enforcement Official Contacted | Phone Number Ext |
| | |
| Badge Number Reference # | |
| Cross Report Not Sent | |
| Sent To | |
| Department of Justice Probation | Community Care Licensing |
| In State Law Enforcement | T |
| County Licensing County | |
| | Out of State Law Enforcement |
| | |
| District Attorney | |
| Sacramento County District Atto | |
| Narrative Description | |
| | |
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| | |
| | |
| Ready Referral (0882-131 | 2-4106-30015181 -> Cross Report [09/08/2003] |
| | |

Use the plus + sign to 'Create New Cross Report':

Record the date and time the cross report was completed.

Select the 'Suspected Child Abuse Report' as the type of report. If the cross report was completed by phone, record the name, title, badge and phone numbers of the individual spoken to and check the box 'cross report not sent'.

If Cross Report is to be sent, check the box for each agency sent to, and select that agency under the drop down menu.

Additional narrative can be recorded in the description box at the bottom of the screen.

Producing the Cross Report Document

FILE PRINT REPORT

Select the Suspected Child Abuse Report

Print Preview (this will allow you to review the report for accuracy before printing).

| Print Report | × |
|--|---------------|
| Area of Interest | Print |
| Referral Reports | |
| Report Name | Print Preview |
| Child Abuse Investigatn Report (SS 8583) | |
| Referral Profile | Print with |
| Suspected Child Abuse Report | Multi |
| | 3616601011 |
| | |
| | Cancel |
| | |
| | <u>H</u> elp |
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| J | |

Select the referral you are printing the report for.

| Se | lect F | older | | | | × |
|--------------|------------------|------------------------|-----------------------|---------------|----------|---------|
| ltem Refe | to Sele erral | ct | V | | | ОК |
| Selec | et this F | Referral | | | | Cancel |
| | Local | ID | Name | Received Date | Time | Sort |
| 1 | Ľ | 0109-8928-7255-0001519 | Anna Lazano | 12/04/1999 | 12:38 pm | <u></u> |
| 2 | 1 | 0570-1885-5613-4001518 | Mary and David Scotch | 08/14/2002 | 05:07 pm | Help |
| 3 | 1 | 0276-2220-8547-8001543 | Nicholas Mobukuna | 08/30/2002 | 09:10 am | |
| 4 | | 0018-5945-6829-5001518 | Pearl Lozano | 09/09/2003 | 09:17 am | |
| 5 | <u> </u> | 0196-2534-6493-4001518 | Pedro Lozano | 10/03/2002 | 03:06 pm | |
| | | | | | I | |
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Complete the dialog box with additional information related to the incident and the history of similar incidents.

Highlight each child's name, then complete the dialogue box with information specific to child. If the information is the same for each child, you can use the 'Copy to Others' command to copy the same details for all children.

| Referral Incident Information | (558572) | × |
|---|---|--|
| - Victims Lozano, Pauline (5) Lozano, Pedro (11) | Present Location At home. School Class Grade Bradley Elementary School 5 If victim was in Out-of-Home Care at time of incident, select type of care: • • Not Applicable • Day Care • • Foster Family Home • Group Home/Institution • • Family Friend • Relative Home | OK Cancel <u>H</u> elp <u>C</u> opy to Others |
| Physically Disabled? Yes No Other Disability (Specify) Suspects Lozano, Joseph (33) | Developmentally Disabled? Yes No Did the Incident Result in This Victim's Death? Yes No Other Relevant Information | |
| Summarize What Victim(s) or Acco | mpanying Person Said/Similar or Past Incidents Involving Victim(s) or Suspect: | × |
| Check To Print Instructions. | Time of Incident Did Mandated Reporter Witne | ss Incident? |

After completing the box, select OK, and the Cross Report will be generated. It will be fully populated, and a copy will be produced for each agency that was checked on the Cross Report notebook page.

After verifying the report for accuracy, Print and Close. This document will not be saved, but can be reproduced at any time with the same steps.

STEP EIGHT

Determine the Response Time of the Referral

Under the **ACTION** menu, Select **Determine Response**

| 🔀 Client Services - [Referral [Pearl Lozano]] | | | | | |
|---|---|---------------|---------------------------------|-----|-------------|
| 🕅 File Edit Search | Action Associated Attach/Deta | ch Window | Help Toolz | | X |
| 🤣 🔗 🏅 | Merge Service Provider Merge Clent Add Associated Referal | 1 | | | ی ۲ ۲ |
| Summary ID Repr | Information And Referral | | | | |
| Assignment | Edit Alegation Conclusion | | | | |
| + Casele | | y | Start | End | Role Type |
| 1 Academy 1 | | 0 | 9/09/2003 09:18am | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| Responsibility — | | Destinat | on | | |
| Primary C Second | | - [f | C In-box Caseload | | |
| Details | | | CWS Staff | | |
| Start Date St | Update macement | | ZIP | | |
| | Inselt Placement | | | | |
| End Date Er | View Counts | | Lounty (or State of California) | | |
| | Limit Access | | Presito | | |
| Weighting Rol | | | Training Academy | | |
| | | * | Lint | | |
| | | | Training Unit 1 | | |
| Staff Person | Phone Number Start Date | End Date | Caseload | | |
| 1 Luna, Terry | (559) 278-5757 05/08/2001 | | Academy 1 | | |
| | | | Staff Person | | |
| 4 | | Þ | Luna, Teny | | |
| | | | Phone Number Ext | | |
| | | | (559) 278-5757 | | |
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| Determines a response to | this referral | Beferral (Pea | d l ozano] | | |

The decision whether or not an in-person investigation is necessary shall include consideration of the following factors:

Policy & Procedural Manual 31-105.115

Complete the dialog box as appropriate.

Decision: Selections include 'Immediate', 3 Day, 5 Day, 10 Day and 'Evaluate Out'. (3 & 5 Day Response times are rarely used).

If 'Evaluate Out' is selected, you must enter a rationale discussing why no in person response is appropriate.

| Determine Resp | onse | × |
|-----------------------|--|----------|
| Decision Immediate | Rationale Approval Approval Status Bequest Not Submitted | ОК |
| Agency Referred To | | Lancei |
| | | Approval |
| Response Guide | lines | Help |
| ● Yes ● No | Is there sufficient information to locate the family? | |
| C Yes 🖲 No | Is this an open service case with DSS AND is the current intervention adequately addressing the problem described in the allegation? | |
| | Does the allegation meet one or more of the legal definitions of abuse? | |
| • Yes • No | Is the perpetrator a caretaker of the child or is there reason to believe that the caretaker was negligent in allowing or unable or unwilling to prevent the perpetrator having access to the child? | |
| ● Yes O No | Are specific acts and/or behavioral indicators of abuse, neglect, or exploitation included in the allegation? | |
| C Yes 🖲 No | Does additional information obtained from collateral contacts or record material invalidate the report? | |
| C Yes • No | Does this report represent one in a series of previously investigated, unsubstantiated or unfounded reports from the same party in which no new allegations or risk factors are revealed? | |
| Continue your inves | stigation | |

Use the Approval button to bring up the dialog box to request approval for the response time you have selected. Select Pending Approval in the Approval Status box, then Click OK.

| Approval Detail - <refer< th=""><th>al Response></th><th>×</th></refer<> | al Response> | × |
|---|--------------|--------------|
| Approval History | | . or |
| Approval Status | Date | |
| 1 Pending Approval | 09/09/2003 | Cancel |
| | | |
| | | <u>H</u> elp |
| | | |
| | | |
| Approval Status | | |
| Pending Approval | - | |
| Eurther Approval Needed B | | |
| | <u>y</u> | |
| Action Date Action Time | Submitted By | |
| 09/09/2003 - 09:50am | Luna, Terry | |
| Rationale | | |
| | | <u>^</u> |
| | | |
| | | |
| | | ~ |

Once you ask for Pending Approval, you will be prompted to generate the Emergency Response Referral Document. This is the document that is a compilation of the entire referral, including referral history, which is then handed over to the investigating worker. Choose Yes to generate the document.

| Determine Response 🛛 🕅 | | | | | |
|------------------------|---|--|--|--|--|
| ? | The Emergency Response Referral Document can be generated now. If it is not generated now, it will be created at the time of Referral closure if it is not generated before that. Do you want to generate this document now? | | | | |
| | <u>Yes</u> <u>N</u> o | | | | |

Review the document for accuracy. This is a protected document and cannot be changed. The document is populated from the screens previously completed. If changes need to be made, the document must be deleted, the screens where the originating information was entered must be corrected, then the document can be re-generated.

SAVE TO THE DATABASE

Senate Bill 1368 Safe Haven Law – Commonly known as California Safely Surrendered Baby Law

On January 1, 2001, California became one of a dozen states to enact a new law that is intended to provide for the health and safety of unwanted newborn children. The law states "that no parent or other person who has lawful custody of a minor child 72 hours old or younger may be prosecuted for child abandonment if he or she voluntarily surrenders physical custody of the child to a designated employee at a public or private hospital emergency room or other location designated by the county board of supervisors." No later than 48 hours after taking custody of an abandoned child, the person taking custody is required to notify the county agency responsible for giving child welfare services under W & I Code Section 16501.

Once the child welfare services agency receives notification of a surrendered newborn, a referral must be entered into the CWS/CMS system. The referral should be entered in the system in the usual way with as much information as provided through **STEP SIX**. On Step 6, which is the Allegation page, record the Allegation as 'Caretaker Absence'.

Insert STEP SIX-A:

Make sure the referral is in focus, by clicking on the 'Existing Referral' notebook:

| | + + + | | |
|---|--|----------------------|-------|
| Summay ID Bepoter Araingment Spectra | kij] NuDetach Window Help Toolg | | |
| Special Project | e Start Date 06/10/2003 | End Date C Fresno | ounty |
| Safety Surrendered Baby Information Surrender Information Child Clent Rammidi, Mark Surrendered By Morice Rammidi Not Surrendered By Morice Rammidi | Time Bracelet ID Comments D3 T 1002am Enter No. Mother (Birth or Adoptive) | × | |
| Parental/Custodial Parental/Custodial Parent/Custodian given ankle bracel | et ID information? | Relationship Date | |
| | uestionnaire? | | |
| Parent/Custodian provided medical q Completed and Returned Immediately Completed and Mailed Back Provided/Never Returned Concelled Concelled Concelled Concelled Concelled Concelled Concelled Concented Conc | Questionaire Returned 06/10/2003 Date Time Comments | onship to Client | |

On the Special Projects page, use the plus + sign in the left corner to begin.

Select S-Safely Surrendered Baby under the Special Project name field.

Then the screen will change to include the required information on a surrendered newborn.

Complete the screen with the information required regarding the person who surrendered the child if known, along with the notification information.

Use the **ENTER** button to record the Bracelet ID number that the child was given at the surrender site.

| Enter Bracelet ID | Number | × |
|---|-----------------------------|--------|
| Enter the surrendered b | ОК | |
| ID Number Type Medical Record | Ankle Bracelet ID 123456 | Cancel |
| The ankle bracelet ID n Medical Record numbe The Medical Record nu Number page of the Clie | <u>H</u> elp | |

That ID number will be populated on to the child's Client Notebook, on the ID Num Page.

Note: The law allows for at least 14 days during which the mother can change her mind and reclaim her baby. That information must be recorded on the Special Projects page of the Referral.

SAVE TO DATABASE

Information and Referral

When a report is made that does not fall within the purview of CWS and is not recorded as a referral (an incident of alleged abuse or neglect), but is screened and referred to other agencies for potential services, it is reported as an 'Information & Referral'.

To record an I & R in CWS/CMS:

Begin a New Referral – using the plus + sign under the referral folder. Then,

ACTION Select Information & Referral

| 😹 Client Services - | [Referral [0929-3465-2938 | -3001518]] | You are currently running Scenario Manager. |
|--|---|------------------------------------|---|
| 🧭 File Edit Search | Action Associated Attach, | Detach Window Help Toolz | _ <u>_</u> X |
| | Merge Service Provider Merge Client Add Associated Referral | | |
| Summary ID Re | Information And Referral. | | |
| Identification and Referral Identific Date 09/10/2003 Screener Common Address Street No. | C Edit Allegation Conclusion Update Allegation Perpetr Cient Disposition Create Continued Hearing Create Next Hearing Create Amended Petition End Case Reopen Closed Case Change Placement Home | hod | |
| City County | Update Placement Insert Placement View Counts | ZIP ZIP Ext | |
| Address Comment Address Comment Screener Alerts | Limit Access Approval | | × |
| | | | <u> </u> |
| +orwards referral to an | other agency | [Heterral [0929-3465-2938-3001518] | |

This dialog box will appear to allow you to select the agency you referred the client to. You can also select 'Entered in Error' if a mistake has been made.

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A monthly report can be produced each month that reflects the activity of screeners in relation to screening calls that are unrelated to direct child welfare services issues.