

## ER - Closing Referrals

(Revised 06/27/25)

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### Related Policies

This policy provides guidance on processes, procedures, and timelines regarding closing referrals. Additional information can be found in the following policies:

- Petitions - Screening and Service
- CACI Grievance Procedures
- Case Consultation
- Child Fatality and Near Fatality Protocol
- Contacts - General
- Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol
- ER - Changing Response Determination
- ER - Investigations
- ER - Open Case Investigations
- ERMS and Record Management
- Family Violence Protocol
- Language Appropriate Services
- Medically Fragile Children
- Petitions- Screening and Service
- Processing DOJ Form BCIA 8583
- Protocol for Working with Indian Families, Children and Tribes
- Safety Plans
- Structured Decision Making (SDM)

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**Related Policies  
(cont.)**

- Voluntary Services Protocol
  - WIC 329 Referrals
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**Forms**

The following forms are referenced in this policy:

- 04-47 Change in Disposition Letter (CWS/CMS Template)
  - 04-2 Investigation Narrative
  - 04-26 Referral Closure Letter (CWS/CMS Template)
  - 04-26Arabic Referral Closure Letter (CWS/CMS Template)
  - 04-26HaitianCreole Referral Closure Letter- Haitian Creole (CWS/CMS Template)
  - 04-26Korean Referral Closure Letter- Korean (CWS/CMS Template)
  - 04-26Mandarin Referral Closure Letter- Mandarin (CWS/CMS Template)
  - 04-26Somali Referral Closure Letter- Somali (CWS/CMS Template)
  - 04-26sp Referral Closure Letter - Spanish (CWS/CMS Template)
  - 04-26Tagalog Referral Closure Letter- Tagalog (CWS/CMS Template)
  - 04-26Vietnamese Referral Closure Letter- Vietnamese (CWS/CMS Template)
  - 04-26scp Referral Closure Letter – Caregiver (CWS/CMS Template)
  - 04-46 Unable to Locate Letter
  - 04-46arabic Unable to Locate Letter – Arabic
  - 04-46dari Unable to Locate Letter – Dari
  - 04-46farsi Unable to Locate Letter – Farsi
  - 04-46mandarin Unable to Locate Letter – Mandarin
  - 04-46somali Unable to Locate Letter – Somali
  - 04-46sp Unable to Locate Letter – Spanish
  - 04-46tagalog Unable to Locate Letter – Tagalog
  - 04-46vietnamese Unable to Locate Letter – Vietnamese
  - 04-142 Emergency Response Closure Checklist
  - 04-184 Suspected Child Abuse Report (04-184)
  - 07-315 ERMS Request Form
  - 04-142 Emergency Response Closure Checklist
  - 08-01 Family Connection Hub Referral
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**Policy**

This policy provides guidance on the process, procedures, and timelines for closing an investigation in Emergency Response. Child and Family Well-Being (CFWB) will not be involved in a family's life any longer than is necessary to ensure child safety. Per State Division 31 Regulations of the Child Welfare Services Program Manual of Policies and Procedures, every referral must either be closed, or opened for services (with a completed case plan) within 30 days of the initial face-to-face contact or removal date, whichever is earlier.

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**Preparing an  
Investigation  
to Close**

After concluding the allegations and prior to closing the referral, the SW will:

- Complete the **Investigation Narrative** (04-2) to record closing summary information for all referrals.
  - Send a **Referral Closure Letter** (04-26 CWS/CMS Template) to the parents after the referral has been approved to close by the supervisor.
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**Preparing an Investigation to Close (cont.)**

Please note the following for when to send a Referral Closure Letter and when not to:

If...	Then...
An investigation on the parent's home is closing without opening a case,	Send the referral closure letter to the parents.  <b>NOTE:</b> One referral closure letter needs to be sent to each parent, but it can include all their children on one letter.
An investigation on the parent's home is closing to open a case,	Do not send a referral closure letter to the parents.
The investigation is in OCI and the caregiver is the alleged perpetrator,	Send the referral closure letter to the parents and the caregiver who was the alleged perpetrator.  <b>NOTE:</b> When the caregiver is the alleged perpetrator, use the <a href="#">04-26scp</a> Referral Closure Letter – Caregiver.
The investigation is in OCI, and the caregiver is not the alleged perpetrator,	Do not send a referral closure letter to the caregiver, only the parents.
An investigation occurs after a termination of parental rights,	Do not send a referral closure letter to the parents.
The alleged perpetrator is not the parent or caregiver,	Do not send a referral closure letter to the out of home alleged perpetrator.

**NOTE:** A Referral Closure Letter is not uploaded to Electronic Records Management System (ERMS) as it is a living document in CWS/CMS.

- If the parent's/caregiver's primary language is not English, Arabic, Dari, Farsi, Haitian Creole, Korean, Mandarin, Somali, Spanish, Tagalog, or Vietnamese, then the form must be translated into their primary language. For additional information for translation services, please refer to the [Language Appropriate Services](#) policy.
- Review and complete items on the Emergency Response Closure Checklist ([04-142](#)) and upload into CWS/CMS.
- If the family meets criteria for the Family Connection Hub, submit completed [08-01](#) to the Office of Child and Family Strengthening email inbox. If sending a referral to the Family Connection Hub, ensure the Referral Closure Letter states that a referral was made on behalf of the family. A statement is provided in the hidden text of the 04-26 for the SW to copy and paste into the document.

No in-person contacts are to be made after the referral is closed, even if the family requests it. For more information, see [Contacts - General](#).

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**Search-Merge Procedures**

SWs will ensure a State ID number has been entered into CWS/CMS prior to the referral closing.

**Exception:** No-Name referrals where the information remains unknown at the time of closure.

If...	Then...
there is no State ID number	The SW will: <ul style="list-style-type: none"><li>• E-mail and inform the Search Merge Clerk to request state ID.</li><li>• Close the referral after the State ID number has been assigned. The referral cannot be closed prior to receiving a state ID.</li></ul>
a referral is nearing the deadline for closing and the case either has no State ID number or a PSS needs to correct or provide missing information	The PSS will contact the Search Merge Records Clerk directly to expedite the change.

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**Closing Referrals**

A referral must be closed whenever one or more of the following applies:

- Reasonable attempts to locate the family and child have been unsuccessful (see the [unable to locate](#) section for more on reasonable attempts and other requirements that must be completed prior to closing a referral as unable to locate).
- A full, thorough investigation is completed.
- The family is following through with community partners or services/resources.
- Any safety threats have been mitigated/safety goals met.
- The child/youth) are not in danger of immediate or serious harm, and a higher level of intervention is not necessary.
- A voluntary services (VS) case will not be opened and community service referrals have been provided.
- No petition has been filed/the referral does not meet the criteria for court involvement and the referral will not be opened for voluntary services.
- The petition is dismissed by the court (the referral/case must be closed within 5 working days of the dismissal). See the [Petitions - Screening and Service](#) policy for information on the steps to take when a petition is dismissed.
- The child was initially placed in protective custody and, after initial or subsequent contacts, was determined not to be endangered or there was a change in circumstances (i.e., located a missing protective parent), and has been released from protective custody.

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**Structured Decision Making (SDM) Tool**

Prior to closing the referral, complete at least one [Structured Decision Making \(SDM\)](#) Safety Assessment and a Risk Assessment on each allegation household, as required on referrals per SDM policy.

SDM Safety Assessment(s) will **not** be completed when any of the following applies:

- No contact is made with any family member during an investigation.
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**Structured  
Decision  
Making (SDM)  
Tool (cont.)**

**NOTE:** If contact is made with some, but not all family members during an investigation, consultation between the supervisor must occur to determine if a Safety Assessment or subsequent update can be completed.

- The referral is an associated referral (a safety and risk assessment will only be completed on the primary referral).
- The alleged perpetrator is a third-party non-household member and there are no allegations against the caregivers/parents (i.e. CSEC where parent/caregiver is not a perpetrator of any abuse/neglect/exploitation).

**NOTE:** [All County Letter \(ACL\) 20-142](#) states that the SDM Safety and Risk Assessments were not designed for use in situations where there is only a third-party non-household member perpetrator. Additionally, when an in-person assessment demonstrates that the caregiver had no prior knowledge or involvement with the exploitation and has the ability to protect the child from further abuse, the SDM Safety and Risk Assessments should not be completed.

- The final Safety Assessment must result in a determination that the child/youth is/are “safe” unless:
  - The referral is an open case investigation and the child is placed out of the home then the safety assessment will be “Unsafe.”
  - The referral is on an open Family Maintenance (FM), or VS case and the child is placed with a parent the safety assessment will be “Safe with Plan.”
- A referral may be closed as “safe with plan” or “unsafe” if:
  - The referral is being closed as unable to locate, and
  - a safety threat was identified in the prior/last safety assessment, and
  - the safety threats were not mitigated prior to losing contact with the family.
- If the referral is being closed and not being promoted to a case, and the most recent/prior Safety Assessment result was anything other than “safe” another Safety Assessment must be completed.
- If the referral is being promoted into a case, then the safety assessment must be either “Unsafe” or “Safe with Plan.”

SDM Risk Assessment(s) are **not to** be completed when:

- the referral is an associated referral (a safety and risk assessment will only be completed on the primary referral).
- the alleged perpetrator is a third-party non-household member and there are no allegations against the caregivers/parents (i.e. CSEC where parent/caregiver is not a perpetrator of any abuse/neglect/exploitation).
- no contact has been made with the family.

**NOTE:** If contact is made with child victim(s) and collaterals that provide all necessary information, a Risk Assessment can be completed.

- The referral is on an open case and the Substitute Care Provider (SCP) or residential staff facility is/are the alleged perpetrator.

If contact with the family is lost and the most recent Safety Assessment was unsafe, a consultation with a PSPM must occur prior to closing the referral.

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**Unable to Locate**

If the family is unable to be located, all attempts to locate the family as described in the [ER - Investigations](#) policy will be completed and the referral will be closed within 30 days of the date the referral was reported to the Child Abuse Hotline.

When the SW is unable to locate a family after making reasonable efforts, the Unable to Locate Letter (04-46) must be sent, in the language spoken by the parents, to the last known home address and a copy uploaded into CWS/CMS. The letter can be dropped off in-person at the last known address of the parent on the third attempt and it will be documented in CWS/CMS that the letter was dropped off and what address it was delivered to.

**EXCEPTION:** If the referral is for Domestic Violence/Intimate Partner Violence, consult with a PSS prior to leaving a business card and voicemail message. See [Family Violence Protocol](#).

All efforts to locate the family will be documented in a CWS/CMS contact prior to closing the referral.

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**Investigation Outcomes**

After a referral is investigated, the SW must conclude each allegation as [substantiated](#), [inconclusive](#), or [unfounded](#) as described by California Penal Code section 11165.12(a), (b), or (c) respectively.

If it is determined that a child/youth was added in error on a referral and is not a household member, the SW will explain why the disposition for this allegation was found to be entered in error in the Investigation Narrative and the Conclusion Description of the Allegation Notebook.

Determine if the information described, disclosed, corroborated or found as evidence is applicable to a specific category of child abuse as defined in the California Penal Code (Physical Abuse, Neglect, Sexual Abuse, and/or Emotional Abuse).

If the Hotline creates an allegation for one type of abuse/neglect but, after investigation, it more closely fits a different type of abuse/neglect, the SW will add an allegation for the correct type of abuse/neglect and properly conclude the original allegation.

After concluding the allegation, complete the SDM Risk Assessment to help determine if a case should be opened and services provided, or if the referral is considered safe to close. If the Planned Action upon completion of the SDM Risk Assessment is to refer to services as primary intervention **AND** the SW has assessed the family is appropriate to refer to the Family Connection Hub. The SW will document the referral in the SDM Risk Assessment by checking Universal Prevention Services.

**NOTE:** According to WIC Section [16587 \(f\)](#), a family's lack of participation in referred prevention services will not be considered as evidence to file a petition with the Juvenile Court or open a case for Voluntary Services. This must be considered when providing families a referral to the Family Connection Hub.

**Reminder:** As with all investigations regardless of the allegation type, the SW will assess for **all** types of abuse/neglect.

If, during the investigation, the SW discovers new facts to support an additional or different allegation, the SW will create new allegation(s) in CWS/CMS and investigate/disposition them following the same policies and procedures as all other allegations. **The SW will not create a new referral.**

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**Investigation  
Outcomes  
(cont.)**

**Important:** You must reference the [penal codes](#) and the appropriate [Structured Decision Making \(SDM\)](#) Tools before you conclude the allegation(s) in CWS/CMS. Also review DOJ/CACI reporting instructions (see [Processing DOJ Form BCIA 8583](#)) if substantiating an allegation.

This table describes the differences in the conclusion types and the SW's case-management options.

Allegation Conclusion	Definition	Option(s)
Substantiated [PC 11165.12(b)]	A report that is investigated by CFWB and shows credible evidence that makes it more likely than not that child abuse or neglect has occurred.	<ul style="list-style-type: none"><li>• Provide brief services without opening a case (not to exceed 30 days from initial face-to-face) and/or link to community based services prior to closing the referral, <b>or</b></li><li>• Promote to an open VS or court case, and provide services after opening a case, <b>or</b></li><li>• Close the referral.</li></ul> <p><b>NOTE: If the referral meets criteria, submit a referral for the Family Connection Hub prior to closing the referral.</b></p>
Inconclusive [PC 11165.12(c)]	A referral that is not assessed to be unfounded and there is not enough information to determine if abuse, neglect, or exploitation occurred.	<ul style="list-style-type: none"><li>• Assess for appropriateness of VS during MDT meeting, and with PSPM approval. See the <a href="#">Voluntary Services Protocol</a> for more.</li><li>• Provide brief services (not to exceed 30 days from initial face-to-face)</li><li>• Close the referral</li></ul> <p><b>NOTE: If the referral meets criteria, submit a referral for Family Connection Hub prior to closing the referral.</b></p>

**Investigation Outcomes (cont.)**

Allegation Conclusion	Definition	Option(s)
Unfounded [PC 11165.12(a)]	<p>A referral that is determined to be false, inherently improbable, an accidental injury, or not constituting child abuse or neglect.</p> <p><b>NOTE:</b> An accidental injury does not rule out neglect and SWs will assess for neglect regardless of the original allegations. This does not mean allegations of neglect will be added to the referral, only add a neglect allegation when evidence indicates the parent was negligent and/or failed to protect.</p>	<ul style="list-style-type: none"> <li>• Close the referral</li> </ul>

**Reporting an Alleged Perpetrator to CACI**

SWs will report all Substantiated allegations to the Child Abuse Central Index (CACI) when the allegations are for:

- Physical Abuse
- Emotional Abuse
- Severe Neglect
- Sexual Abuse
- Sexual Exploitation

SWs will report substantiated allegations on the above even when the perpetrator wasn't interviewed if an active investigation was conducted and evidence shows that more likely than not the abuse occurred. However, SW must document clearly all attempts made to contact the perpetrator as policy outlined in the [ER - Investigations](#) policy. The SW will also ensure the sufficient evidence is obtained to substantiate the allegation. The SW will upload the completed BCIA 8583 document to CWS/CMS. For information on completing the BCIA 8583, please see the [Processing DOJ Form BCIA 8583](#) policy. After completing the BCIA 8583 form, the SW will upload the form into CWS/CMS in the "Open Existing Document" section. See [Processing DOJ Form BCIA 8583](#) for additional information on completing the BCIA 8583 form.

SWs will report Substantiated allegations on incidents that occurred out of state as well as out of the country if evidence shows that more likely than not the abuse occurred.

SW will **not** report Substantiated allegations to the Child Abuse Central Index (CACI) with the when the allegations are for:

- General Neglect
- Caretaker Absence/Incapacity
- At Risk, Sibling Abuse

See the [CACI Grievance Procedures](#) policy for more guidelines on reporting to CACI.



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**Closing Investigation Narrative**

SWs will use the Investigation Narrative (04-2) template to record closing summary information for all referrals.

The Investigation Narrative will include, at a minimum, all of the information listed below:

- The referral name and number.
- The referral date, and when it was assigned and received.
- The date of initial contact.
- The date the referral is being closed.
- CSEC Screening information, if child is age 12 or older.
- All child welfare history, including the date, allegation, victim, perpetrator and disposition (if applicable).
- A summary of the family composition and cultural components.
- ICWA Inquiry.
- Each parent and child's primary language.
- Family's safety network.
- A summary of the current investigation facts and safety assessments.
- Harm Statements (when applicable).
- Danger Statements (only if opening a case).
- SDM Safety and Risk Assessments Results. [see [Structured Decision Making \(SDM\)](#) for policy guidance on when they are completed].
- A summary of all SOP tools and techniques used in the course of the investigation. (In order to select an item on the Investigation Narrative, the use of the SOP tool/technique must be documented within the CWS/CMS contacts).
- Current educational information such as school name, grade level, Individualized Education Program (IEP) Information, school of origin, etc.
- A summary of the parent(s)/caregiver(s) response to the allegations.
- Documentation of pre-placement preventative services offered to the family.
- A summary of the disposition and conclusions regarding each allegation, the evidence supporting those conclusions, and a recommendation regarding whether or not the referral should be promoted to a case.
- Documentation that all substantiated allegations (except for general neglect, Caretaker Absence/Incapacity, or At Risk, Sibling Abuse), were reported to DOJ via the "Child Abuse or Severe Neglect Indexing Form" (BCIA 8583) and that the alleged perpetrator(s) were notified of being reported to CACI, per existing [Processing DOJ Form BCIA 8583](#) procedures.

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**Referral Closing Timelines**

Per State Division 31 Regulations, every referral must either be closed or opened for services (with a completed case plan) within 30 days of the initial face-to-face contact or removal date, whichever is earlier.

The closing Investigation Narrative and SDM Risk Assessment must be approved by the PSS within 5 working days of being pended for approval or no later than 30 days from the date of initial face-to-face contact with the child, whichever comes first.

Regular checks by the SW and PSS help ensure that safety issues are addressed and referrals that are appropriate for closure are closed timely.

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**Referral  
Closing  
Timelines  
(cont.)**

The length of time a referral is open is tracked in SafeMeasures. These SafeMeasures links provide detailed information:

- SafeMeasures Basic Navigation PowerPoint
  - SafeMeasures Basic Navigation Trainer User Guide
  - SafeMeasures Managers and Analysts – Report Navigation
  - SafeMeasures Quick Reference Guide – Alerts
  - SafeMeasures Quick Reference Guide – Maps
  - SafeMeasures Quick Reference Guide – Report Navigation
  - SafeMeasures Quick Reference Worker Dashboards
  - SafeMeasures Support Center – Access Recorded Webinars
  - SafeMeasures Supervisor Tips and Tricks for Effective Use of SafeMeasures
  - SafeMeasures Worker Tips and Tricks for Effective Use of SafeMeasures
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**Closing  
Referrals in  
CWS/CMS**

SWs must complete the Investigation Narrative (04-2) and update all Client Notebooks, ensuring that the State ID number has been assigned before a referral is closed.

A client notebook and an allegation will be added for any household members, including adults with significant contact who do not live in the home, if it is found that during the investigation that this individual's actions or inactions directly contributed to abuse or neglect of the victim child/youth.

To avoid creating duplicate notebooks, prior to creating a new client notebook, complete a search in CWS/CMS to ensure that one does not already exist. If a notebook for the individual exists, attach it to the referral. Household members include all persons who have significant in-home contact with the child, including those who have a familiar or intimate relationship with any person in the home. This may include a parent's partner who may not physically live in the home or a relative that the parent allows to have authority in parenting and caregiving decisions.

The assigned SW must ensure that there is a Client Notebook for every family member and that each Notebook includes the following information:

- The client's DOB (or approximate age if the DOB is unknown), race, Hispanic/Latin origin, language.
- Each client's relationship to other family members.
- Each client's sexual orientation, gender identity, and expression (SOGIE), located in each client notebook.
- The correct address with zip code. Any outdated addresses must be end-dated.
- Complete the "Drug/Mental Health Issues Affecting this Client" box in the ID page for each client.
- The ICWA Eligible field in "Other Client Information" grid on the ID page of the child/youth's Client Notebook within CWS/CMS.

[ACL No. 17-92](#) defines an "infant born and identified as affected by substance abuse" as an infant where substance exposure is indicated at a birth **AND** subsequent assessment identifies indicators of risk that may affect the infant's health and safety. Refer to [ER - Investigations](#) policy section on Infants 0-24 months for more on infants exposed to substance use.

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**Closing Referrals in CWS/CMS (cont.)**

The assigned SW must ensure the following are completed in CWS/CMS before closing a referral with an infant:

- The Contributing Factors page in the Referral Management Section (green section) for all infants 0-12 months. Refer to the [ER - Investigations](#) policy block on Infants 0-12 months for instructions on the contributing factors box and plans of safe care. For more information on plans of safe care and safety planning refer to the [Safety Plans](#) policy.
- Ensure start and end date for special project code S-DRUG/ALCOHOL INFANT SAFEPLAN in entered into the special projects tab when applicable.

All contacts must be entered into CWS/CMS before the referral is closed. If the Universal Checklist for Infants was completed ensure that it is upload into CWS/CMS.

The SW will ensure that the identity of the alleged perpetrator(s) is listed accurately. Follow the CWS/CMS Desk Guide procedures to determine the client disposition.

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**Clearing Reminders**

The assigned SW must ensure all reminders in CWS/CMS are cleared and addressed prior to closing a referral.

Common reminders in CWS/CMS include:

- Current Drug/Mental Health Needs Incomplete
- Follow-up Report to Mandated Reporter Due
- Referral Investigation Contact Due

[ACL No. 24-34](#) outlines the updated process for inputting data into the “Current Drug/Mental Health Needs Affecting this Client” grid located in the client notebook accessed through the referral in the CWS/CMS. The grid will need to be completed for each client, except in referrals with a Determine Response of “Evaluate Out” or “N/A Secondary.” A new referral reminder will be generated in the Reminder Notebook for each referral client, and a referral cannot be closed until the “Current Drug/Mental Health Needs Affecting this Client” grid has been completed for each client. As a reminder, the grid is for **point in time** information.

This table describes when to select “Yes” for each need in the grid:

Type	If...	Then...
Drug Use	<ul style="list-style-type: none"><li>• Adult Client: The client currently engages in a compulsive use of drugs that is not of a temporary nature.</li><li>• Child/youth/NMD Client: The client currently engages in a compulsive use of drugs that is not of a temporary nature or the client was exposed to drugs.</li></ul>	<p>Select “Yes”</p> <p>And</p> <ul style="list-style-type: none"><li>• A specific drug can be selected by clicking the “+” button in the box titled “Drugs.” Drugs impacting that specific client can be added.</li><li>• For child/youth/NMD Client: Document whether the child/youth/NMD is currently engaged in their own drug use or was exposed during pregnancy in the contact notes and/or the investigation narrative.</li></ul>

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Clearing  
Reminders  
(cont.)

Type	If...	Then...
Alcohol Use	<ul style="list-style-type: none"> <li>Adult Client: The client currently engages in a compulsive use of alcohol that is not of a temporary nature</li> <li>Child/Youth/NMD Client: The client currently engages in a compulsive use of alcohol that is not of a temporary nature or the client has Fetal Alcohol Spectrum Disorder (FASD) or was exposed to alcohol during pregnancy.</li> </ul>	<p>Select "Yes"</p> <p>And</p> <ul style="list-style-type: none"> <li>Document whether the child/youth/NMD is currently engaged in their own alcohol use or was exposed during pregnancy in the contact notes and/or the investigation narrative.</li> </ul> <p><b>NOTE:</b> Exposure to alcohol during pregnancy should be documented even for older children/youth in a referral.</p>
Mental Health Needs	<ul style="list-style-type: none"> <li>Client (Adult or Child/Youth/NMD): The client currently has a clinically diagnosed condition.</li> <li>The term includes attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), anxiety disorders, obsessive compulsive and other related orders, bipolar disorders, schizophrenia spectrum and other psychotic disorders, feeding and eating disorders, and disruptive, impulse control, and conduct disorders. <b>This does not include autism.</b></li> </ul>	Select "Yes"
Domestic Violence	<ul style="list-style-type: none"> <li>Adult Client: There is currently any abusive, violent, coercive, forceful, or threatening act or verbal threats inflicted by one member of a family or household on another. This includes if the parent/caregiver/other adult is the perpetrator, victim, or if it is unable to be determined.</li> <li>Child/Youth/NMD Client: If child/youth/NMD witnessed domestic violence.</li> </ul>	Select "Yes"

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**Clearing Reminders (cont.)**

A selection of “No” should be made when the user has gathered enough information to determine that drug use, alcohol use, diagnosed mental health needs, and domestic violence were not present as described above.

For example, occasional/non-compulsive drug or alcohol use by a parent/caregiver/other adult that does not present significant dysfunction in the adult’s daily functioning or risk to the child would warrant a selection of “No” for drug and/or alcohol use. A selection of “No” should also be made when drugs/medication (including Medication Assisted Treatment (MAT) programs to support recovery) are currently prescribed to clients while under the supervision of a physician or doctor.

No evidence of domestic violence currently occurring in the investigation would warrant a selection of “No” for domestic violence. Additional examples of when “No” should be selected include investigations where there may be a history of alcohol/drug use, diagnosed mental health condition, or domestic violence but these issues are not currently present.

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**Closing N/A Secondary Referrals**

The following guidelines will be completed when a SW is closing a secondary referral that has been associated with a determined response of N/A Secondary Report in CWS/CMS. Referrals can only be associated with an N/A Secondary Response by a PSS, SPSW, or PSPM. The [ER - Changing Response Determination](#) policy explains when it is appropriate to associate referrals.

Once a referral has been associated with an N/A Secondary Response, the primary referral being investigated will be closed like any other referral except the Emergency Response Notice of Referral Disposition letter to the mandated reporter must be generated in each of the referrals associated with an N/A Secondary Response.

- The investigation narrative must be saved in the primary referral.
  - The investigation narrative and the disposition of the allegations will include weighing all of the evidence and information reported by all RPs in all associated referrals.
  - All supporting evidence and documents will be saved in the primary referral.
  - The allegations will only be concluded in the primary referral.
  - Notice to CACI and DOJ/CACI notice to perpetrator is generated in the primary referral.
- 

**Closing Associated Referrals**

When closing referrals that are associated in CWS/CMS, the SW will:

- Complete the Investigative Narrative in both referrals.
- Save/import all supporting evidence into both referrals in CWS/CMS.
- Conclude/dispo allegations in both referrals which will include weighing all the evidence and information reported by all RPs, collaterals, children, parents, and anyone contacted
- Send notice to CACI
- Send DOJ/CACI notice to perpetrator. DOJ/CACI notice to perpetrator is generated based on allegations substantiated
- Send the Notice of Referral Disposition letter to the Mandated Reporter, which will be generated in each of the associated referrals.

**NOTE:** This is different from referrals associated with N/A Secondary response. Referrals can only be associated by a PSS, SPSW, or PSPM. The [ER - Changing Response Determination](#) policy explains when it is appropriate to associate referrals.

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### Closing Referrals on Children/Youth with an Open CFWB Case

Referrals for children/youth with an open CFWB case require that the ER SW enter the Recurrence of Maltreatment in Foster Care information in CWS/CMS. This is an outcome measure that is required to be tracked by the state. This measure tracks the number of subsequent substantiated reports that occurred within 3, 6, 12, or 24 months.

After concluding the allegations and prior to closing the referral, the SW will:

- ensure all information requested by a dependent youth's attorney is provided within 30 days from the date the attorney made the request or the referral closure date, whichever is first.
- fax Community Care Licensing (CCL) a copy of the child abuse report and closing summary if the youth is placed in a Short Term Residential Therapeutic Program (STRTP), Foster Family Agency (FFA), Polinsky Children's Center (PCC), or San Pasqual Academy (SPA). **EXCEPTION:** Do not cross report to CCL any general neglect allegations or any non-substantiated allegations when the referral is on the CCL employee's own family member
- update the "Occurrence Information" field on the ID tab of the Allegation Notebook for all referrals on children/youth with an open CWS case whenever a new referral has a **substantiated allegation** and the youth is in an **out of home placement**.

The table below explains the steps for updating Occurrence Information.

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

The PSS will ensure that the above information is entered prior to closing the referral.

See the [ER - Open Case Investigations](#) protocol for more information.

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### Closing Referrals with Child Fatalities or Near Fatalities

All fatality/near-fatality referrals must have a consult with the Office of the Ombudsman (OOO) prior to closing the referral. If the determination of cause of death is received after the referral is closed, the SW must contact the OOO. The OOO will use their privileged access in CWS/CMS to input the death information in the demographics page of the client notebook.

OOO information is confidential, and the SW will not document details of the OOO consult in CWS/CMS. For additional information, see [Case Consultation](#) policy.

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**Closing Referrals with Child Fatalities or Near Fatalities (cont.)**

The Client Disposition for deceased children in the following situations will be entered as:

Situation	Description/Client Disposition
Referral on fatality, siblings at risk	If a cross report is received on a deceased child and CFWB is investigating the welfare of surviving siblings, the SW will enter "Child Dead Prior to Referral Date" for the closing client disposition on the deceased child.
Open referral and child dies during investigation	SW will enter "Child Died During Investigation" as the closing client disposition and complete the demographics page of the client notebook to record the date of death and circumstances type.

Refer to the [Child Fatality and Near Fatality Protocol](#) for complete information.

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**Closing a Medically Fragile Referral**

When a SW closes a medically fragile investigation, the Investigation Narrative must address the status of the medically fragile issue (i.e., whether or not the child falls under the medically fragile criteria in [Medically Fragile Children](#)) to assist the Hotline in identifying the assignment for any future referrals. This information will be documented at the top of the Investigative Narrative in bold lettering.

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**Closing a Referral Involving an Indian Child**

When a SW closes an Investigation involving an Indian Child, the Investigation Narrative must address the status of the family's tribal affiliation (i.e., whether or not the child falls under ISU criteria, does the child have Native American heritage, is the child affiliated with a tribe, does the child reside in a reservation). The SW will document this information in the ICWA Eligible field in the Other Client Information grid on the ID Page of the child/youth's Client Notebook within the CWS/CMS. This will help the Hotline with identifying the assignment for any future referrals. This information will be documented at the top of the investigative narrative in bold lettering. The information related to ICWA shall be documented in CWS/CMS for each referral and updated throughout the life of the case. Guidance around how to document and update the ICWA eligibility fields in the Child Welfare Services/Case Management System (CWS/CMS) was issued in [ACL No. 22-95](#). Please see [Protocol for Working with Indian Families, Children and Tribes](#) policy for additional information.

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**Closing a CSEC Referral**

If the results on a child/youth's CSE-IT tool are "Clear Concern," the SW must present the referral at MDT prior to closing the referral.

ER SWs are required to **document CSEC factors in CWS/CMS** in the Client Management Section (blue section)/Client Notebook by the following the steps in the table below:

Step	Action
1	Click the <b>ID</b> tab to access the <b>CSEC Data</b> table.

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**Closing a CSEC Referral (cont.)**

Step	Action
2	<p>Select from the six <b>CSEC Types</b> and enter the <b>Start Date</b>. The Start Date is a mandatory field; it cannot be prior to the date of birth for the child or youth and cannot be a date in the future.</p> <p><b>NOTE:</b> While youth may meet more than one of the six types of criterion, only one type may be selected. SWs should select the one that most accurately represents a youth's current circumstances.</p>
3	<p>Enter the <b>End Date (if required)</b>.</p> <ul style="list-style-type: none"> <li>• The End Date is mandatory if an 'At Risk' value is created and an active 'Victim' row already exists. The same is true when a 'Victim' row is created and an active 'At Risk' row already exists. A child or youth cannot be at risk and a victim at the same time.</li> <li>• The End Date field is mandatory if 'Absence from Placement' is selected. If "Absence from Placement" is selected, it is because the child/youth was not available for interview by the SW.</li> <li>• The End Date must be greater than or equal to the Start Date and cannot be a future End Date.</li> </ul>

ER SWs are required to document the Abuse Subcategory while **Substantiating** a CSEC allegation as described in the table below:

If an allegation of...	Then in the Referral Management Notebook (green section):...
<b>Exploitation</b> is Substantiated...	<ul style="list-style-type: none"> <li>• Click on the <b>Open Existing Allegation</b> button.</li> <li>• Select the Allegation row that you are concluding.</li> <li>• Click on the <b>Conclusion tab</b> and enter the <b>Allegation Conclusion</b> of Substantiated.</li> <li>• Click the "+" button under <b>Abuse Information</b> to select the <b>Abuse SubCategory</b> of Commercial Sexual Exploitation.</li> </ul>
<b>General Neglect</b> involving a parent/caregiver is Substantiated...	<ul style="list-style-type: none"> <li>• Click on the <b>Open Existing Allegation</b> button.</li> <li>• Select the Allegation row that you are concluding.</li> <li>• Click on the <b>Conclusion tab</b> and enter the <b>Allegation Conclusion</b> of Substantiated.</li> <li>• Click the "+" button under <b>Abuse Information</b> to select the <b>Abuse SubCategory</b> of Fail/Unable to Protect from CSE.</li> </ul>



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## Changing Allegation Conclusions

If the allegation conclusion needs to be changed after the SW submits the referral for closure to the PSS, but before the PSS approves the referral to be closed, then the PSS will consult with the primary SW, and enter the following in the disposition description text box: "After consultation with \_\_\_\_\_, it was determined that the allegation conclusions are to be changed to \_\_\_\_\_." This sentence should then be followed by the rationale for the change. (See CWS Desk Guide: Conclude an Allegation). If the allegation needs to be changed after a referral is closed, continue reading.

Division 31 regulations state that every referral must either be closed or opened for services (with a completed case plan) within 30 days of the initial face-to-face contact or removal date, whichever is earlier. If the only reason a referral is not closed is due to missing professional documentation from an external partner (i.e. police report, medical examiner's report, hospital records, etc.) then the referral will be closed and the disposition will be based on the facts as known at the time of closing the referral. It is critical that the entry of data and information regarding the investigation of the referral be completed timely, and must accurately represent the facts as known at the time actions are taken or decisions are made regarding the safety of the children.

If a referral is ready to be closed but the SW is pending documentation from an external community partner, the SW will document all attempts that have been made to obtain the documentation before the 30 days of initial contact with the family. When referrals are closed but there are still pending reports from external partners, the SW will document all the following in the investigative narrative:

- The attempts made to obtain documentation/reports.
- A sentence stating that documentation/reports were not received and that if received after the referral is closed, they will be imported by a PSS when received.
- The disposition rational will include a statement saying that the outcome of the investigation is based on the totality of the information the SW had at the time the referral was closed.

If documentation/reports are received after a referral is closed, then the PSS will not re-open the referral, but will import the documentation received into CWS/CMS. If the referral is marked as sensitive, the PSS will request temporary access to the referral to import the updated information. The PSS will enter a contact explaining that the updated information was received after the referral was closed and that it was imported in CWS/CMS.

**NOTE:** Any documents that were received after the referral was closed will need to be submitted to ERMS.

If the Hotline receives documentation regarding a closed referral, they will:

- Notify the SW and PSS who investigated the referral and e-mail the documentation to both SW and PSS, the referral name, and referral number.
- If the PSS is no longer employed with CFWB they will notify the PSPM of the documentation received, include any documentation received in the e-mail along with the referral name, and referral number.

Any CFWB employee who was not the investigating SW/PSS that receives updated information regarding a closed referral will notify Legal Support Services of the updated information and provide them with the original documents. Legal Support Services will then:

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**Changing Allegation Conclusions (cont.)**

- Notify the SW and PSS who investigated the referral and e-mail the documentation to both SW and PSS, the referral name, and referral number.
- If the PSS is no longer employed with CFWB they will notify the PSPM of the documentation received, include any documentation received in the e-mail along with the referral name, and referral number.

A SW/PSS will complete the Suspected Child Abuse Report (04-184) when a document is received after a referral is closed if there is a safety concern for the child or there is reasonable belief that the new information is received shows a child is at risk of abuse or neglect.

**NOTE:** If the SW/PSS is no longer employed with CFWB, the PSPM who received the documentation will be responsible for completing the Suspected Child Abuse Report (04-184) and completing any other relevant steps for re-opening a closed referral/importing documentation on a closed referral.

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**Reopening Closed Referrals**

There may be circumstances where it is necessary to reopen a closed referral and per [ACIN I-13-09](#) counties have the authority to re-open referrals to update a referral's disposition when necessary. This should be done under very limited situations and only when necessary. See CWS Desk Guide: Reopen Closed Referrals for instructions on how to re-open a closed referral in CWS/CMS.

If a referral is closed, and professional documentation is received that alters the disposition of the referral at the time it was closed, and the new documentation does not indicate the child is at risk of abuse or neglect, then a PSS may re-open a closed referral and update the disposition only under the following circumstances:

- Medical Examiners report received, or
- A petition was dismissed in the Court Intervention (CI) process and there is evidence to support a change in disposition, or
- Probate courts order the social work to commence juvenile proceedings after a WIC §329 referral was closed (See the [WIC 329 Referrals](#) policy for steps on when and how to re-open closed WIC 329 referrals), or
- On a case-by-case basis and in consultation with County Counsel (CC).

**NOTE:** Only documentation received by a professional partner can trigger a referral re-opening after a referral is closed. If any other community member has a concern regarding a closed investigation they will be referred to OOO.

Receipt of any subsequent information after a referral is closed that alters the disposition will be recorded in CWS/CMS. The PSS will complete all of actions listed in the table below.

Step	Action
1	Consult with PSPM for any referrals that will result in a change in disposition.
2	Consult with CC prior to changing the disposition of a referral due to additional documentation received.

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## Reopening Closed Referrals (cont.)

Step	Action
3	Re-open the closed referral (See CWS Desk Guide: Reopen Closed Referrals).
4	Import new documentation into CWS/CMS.
5	Enter a contact explaining receipt of new documentation along with an explanation for the decision.
6	Contact parents if there are any follow-up questions/clarifying questions that need to be asked and document contacts in CWS/CMS.
7	Add a note in the investigative narrative explaining the updated disposition, when the note was added, and the rationale for the change in the disposition after the referral was closed.  <b>NOTE:</b> Do not delete the original disposition/rationale from the investigative narrative.
8	Notify the parents and alleged perpetrator of the change of disposition by sending the Change in Disposition Letter (letter #).  <b>NOTE:</b> This letter will <b>not</b> be sent if the disposition was changed before the supervisor approved the referral to close or if the disposition was changed because of an internal review.
9	Follow the steps listed <a href="#">Family Court Protocol</a> to notify family court of the change in disposition if a family court letter was received.
10	When a substantiated disposition resulted in a CACI noticing that is later downgraded to Inconclusive or Unfounded, the PSS will notify the Grievance Hearing Unit to ensure the that the individual is removed from CACI.

## What to do After Closure

Once the referral is pended for closure by the SW, the SW will notify the PSS to ensure the referral is reviewed in order to close. The PSS will have up to 5 business days to review the pended referral and will send the referral back with modifications/edits, or will approve and close the referral. If the referral requires edits, the PSS will select “Requires Modification” in CWS/CMS, and notify the worker of the changes. If a referral to the Family Connection Hub was completed, the SW will submit the referral to the Hub after the PSS or SPSW closes the referral.

The SW is required to develop and maintain case records for families investigated by or receiving service through the child welfare system. Child and Family Well-Being (CFWB) Electronic Records Management System (ERMS) and the processes for document uploading and destruction, are designed to create a “trusted system”. ERMS replaces the paper-based case files with an electronic repository of documents.

Once the referral is closed, the SW will gather all paper documents and/or electric documents (i.e. received via email) obtained during the investigation and submit them to their specific office assistant (OA) to upload to ERMS.

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**What to do After  
Closure (cont.)**

The SW will complete and attach the ERMS request form to the documents. Any documents that were not generated from CWS/CMS will need to be uploaded to ERMS. Generated documents from CWS/CMS (ie. documents/forms in the County Specific folder in the Open Existing Documents tab) do not need to be uploaded to ERMS.

For additional information, refer to [ERMS and Record Management](#) policy.

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**Alignment with  
SET**

This policy aligns with SET [Value 1](#), providing an expectation of open and clear communication by informing families when we close their referrals and the reason(s) for our decision.

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