

# Hospital Holds

(Revised 11/01/24)

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## Related Policies

Additional information can be found in the following policies:

- CI- Detention/Placement with Relatives and NREFMs
- Court Intervention (CI) - Procedures
- ER - Authority to Take Custody of Child
- ER - Investigations
- ICWA Inquiry and Noticing Manual
- Petitions - Screening and Service
- Safety Plans
- Standby After-Hours Investigations
- Structured Decision Making (SDM)
- Visitation

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## Forms

The following forms are referenced in this policy:

- 04-82 Hospital Confirmation of Custody Letter
- 04-103 CFWB OCS Hospital Hold Letter
- 04-103sp CFWB OCS Hospital Hold Letter (Spanish)
- [SS 8572](#) Suspected Child Abuse Report

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## Definition

When the Child and Family Well-Being Department (CFWB) places a “hospital hold” on a child (patient of the hospital), that means that the child/patient has been taken into temporary protective custody based on one or more of the following:

- An assessment of exigent circumstances
  - Parental consent
  - A protective custody warrant
  - A court order.
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**Definition (cont.)**

A hospital hold prevents the parent/guardian from taking the child from the hospital.

Placing a hospital hold without a court order or a protective custody warrant is the same as temporarily removing a child from a parent based on exigency. Exigency is when an SW, in consultation with a PSS, determines that there are immediate circumstances where there is imminent danger of serious bodily injury to the child, and there are no alternative safety interventions that can be taken to keep the child safe in the time it takes to get a warrant for the removal of the child. See [ER - Authority to Take Custody of Child](#) for additional information.

Imminent danger of serious bodily injury can be present when there is reason to believe a child is at immediate risk of serious physical harm, sexual abuse, or physical abuse.

**NOTE:** The identified child requiring a hospital hold does not include siblings. Any siblings must be assessed for safety and risk, need for protection, and services (see [ER - Investigations](#)).

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**Policy**

The decision to place a hospital hold is made by an investigating SW in consultation with their PSS and PSPM during the course of an active investigation. It is also recommended that whenever possible a consultation with County Counsel (CC) occurs prior to removing a child on exigent circumstances. This may be an ER SW, CI SW or a Standby SW, depending on the course of the investigation. A majority of hospital holds are conducted by ER SW teams.

A hospital hold can only be placed by a Protective Services Supervisor once a decision has been made between the investigating SW, their PSS, and a PSPM.

If a report comes in after hours or during a holiday, the Hotline has discretion to send out a Standby SW to investigate any allegations. Prior to a full investigation, the Hotline PSS in consultation with a PSPM may place a hospital hold when it appears that a child in a physician's office or a medical facility would be in immediate danger of serious bodily injury if released to the parent(s) (pursuant to Welfare and Institutions Code § 306[a]). A Structured Decision Making (SDM) Safety Assessment will be completed with the information available to assess present safety threats.

The investigating SW will utilize the SDM Safety Assessment to assess if the child is in danger of abuse and/or neglect. If a safety threat is identified, and

- A safety plan is unlikely to keep the child safe, and
- there is time to obtain a warrant, then
- the SW will screen a petition with CC and request a Protective Custody Warrant (PCW).

The SW will file a petition as soon as it is determined that the child must be taken into protective custody to keep the child safe. The SW will **not** wait until the child is ready for release from the hospital to request a PCW or place a hospital hold. See [Petitions - Screening and Service](#) for additional information.

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## Policy (cont.)

It is also possible that a parent/guardian may consent to the removal of their child while the child is at the hospital. Consent must be freely and voluntarily provided by the parent or legal guardian. If the parent/legal guardian is consenting for a child to be removed from their care, the investigating SW will consult with a PSS. The investigating SW will document the parent/legal guardian's consent for removal. The investigating SW will complete the investigation and follow all policies and procedures in the [ER - Investigations](#) and [ER - Authority to Take Custody of Child](#).

When a hospital hold is placed, the parent, guardian or caregiver cannot remove the child from the medical facility unless authorized to do so by the investigating SW (in consultation with the PSS), PSS, PSPM, or the court. The investigating SW (or Hotline SW/PSS if no investigating SW is yet assigned) will explain this to hospital staff and parents/caregivers when placing a hospital hold. The investigating SW or Hotline staff will also communicate visitation parameters for parents/guardian/ caregivers and relatives to hospital staff after the hospital hold is placed. If the person who is picking up the child from the hospital is not a CFWB employee, the assigned SW will inform the hospital who will be authorized to pick up the child and receive discharge orders from the hospital. The assigned SW will complete the Hospital Confirmation of Custody Letter (04-82) and provide it to the hospital.

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## To place a Hospital Hold

To place a hospital hold in a medical facility when there is no PCW or court order, there must be:

- an identified safety threat, and
- reason to believe that there is no parent/guardian/caregiver able and willing to adequately protect the child, and
- without removal of the child, the child will likely be in danger of serious physical harm in the time it would take to obtain a warrant (exigency), and
- a PSS and PSPM consult has taken place and the hold has been approved.

**NOTE:** Psychiatric hospitals can place a child on a 5150 hold for being a danger to self or others. This is **NOT** a hospital hold placed by CFWB.

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### To place a Hospital Hold (cont.)

The following table describes the two ways to place a hospital hold.

If...	And...	Then...
A safety assessment determines that a child in a physician's office or medical facility is in danger or a victim of suspected abuse, neglect, or exploitation	is in need of protection in the time it would take to get a warrant and exigent circumstances exist	<ul style="list-style-type: none"><li>the SW will consult with PSS for approval, and</li><li>the PSS will consult with a PSPM, and</li><li>if possible, the SW and PSS will consult with CC.</li><li>If a hold is determined to be necessary, the assigned PSS will contact the hospital to place the hold.</li></ul>
a child is pending release to their parents/caregiver from a physician's office or medical facility and is in need of protection	the child does <b>not</b> have an active Office of Child Safety(OCS) referral or case	<p>the community medical staff must make a report to the Hotline and follow up with a written Suspected Child Abuse Report (SS 8572) with the Hotline.</p> <p><b>NOTE:</b> If after hours, the Hotline will assess for a standby response and if a hospital hold is needed.</p>

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### Hospital Hold or Removal of a Drug-Exposed Newborn who has Prospective Adoptive Parents (WIC §305.6)

WIC 305.6 pertains to the circumstance where a child is born with drugs in their system **and** there is a prior agreement for the child to be adopted by specific prospective adoptive parents.

A newborn child who is in the hospital may **not** be taken into temporary custody without a warrant when **all** of the following conditions exist:

- The child is a newborn who tested positive for substances or whose mother tested positive for substances,
  - The child is the subject of a petition for adoption and a Health Facility Minor Release Report has been completed by the hospital, including being signed by the placing birth parent(s) as well as either the prospective adoptive parent(s) or an authorized representative of a licensed adoption agency, prior to the discharge of the birth parent or the newborn from the hospital, and
  - The prospective adoptive parent(s) or an authorized representative of a licensed adoption agency does not pose an immediate danger to the child, and
  - An attorney or an adoption agency provides documentation that they are representing the prospective adoptive parent(s) for the purposes of adoption, and
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**Hospital Hold or Removal of a Drug-Exposed Newborn who has Prospective Adoptive Parents (WIC §305.6) (cont.)**

- The prospective adoptive parent(s) or their authorized representative provide all of the following:
  - A fully executed copy of the Health Facility Minor Release Report.
  - A written form signed by either the prospective adoptive parent(s) or a representative of the licensed adoption agency, which shall include all of the following:
    - A statement that the child is the subject of a proposed adoption.
    - If a hospital hold was not placed, a declaration that the signer(s) will immediately notify CFWB pursuant to Section 11165.9 of the Penal Code if the adoption plan is terminated for any reason, and will notify CFWB if the birth parent decides to rescind relinquishment of the child within the allotted timeframe.
    - An agreement to provide a conformed copy of the adoption request or guardianship petition to CFWB within five business days after filing.
    - The names, identifying information, and contact information for the child, each prospective adoptive parent, and each birth parent.

Hospital personnel must complete the Health Facility Minor Release Report at the request of birth parent(s) and provide copies of the report to both birth parent(s) and person who will receive physical custody of the child upon discharge.

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**Hospital Holds or Removal of an Indian Child**

If the Hotline staff or investigating SW discovers the child at risk of removal is an Indian child, the social worker must:

- Conduct ICWA inquiry to determine a child's Indian heritage and tribal membership status.
- NOT remove the child from the parents or Indian Custodian on an emergency basis unless removal is necessary to prevent imminent physical damage or harm to the child.
- Make best efforts to gather placement options with an Indian Custodian or the least disruptive placement available.
- Consult with the Indian Specialty Unit (ISU) PSS

For additional information, please see the ICWA Inquiry and Noticing Manual and [ACL 23-46](#).

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## Hotline Procedure

If the Hotline is placing a hospital hold after hours or during holidays, then the Hotline will follow all steps listed in the table below to place a hospital hold.

Step	Who	Action
1	Hotline SW	<p>Is the request for a hospital hold after hours on an open investigation , but the hospital is calling to assess for a hospital hold stating it cannot wait for regular working hours?</p> <ul style="list-style-type: none"><li>• If yes, proceed to <b>step 2</b>.</li><li>• If no, consult with a PSS and proceed to <b>step 3</b>.</li></ul>
2	Hotline SW	<ul style="list-style-type: none"><li>• Review any contacts, safety plan, investigative narrative, medical notes, or documentation entered by the investigating SW in CWS/CMS.</li><li>• Consult with a PSS to inform them of the hospital hold request and provide any relevant information.</li></ul>
3	Hotline PSS	<ul style="list-style-type: none"><li>• Consult with a PSPM, and<ul style="list-style-type: none"><li>○ If it is determined that a hospital hold is needed continue to step 4.</li><li>○ If more assessment is needed to determine if a hospital hold is needed, assign a Standby SW to complete an investigation and safety assessment. See <a href="#">Standby Procedures</a> of this policy for next steps.</li><li>○</li></ul></li></ul>
4	Hotline PSS	<ul style="list-style-type: none"><li>• Provide hospital staff with the PSS's name and the time that the hospital hold is placed.</li><li>• Document the hospital hold, location of the child, time of the hospital hold, and the hospital staff's name and phone number in CWS/CMS on the ID page of the primary referral in the "Location of Children" section.</li><li>• Proceed to STEP 5.</li></ul>
5	Hotline PSS	<ul style="list-style-type: none"><li>• Explain the definition of the hospital hold to hospital staff and ensure they understand that the child cannot be released to the parent/caregiver/guardian unless there is further direction from a CFWB SW/PSS or a court order.</li><li>• Instruct hospital staff to note the hospital hold visibly in their records.</li><li>• Provide visitation parameters for parents/caregivers and relatives while the child remains in the hospital, including whether contact will be supervised or unsupervised and persons designated to supervise contact.</li></ul>

## Hotline Procedure (cont.)

Step	Who	Action
6	Hotline PSS	<ul style="list-style-type: none"><li>• Provide a Hospital Confirmation of Custody Letter (04-82) and the Hospital Hold Letter (04-103) to the hospital and scan and upload the completed forms into CWS/CMS.</li><li>• If possible, notify the parents by phone that a hospital hold is being placed and provide information regarding any visitation parameters while the child remains in the hospital as well as next steps.</li><li>• Notify the assigned SW and PSS of the date and time of the hold if a referral/case is already open.</li></ul>
7	Hotline SW	If the child on a hospital hold has siblings and/or other children residing in the household, consult with a PSS to determine if a Standby SW needs to respond to complete a safety assessment for the siblings.

**NOTE:** The investigating SW should communicate with Hotline staff and ensure contacts are entered timely in order for the Hotline to assess for next steps during after hours, weekends, or holidays if the investigating SW is not available.

## Standby Procedure

The table below outlines the steps for assessing and placing a hospital hold on a Standby investigation:

Step	Who	Action
1	Standby SW	If Standby response is required to assess if a hospital hold is warranted on an after-hours call and: <ul style="list-style-type: none"><li>• a safety threat is identified, and</li><li>• there is a reason to believe that there is no parent/caregiver who is willing and able to adequately protect the child, and</li><li>• without placement of the child, the child will likely be in danger of serious physical harm in the time it would take to obtain a warrant, and</li><li>• consult with the Hotline PSS to assess if exigency exists and if a hospital hold is appropriate.</li></ul>
2	Hotline PSS	Consult with the PSPM and if it is assessed a hospital hold is necessary, proceed to the <b>next step</b> .  If the PSPM does not agree with the hospital hold, <b>STOP</b> and inform the Standby SW that a hold will not be placed and <b>go to step 5</b> .

## Standby Procedure (cont.)

Step	Who	Action
3	Hotline PSS	Notify the Standby SW to place a hospital hold and the Hotline PSS will fax the 04-82 and 04-103 to the hospital and upload the completed forms into CWS/CMS.
4	Standby SW	<ul style="list-style-type: none"> <li>Standby SW will notify the hospital and family of the hospital hold and a potential court date for the Detention Hearing.</li> <li>Explain the definition of the hospital hold to hospital staff and ensure they understand that the child cannot be released to the parent/caregiver unless authorized by CFWB or Juvenile Court.</li> <li>Provide the parents with the completed 04-103.</li> <li>Instruct hospital staff to note the hospital hold visibly in their records.</li> <li>Provide visitation parameters for parents/caregivers and relatives while the child remains in the hospital, including whether contact will be supervised or unsupervised and persons designated to supervise contact.</li> <li>Document in CWS/CMS that a hospital hold was placed.</li> </ul>
5	Standby SW	<ul style="list-style-type: none"> <li>If a hospital hold will not be placed but a safety threat is identified or updates to an existing safety plan are needed, follow the <a href="#">safety plan</a> policy and complete a <a href="#">standby after-hours investigation</a>.</li> <li>If no safety threat is identified complete a <a href="#">standby after-hours investigation</a>.</li> </ul>

## Investigating SW Procedure

The following table outlines steps the investigating SW and PSS will follow when placing a hospital hold or investigating a referral where a hospital hold has already been placed:

Step	Who	Action
1	Investigating SW	<p>If a Safety Threat has been identified using the SDM Safety Assessment, consult with PSS regarding the need for a hospital hold if no other means to protect the child are available or sufficient.</p> <p>Is a hospital hold warranted?            If <b>yes</b>, proceed to Step 2.            If <b>no</b>, STOP. If a safety threat is identified or updates to an existing safety plan are needed, then follow the <a href="#">safety plan</a> policy and continue the investigation per <a href="#">ER - Investigations</a> policy.</p>



**Investigating SW  
Procedure (cont.)**

Step	Who	Action
2	OCS PSS	<ul style="list-style-type: none"> <li>Consult with a PSPM, and if available, consult with CC. <ul style="list-style-type: none"> <li>If a hospital hold is approved, call the hospital to place the hospital hold.</li> </ul> </li> <li>If a hospital hold is not approved, STOP and consult with the investigating SW to complete any additional safety steps, such as a safety plan.</li> </ul>
3	OCS PSS	<ul style="list-style-type: none"> <li>If a hospital hold is approved by a PSPM and PSS, contact the hospital to place the hospital hold.</li> <li>Explain the definition of the hospital hold to hospital staff and ensure they understand that the child cannot be released to the parent/caregiver unless authorized by CFWB or Juvenile Court.</li> <li>Instruct hospital staff to note the hospital hold visibly in their records.</li> <li>Provide visitation parameters for parents/caregivers and relatives while the child remains in the hospital, including whether contact will be supervised or unsupervised and persons designated to supervise contact.</li> <li>Fax the 04-82 to the hospital and upload into CWS/CMS.</li> <li>Have the investigating SW inform the parents immediately of the hospital hold.</li> <li>Generate a contact to document the date and time the hospital hold was placed in CWS/CMS.</li> </ul> <p><b>NOTE:</b> A petition <b>must be</b> filed or the child <b>must be</b> released within 48 judicial hours from the time the hospital hold is placed. The child can be detained in a relative's home following an emergency placement assessment (see <a href="#">CI- Detention/Placement with Relatives and NREFMs</a>), PCC, or detained in another foster resource home upon medical release.</p>
4	ER SW	Notify the parents of the hospital hold and of the court date (if known). Provide the Hospital Hold Letter 04-103 to the parents.
5	ER SW	If the child on a hospital hold has siblings and/or other children residing in the household, in-person contact must be made in accordance with response times outlined in the <a href="#">ER - Investigations</a> to assess their safety.

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**CFWB OCS Hospital Hold Letter (04-103)**

When a hospital hold is placed, the assigned SW or PSS will instruct the medical staff to give the Hospital Hold Letter (04-103) to the parent/caregiver if the SW is not present at the time the hold is placed. If the SW is present at the time the hold is placed, the SW will provide the 04-103 to the parents. The letter explains the purpose and procedure of a hospital hold and how to contact the assigned SW. It is the responsibility of the assigned SW to explain any further hospital hold information and investigation requirements to the parent/caregiver.

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**Visitation**

When a child has been placed on a hospital hold, the assigned SW (depending on whether the referral has been assigned for investigation yet) will immediately arrange appropriate visitation. A child is formally removed from the parent(s) the moment a hospital hold is placed. If the child remains at the hospital after the hospital hold is placed, the SW will communicate visitation parameters (supervised vs. unsupervised, who is allowed to supervise, etc.) clearly with parents and hospital staff, and in accordance with hospital policies until the child is discharged. See [Visitation](#) policy for additional information.

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**When to Release a Hospital Hold**

When a child has already been taken into protective custody (as is the case in a hospital hold), WIC 309 mandates that an SW immediately investigate the circumstances and facts surrounding the child being taken into custody. The SW will immediately release the child to the custody of the parent UNLESS continued detention of the child is a matter of immediate and urgent necessity for the protection of the child and there are no reasonable means by which the child can be protected in their home. Occasionally, new information becomes available and a hospital hold may no longer be necessary. An MDT or PSPM consult is required prior to releasing a child from a hospital hold.

A hospital hold can be released when following all policies and procedures in the [CI – Procedures Policy](#) and only if:

- New information obtained by the medical staff appears to mitigate the safety threats..
- AND/OR
- The RP calls to report that new information was received or findings were incorrect and do not indicate a danger to the child.
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**Who can Release a Hospital Hold**

Prior to assignment of a referral, a hospital hold may be released only by an OCS PSS after consultation with a PSPM.

After assignment of a referral, a hospital hold may be released after approval by a PSPM and by the following staff:

- Assigned SW's PSS (or consulting PSS)
- Assigned SW (must consult with PSS first)
- The Juvenile Court

**NOTE:** The SW must receive authorization from their PSS prior to releasing a hospital hold. The SW or PSS will verbally notify the parents/caregiver and the facility of the release. The SW or PSS will generate a contact in CWS/CMS documenting that the hospital hold was released.

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**Alignment with SET**

This policy supports [SET Value 1](#) by ensuring that safety for children is a top priority.

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