Hotline - Assignment of Referrals

(Revised 02/23/24)

Forms   The following forms are referenced in this policy:

- 04-94   School Attendance Letter
- 04-94sp   School Attendance Letter (Spanish)
- 04-94Arab   School Attendance Letter (Arabic)
- 04-94Dari   School Attendance Letter (Dari)
- 04-94Fars   School Attendance Letter (Farsi)
- 04-94Kore   School Attendance Letter (Korean)
- 04-94Mand   School Attendance Letter (Mandarin)
- 04-94Soma   School Attendance Letter (Somali)
- 04-94Taga   School Attendance Letter (Tagalog)
- 04-94v   School Attendance Letter (Vietnamese)

Related Policies

- Hotline - Function and Procedure
- Hotline - Priority of Referrals
- Hotline - Cross County Referrals
- Hotline – Referral Screening Criteria
- Dual Jurisdiction
- Inter-County Transfer
- Medically Fragile Children
- Protocol for Working with Indian Families, Children and Tribes
- Working with Families Involved in Immigration and Customs Enforcement Proceedings
- Critical Incident Report (CIR)
- Contacting Employees During Non-Working Hours
- EFC - General
- Foster Home and Approved Resource Family Investigation Protocol
- ER - Investigations
- Out-of-County Placement
- Interstate Compact for the Placement of Children (ICPC)
- International Liaison (ILO)
- AIDS/HIV - Confidentiality and Documentation
- Standby After-Hours Investigations

Background Division 31 regulations require that counties respond to all referrals which allege that a child is endangered by abuse, neglect, or exploitation.

When it is determined that a referral meets statutory threshold for an in-person investigation then:

- the Hotline Social Worker (SW) will assign the referral to the appropriate Region/Program, **and**
- An Emergency Response (ER) SW will conduct a thorough in-person investigation; this includes referrals for children with an open referral or active case.

Zip Code Assignment Referrals will be processed and assigned based on the family's zip code.

The following links provide zip code assignments and courts:

- For a zip code list by **region**, click here.
- For a zip code list by **court**, click here.

In addition to the zip codes listed above, for Orange County zip code 92672, the Hotline will process calls for all families that live within in the jurisdiction of Camp Pendleton. For families that live outside of Camp Pendleton jurisdiction in the 92672 zip code, those calls will be processed by Orange County child welfare.

Zip codes 92259 (Imperial County) and 92536 (Riverside County) are not automatically assigned to San Diego, however if a county reaches out due to a tribe in a neighboring county requesting San Diego County be assigned a referral within those zip codes, the Hotline SW will consult with a Protective Services Supervisor (PSS), and it can be assigned to the nearest bordering office.

General Assignments

Referrals are assigned to the Open Case Investigations (OCI) Unit, Medically Fragile/Deaf Services Unit (Medically Fragile Unit), Indian Specialty Unit (ISU), or one of six regional offices or programs.

When assigning referrals follow the chart below in chronological order, attempting to assign referrals starting at step 1 before moving on to the next step:

Step	Action
1	Use the zip code of the parent(s) or legal guardian if guardianship is established.
2	• If allegations are against the biological parents/legal guardians who share custody, use the zip code of the parent with primary legal physical custody. If custody percentages are unknown or 50/50, then go to step 3. • If allegations are on children with an open case and children are placed in out of home care, then go to step 4.
3	If custody percentages are unknown or custody is 50/50, assign to region based on the zip code of the alleged perpetrator's household. If both are alleged perpetrators, select the parent/guardian/caregiver who contributed the most to the abuse/neglect based on the information provided by the reporting party (RP). **NOTE:** Always attempt to assign based on legal parent/guardian's zip code first even when the parent is not the alleged perpetrator, or the allegations occurred outside the home. Do not assign referrals based on where children are safety planned or an alleged perpetrator's address who is not a parent/guardian.
4	When a child is placed in out of home care (Resource Parent/Foster Family Agency/NFREM/STRTP/Etc.) then assign to the zip code of the caregiver/placement and follow all other hotline assignment policies listed in the following sections: • Assigning New Referrals on Open Referrals/Cases • Assigning Licensed Group Home (LGH)/Short Term Residential Therapeutic Program (STRTP) Referrals • Assigning FFA Referrals
5	If parents/caregivers' zip code is unknown, use the zip code of the child's school address.
6	If neither zip code is known, use the zip code of the area where the child was taken into protective custody; or if not in custody, assign based on zip code of child's current location.

NOTE: For purposes of this policy, "sibling" will include relation through the maternal side as referrals are generated under the mother's name. All the mother's biological and adoptive children (children adopted by the mother/parent) are generated under the mother's name in the same referral.

Assigning Referrals   Referrals meeting screening criteria will be assigned by the Hotline to the appropriate Region/Program for investigation.

The table below explains how referrals for children are assigned:

If the child is…	And…	Then…
not in custody	there is NO active Court Intervention (CI) SW	assign to ER in appropriate region/program.
in custody (e.g., Hospital Holds, Law Enforcement (LE) entries, Drug Endangered Children (DEC) entries)	there is NO active SW **NOTE**: References to "Active SW" throughout this table mean active to ER/CI SW. Continuing Services (CS)/Voluntary Services (VS) SWs cannot investigate referrals on their active cases. See Assigning New Referrals on Open Referrals/Case for how to assign referrals received on open cases.	assign to CI in appropriate region.
named in a WIC §329 request	there is an active SW	assign to active SW.
	there is NO active SW	assign to region.
named in a WIC §241.1 (Meet and Confer) **Note:** See Dual Jurisdiction policy for more information.	there is no active SW **Note:** Comes in as a WIC §329	assign to appropriate region based on parent/guardian's zip code.
	there is an active SW	assign to active SW.
named in an Inter-County Transfer (ICT)	the youth is **not** a Non-Minor Dependent (NMD)	• assign to region based on the family's zip code. • assign to ISU based on ISU recommended assignments or the medically fragile unit if a referral meets criteria. See Inter-County Transfer Policy for additional information.
	the youth **IS** an NMD	assign to Extended Foster Care (EFC).

Assigning Referrals (cont.)

If the child is…	And…	Then…
living out-of-state	is not in an open Interstate Compact for the Placement of Children (ICPC) case	• generate a referral in CWS/CMS and Evaluate Out (EO) due to child residing out of state, and • cross report to the Child Abuse Hotline in the state where the child is placed, • and document in the evaluate out (EO) referral the name of the person who took the cross-report referral.
identified as **Medically Fragile** (as defined in the Medically Fragile Children policy) **NOTE:** If family has CWS history, Hotline SW will review the investigative narrative of the most recent prior and current information to determine assignment to medically fragile unit		• assign to Medically Fragile Unit via the North Central assignment desk. **NOTE:** If family falls under both Medically Fragile and ISU criteria then consideration for tribal affiliation will supersede medically fragile assignment and the referral will be assigned to ISU.
identified as having tribal affiliation or connections, and/or is a member or eligible for membership in a tribe **NOTE:** If family has CWS history, Hotline SW will review the investigative narrative of the last investigated referral to confirm if ISU assignment is appropriate.	there is an active SW	assign to active SW.
	there is NO active SW	assign to ISU.
	ISU determined there was no tribal affiliation in a prior referral	assign to region based on the family's zip code. See the Protocol for Working with Indian Families, Children and Tribes for policies and procedures for required inquiry of Native American and Alaskan Native descent of families.
diagnosed as emotionally disturbed (ED)		assign to region based on the family's zip code.

Assigning Referrals (cont.)

If the child is…	And…	Then…
is deaf/hard-of-hearing **NOTE:** This includes referrals with parents/guardians/ caregivers who are deaf/hard-of-hearing.		assign to Medically Fragile Unit via the North Central assignment desk. **NOTE:** Deaf children and families will **not** be coded with a Special Project Code, but the Hotline SW will enter "Deaf" after the Referral name on the ID page of the referral in CWS/CMS.
in a "No Name" referral (See "No-Name Referrals" below.)	the referral meets assignment criteria for an in-person response	assign to appropriate region based on parent/guardian zip code.
	doesn't meet assignment criteria for an in-person response	generate referral and EO in CWS/CMS.
a **non-dependent** child of a **dependent teen mother**	the referral meets assignment criteria for an in-person response. A referral will not be assigned solely because the parent is dependent minor or NMD.	assign to ER in region of the assigned SW of the teen mother.
residing in Mexico and is a U.S. Citizen	is at or detained from the San Ysidro Point of Entry or Otay Mesa Port of Entry	assign to South Region.
	is at or detained from the Tecate Point of Entry or Campo Border Patrol Checkpoint	assign to East Region.
	is at or detained from the San Clemente Border Patrol Checkpoint	assign to North Coastal Region.
	attends school in San Diego	if no home address in San Diego county, then assign based on school zip code.

Assigning Referrals (cont.)

If the child is…	And…	Then…
born to an incarcerated mother/parent **NOTE:** For more information on children born to incarcerated mothers/parents see thee CWDA Protocol – Child Born to Mother Incarcerated/Hospitalized in a State Institution	the mother/parent was a resident of San Diego County at the time of arrest	• if father/parent is identified and not incarcerated, • and resides in San Diego County, • then assign based on household zip code, or • assign based on hospital zip code
	the mother/parent was not a resident of San Diego County at the time of arrest	the county of residence is where the mother was residing when she was arrested. That county is financially and legally responsible. **NOTE:** If someone other than the mother/parent has been awarded legal custody or is appointed legal guardian, then the county of residence is that of the legal guardian or the person awarded legal custody. The county of residence bears legal and financial responsibility.
detained when asylum-seeking parents are entering the United States and the child is a U.S citizen **NOTE:** Refer to the Working with Families Involved in Immigration and Customs Enforcement Proceedings for policies and protocols when working with families seeking asylum.	Customs and Border Protection (CBP) calls the Child Abuse Hotline or PCC M-F between 8 a.m. and 4 p.m.	• generate the referral and assign it to the South Assignment desk for tracking. • the South Assignment Desk will then assign the referral to Central Region for investigation.
	CBP calls the Child Abuse Hotline after hours (nights, holidays, weekends)	• generate the referral and assign it to a Standby SW for investigation. • assign secondary to the South Region Assignment Desk for tracking. • After initial investigation, the South Region Assignment Desk will determine which region will complete the referral based on a Regional Rotation.

| **Assigning Referrals (cont.)** | The table below describes **exceptions** for situations with special circumstances: |

If…	Then…	And…
the alleged perpetrator is an **NMD** and the alleged victim child is not a dependent	assign primary to an ER SW in Region where NMD resides	assign secondary to the EFC SW and PSS.
the allegation is **statutory rape,** the victim is a dependent youth, and the alleged perpetrator is at least 3 years and 1 day older than the dependent youth (regardless of who the alleged perpetrator is when the referral is assigned to CI or the case is in VS with no case plan).	assign primary to the OCI unit.	assign secondary to case-carrying SW and PSS.

Assigning New Referrals on Open Referrals/Cases

Division 31 regulations require that the caseworker responding to an allegation of abuse or neglect must be skilled in ER and will not be the worker currently assigned to the case. When a new report of abuse or neglect is made on an open referral/case, the Hotline will generate a new referral and determine if referral screening criteria for an in-person investigation is met (see Hotline - Referral Screening Criteria).

A call or report made to the Child Abuse Hotline on a dependent youth will not be assigned if after completion of the SDM Hotline Tool the decision outcome is that the referral does not meet the threshold for in-person assignment. All allegations screened by the Hotline must meet the statutory requirements for an in-person response or will be evaluated out. If the Hotline SW selects an override in the SDM Hotline Tool when the recommendation was to evaluate out and selects an override rationale of "Local Protocol" or "Other" then the Hotline SW will complete the following steps:

Step	Action
1	Consult with a PSS. If PSS agrees to the override then continue with all the steps listed below. If PSS does not agree, stop here and assign referrals based on the original SDM Hotline Tool decision outcome.
2	• Document who the PSS consult was with and the rationale for the override in the comment box of the Hotline Tool. • If "local policy" was selected as a rationale for the override, then include the name of the policy in the comment box.

Assigning New Referrals on Open Referrals/Cases (cont.)

Referrals meeting these criteria will **not** be assigned to OCI:

If…	Then…
the child is in a non-relative legal guardianship case	assign to ER SW in region based on the zip code of the legal guardian.
the child is in an ICPC case with a County of San Diego placement	assign to ER SW in region where the case is assigned.
the child is a dependent of another CA county but is placed in San Diego County **and** the referral is a 24-Hour. **NOTE**: If the referral is **not** a 24-Hour, the County of Jurisdiction is responsible for the investigation. See Hotline - Cross County Referrals for more.	assign to ER SW in region of child's placement zip code. **NOTE:** If ER downgrades or EO's the referral, the ER PSS will be responsible for notifying the county of jurisdiction and either electronically transferring the referral to the county of jurisdiction or cross-reporting.
the child is a non-dependent sibling of a child in an open case when dependent youth does not have allegations and does not reside in the same household	assign to ER SW in region where the child resides.
a CI SW is assigned and the alleged perpetrator is the parent and the case is pre-disposition	assign to the active CI SW.
the child has an open case in the Medically Fragile Unit	assign to ER SW in the Medically Fragile Unit. **NOTE:** If family falls under both the Medically Fragile and ISU criteria then consideration for tribal affiliation will supersede medically fragile assignment and the referral will be assigned to ISU.
the child has an open case in the Indian Specialty Unit (ISU)	assign to ER SW in the ISU unit.

When a referral on a NMD is received by the Hotline, the Hotline SW will enter a contact in CWS/CMS and provide the reported information to the assigned EFC SW. Under no circumstances is a referral to be created when the NMD is the only alleged victim of abuse or neglect. CWS/CMS does not allow for the creation of a referral on a youth 18 and older. The Hotline SW will:

- send an email to the assigned SW and PSS with the allegation information in the email.
- cross-report any suspected abuse, neglect, or exploitation by the licensed or approved caregiver of the NMD to the appropriate licensing or approval agency (Community Care Licensing), and to law enforcement (WIC16504[c]).

Assigning New Referrals on Open Referrals/Cases (cont.)

The table below explains how referrals on youth with open VS/Family maintenance (FM)/Family Reunification (FR) case should be assigned.

If the referral…	Then…
does not meet Hotline - Referral Screening Criteria for an in-person investigation.	EO and email copy of the Emergency Response Referral Document (ERD) to: • case-carrying SW and PSS • Complaints Unit PSS • Community Care Licensing (CCL) • Institutions Evaluation Unit (IEU) if youth placed in an Foster Family Agency (FFA), STRTP or PCC

involves allegations for a child with an **open** FM, FR, Permanent Plan, dual jurisdiction status case (including when probation is the lead Agency), or the child/youth with an open case is reported deceased, **and** does meet Hotline - Referral Screening Criteria	• assign primary to the OCI unit, and
	• assign secondary to the case-carrying SW and PSS
	• complete a Critical Incident Report (CIR) when required.
	• if the child/youth is placed with a resource family or in a licensed foster home then assign secondary to:
	   ○ Complaint Unit PSS, and
	   ○ Placement Coordinator's Office (PCO)
	• if the child/youth is placed in LGH, STRTP, a FFA home, PCC, or San Pasqual Academy (SPA) then assign secondary to:
	   ○ IEU PSS, and
	   ○ email the ERD to Community Care Licensing (CL)
	
	NOTE: OCI will be responsible for investigating any allegations to any non-dependent siblings or siblings with no open VS case when siblings live in the same household or if allegations are in the same household.

Assigning New Referrals on Open Referrals/Cases (cont.)

If the referral…	Then…

involves a youth in a FR, FM, or out-of-home VS	• assign primary to OCI, and
	• assign secondary to the case-carrying SW and PSS
	• if the child/youth is placed with a resource family or in a licensed foster home then assign secondary to:
	   o Complaint Unit PSS, and
	   o Placement Coordinator's Office (PCO)
	• if the child/youth is placed in LGH, STRTP, a FFA home, PCC, or San Pascual Academy (SPA) then assign secondary to:
	   o IEU PSS, and
	• email the ERD to Community Care Licensing (CCL)
	
	NOTE: OCI will be responsible for investigating any allegations to any non-dependent children in the home.

the allegation is regarding the **fatality** of a child in an open case	• assign primary to the OCI unit • assign secondary to the case carrying SW and the PSS • call case-carrying PSS to notify them of the fatality • assign to Standby on weekends, evenings and holidays **NOTE**: Always call the CS PSS even during evenings, weekends, and holidays to notify them of the fatality. If the PSS does not respond, then contact the assigned SW next. See the Contacting Employees During Non-Working Hours policy for more information on policies for contacting workers after hours.

Assigning New Referrals on Open Referrals/Cases (cont.)

See "Reporting suspected abuse of NMDs" in EFC - General for additional information.

The table below explains how referrals on youth with open CI case should be assigned.

If the child is…	And…	Then…
in an active CI case/referral	the new referral alleges abuse by the parent…	assign to active CI SW.
	the new referral alleges abuse in an out-of-home placement, PCC staff member, or the alleged perpetrator is unknown	assign to OCI unit.
a dependent,	a non-dependent is also named a child victim in the same household	assign to OCI.

The table below explains how to assign referrals received on a VS case.

If…	Then…
a new referral is received less than 30 days from when the VS case opened	• the referral will be assigned to the last assigned ER SW, and • secondary will be assigned to the VS SW and PSS **NOTE:** If the ER SW is unable to take the referral, a consultation between the ER PSS and the OCI PSS will occur to determine which program the referral will be assigned to. If there is no agreement between the supervisors, then it will be elevated to the OCI and ER managers to determine which program the referral will be assigned to.
a new referral is received on or after 30 days since the case was promoted to VS	the referral will be assigned to the OCI unit, who will complete the investigation.

| **Assigning New Referrals on Open Referrals/Cases (cont.)** | When there is an open referral and the Hotline receives new reports of abuse or neglect that meet assignment criteria (see the Hotline - Referral Screening Criteria), the Hotline SW will assign referrals according to the tables below: |

If the screening criteria indicates the referral is a …	And the open referral is assigned to…	Then…
5 or 10 day	an ER SW	• assign primary to the regional assignment clerk **and** • secondary to the ER SW and PSS.
	the OCI unit	• assign primary to the assignment clerk, **and** • secondary to the OCI SW and PSS and assigned SW and PSS
24 hour/IRS	an ER SW	• assign primary to regional assignment clerk, • assign secondary to ER SW and PSS • consult with PSS to assess for Standby response if the referral is received after 4:00P.M.
24 hour/IRS (cont.)	the OCI unit	• assign primary to the assignment clerk, and • assign secondary to the OCI SW and PSS and CS SW and PSS.

Assigning LGH/STRTP Referrals

When the Hotline receives allegations for a child residing in a Licensed Group Home (LGH) or STRTP and the alleged perpetrator is reported to be the LGH/STRTP operator or a staff member, the Hotline SW will complete the SDM Hotline Tool. **A call or report made to the Child Abuse Hotline on a dependent youth will not be assigned if after completion of the SDM Hotline Tool the decision outcome is that the referral does not meet the threshold for in-person assignment.** All allegations screened by the Hotline must meet the statutory requirements for an in-person response or will be evaluated out. If the Hotline SW selects an override in the SDM Hotline Tool they will all steps in the table for Hotline overrides n the assigning New Referrals on Open Referrals/Cases section. The Hotline SW will **not** assign the referral if the only reason is because the children are in an open case. The referral must still meet assignment criteria.

Assigning LGH/STRTP Referrals (cont.)

If the allegations do not meet criteria for in-person response from an investigating SW, then the Hotline will:

- Follow all policies and procedures in the Hotline - Function and Procedure, Hotline - Referral Screening Criteria and the Hotline - Priority of Referrals
- assign secondary to the Case Carrying SW and PSS.
- notify the Case Carrying SW and PSS of the EO'd referral via email.
- Assign secondary to IEU.
- Cross report to CCL .

A referral meeting in-person assignment criteria will be assigned as follows:

If…	Then…
allegations are against facility staff AND the youth has an open case	- assign primary to OCI, and - assign secondary to IEU, the case carrying SW and PSS, and, - notify the case carrying SW and PSS via e-mail of the referral, and - cross report to CCL.
allegations are **NOT** against facility staff AND the youth has an open case	- assign primary to OCI, and - assign secondary to case carrying SW and PSS, placement SW and PSS, and - notify the case carrying SW and PSS via e-mail of the referral, and - cross-report to CCL.
allegations are against facility and STRTP staff and the youth does NOT have an open case	- assign primary to ER SW in the region based on the parent's zip code address, and - assign secondary to IEU, - cross-report to CCL, and - assess to determine if a companion referral is needed when the alleged perpetrator has children of their own.
allegations are **NOT** against facility staff and the youth does **NOT** have an open CWS case	assign primary to an ER SW based on the parent's zip code address.

Assigning LGH/STRTP Referrals (cont.)	When a referral meets criteria for an in-person response the Hotline will complete the following:

When a referral meets criteria for an in-person response the Hotline will complete the following:

Who	What

Hotline SW	• Follow all policies and procedures in the Hotline - Function and Procedure, Hotline - Referral Screening Criteria and the Hotline - Priority of Referrals.
	• Create a client notebook for the alleged perpetrator(s) if one does not already exist.
	• When adding allegations in the allegation notebook, the Hotline SW will:
	   o select the correct drop down menu option under "Placement Facility Type."
	   o select "Perpetrator Not Identified" if the alleged perpetrator is unknown.
	   o select "Perpetrator-SCP/Res. Facility Staff" when the alleged perpetrator is identified as a staff member.
	
	   NOTE: For investigations at STRTP/LGH's select "Perpetrator" or "Non-Protecting Parent" only when there are also allegations against a parent, legal guardian, or third party perpetrator (i.e. CSEC allegations occurring outside of the facility).
	• If the identified perpetrator is known to have children of their own who may be at risk of abuse or neglect due to the allegations, the Hotline SW will create a companion referral for the staff member's household.
	• Follow all policies and procedures listed in the Hotline - Function and Procedure policy.
	• Complete Critical Incident Report (04-51A), when required. (See the Critical Incident Protocol policy to determine when a CIR is required.)

Assigning Foster Family Agency (FFA) Referrals

When the Hotline receives allegations for a child residing in a FFA home, the Hotline SW will complete the SDM Hotline Tool. **A call or report made to the Child Abuse Hotline on a dependent youth will not be assigned if after completion of the SDM Hotline Tool the decision outcome is that the referral does not meet the threshold for in-person assignment.** All allegations screened by the Hotline must meet the statutory requirements for an in-person response or will be evaluated out. If the Hotline SW selects an override in the SDM Hotline Tool, they will all steps in the table for Hotline overrides n the assigning New Referrals on Open Referrals/Cases section. The Hotline SW will **not** assign the referral if the only reason is because the children are in an open case. The referral must still meet assignment criteria.

Assigning Foster Family Agency (FFA) Referrals (cont.)

The table below explains who the Hotline needs to notify of an EO referral or Concerns/Complaint.

If…	Then…
the referral is EO'd	• assign secondary to the case carrying SW and PSS • notify the Case Carrying SW and PSS of the EO referral via email • assign secondary to IEU
the allegation is a complaint or concern (not a referral)	• notify the Case Carrying SW and PSS of the complaint/concern via e-mail, and • assign secondary to IEU, and • cross-report to CCL.

The Hotline SW will follow all steps listed in the table below when Hotline SW completes the SDM Hotline Tool and the allegations meet criteria for an in-person response.

Who	What

Hotline SW	• Follow all policies and procedures in the Hotline - Function and Procedure, Hotline - Referral Screening Criteria and the Hotline - Priority of Referrals.
	• Create a client notebook for the alleged perpetrator(s) if one does not already exist.
	• When adding allegations in the allegation notebook, the Hotline SW will:
	   ○ select the correct drop-down menu option under "Placement Facility Type."
	   ○ select "Perpetrator Not Identified" if the alleged perpetrator is unknown.
	   ○ select "Perpetrator-SCP/Res. Facility Staff" when the alleged perpetrator is the FFA caregiver.
	
	NOTE: For investigations at FFA homes select "Perpetrator" or "Non-Protecting Parent" only when there are also allegations against a parent, legal guardian, or third-party perpetrator (i.e. CSEC allegations occurring outside of the facility).
	
	• If the identified perpetrator is known to have children of their own who may be at risk of abuse or neglect due to the allegations, the Hotline SW will create a companion referral for the FFA resource parent's household.
	• Complete Critical Incident Report (04-51A), when required.
	
	NOTE: See the Critical Incident Protocol policy to determine when a CIR is required.

Assigning Sibling Referrals

The table below describes assigning referrals for non-dependent siblings of children in open cases when:

- the children do not reside in the same household, and
- there are no allegations on the youth with the open case

For the purposes of this policy, "sibling" includes half-siblings when they are related through the maternal side as referrals are generated under the mother's name.

If…	Then…
• FR	• assign referral to ER in region where the youth resides, and
• Guardianship Case (GDS) • ICPC	• assign secondary to the case-carrying SW and PSS
• Another Planned Permanent Living Arrangement (APPLA) • Residential Services • Adoptions • San Pasqual Academy (SPA) • EFC	• assign referral to ER in region of victim child's parent's address, and • assign secondary to the case-carrying SW and PSS
• the allegation is a **fatality of a sibling** of a dependent youth	• assign primary to an ER SW according to the general assignment table of this policy). • assign to Standby on weekends, evenings and holidays • assign secondary to case-carrying SW and PSS. • complete a CIR as required per the Critical Incident Protocol **NOTE:** Always call the PSS even during evenings, weekends and holidays to notify them of the fatality. If the PSS does not respond then contact the assigned SW next. See the Contacting Employees During Non-Working Hours policy for more information on policies for contacting workers after hours.

| | Assigning Companion Referrals | Companion referrals/cases may include the following components: |

Assigning Companion Referrals

Companion referrals/cases may include the following components:

- Multiple families or households and same perpetrator
- Multiple families in single household
- Multiple unrelated children in foster care residing in one foster home (see Foster Home and Approved Resource Family Investigation Protocol)
- Sexual abuse victim and the juvenile perpetrator in two separate households
- Parents with separate households sharing custody/visitation of mutual minors with additional minors in the home where the abuse is alleged
- Teen parent and their child
- Teen parent, (with own child), living with their parent(s)
- Children who have different mothers who are residing with the father

If there are **both dependent and non-dependent** youth named as victims, in the same household, then OCI SW will complete the investigation for both unless the Hotline receives a referral that is screened as a CI/PCC entry. If this occurs, the CI will be assigned to region according to the general assignment table.

Procedures for CWS/CMS documentation of companion referrals:

- Include "COMP" in the Referral Name box in CWS/CMS.
- Hotline Screener will identify the referral as "companion referral" in the CWS/CMS Alert text box on the ER Referral Info screen.

    NOTE: Do not associate a companion referral into the primary referral or add as a collateral.

The people in companion referrals are not entitled to each other's information. If a Hotline SW needs to enter a contact in CWS/CMS regarding a companion child they will follow the ER - Investigations protocol on documenting companion contacts.

The table below describes companion referral factors and how to assign the referral.

If…	and	Then…
a companion referral is received for a youth in an open case (cont.)	the companion referral children and the children in the open case reside in separate households	• assign the companion referral to ER in the region that has the open case/referral. • if the case is not assigned to a region with an ER unit, the referral will be assigned to an ER SW according to the general assignment table.

Assigning Companion Referrals (cont.)

If…	and	Then…
a companion referral is received for a youth in an open case (cont.)	the children in the companion referral who are non-dependents and the children who are in an open case reside in the same household	assign all referrals to OCI.
	the companion referral involves youth who does not have an open case and the referral is a CI	• follow the general assignment table and assign the companion CI referral to the appropriate region/program, and • assign any referrals on the child(ren) with an open case to OCI when the allegations are not against the parents. • assign any referral with allegations against the parents in an open CI case to the CI SW.
	the youth with the open case resides in a separate household	• assign the companion referral to the OCI unit, and • assign the referral of the children according to the general assignment table.
there is not an open case		assign the referral and assess each companion referral according to the general assignment table.

	If…	and	Then…
Assigning Companion Referrals (cont.)	it is a referral alleging sexual abuse by a juvenile perpetrator, where the victim and perpetrator live in two different regions	there is not an open case	assign both referrals to the same SW in the region where the alleged juvenile perpetrator, who may also be a victim, resides. **NOTE**: Oftentimes the referral on the sexual abuse victim is EO'd because the alleged juvenile perpetrator resides outside of the home and the parents are protective, but the referral may be assigned in order to assess whether the alleged juvenile perpetrator is also a victim.
		there is an open case and the children in the companion referral reside in separate households	• assign the referral with the open case to OCI • assign any companion referrals that are not in an open case according to the general assignment table.
		there is an open case and the children in the companion referral reside in same households	• assign the referral and any companion referrals to OCI.

Suspected Abuse of children of Non-Minor Dependents (NMDs) Parents

When the Hotline receives a call regarding suspicions of abuse and/or neglect on an NMD, the Hotline SW will enter a contact into CWS/CMS and provide the reported information to the assigned SW for the NMD. Under no circumstances is a referral to be created when the NMD is the only alleged victim of abuse or neglect, as CWS/CMS does not allow for the creation of a referral on a youth older than 18 years of age. See the Hotline – Referral Screening Criteria for cross-reporting and secondary assignment requirements.

When the Hotline SW screens a referral for a NMD parent and their child(ren), the referral will be assessed by using the SDM Hotline Tool and assessed based on any other relevant policies and protocols. Referrals will **not** be assigned solely because of the youth's status as a non-minor dependent. A referral that meets criteria for assignment for the child of a NMD parent will be assessed for assignment like any other call.

When assigning referrals meeting an in-person response on the children of a NMD parent then:

- assign the referral according to the general assignment chart.
- Notify the EFC SW by e-mail of the referral.
- Assign secondary to the EFC SW
- Cross-report any suspected abuse, neglect, or exploitation by the licensed or approved caregiver of the NMD to the appropriate licensing or approval agency (CCL), and to law enforcement (WIC1650[c]).

No-Name Referrals

When a referral is received for a child whose name is unknown, the Hotline will follow these steps:

Step	Action
1	• Complete a CWS/CMS search to try to identify a likely match for the residents in the address provided by the RP. • If identifying a likely match for the residents at a particular address in CWS/CMS but the Hotline SW is not certain, make a note in the Screener Note section of the ERD but do NOT attach/create Client Notebooks.
2	Use the family's common address, e.g., "123 Elm Street 92123", as the referral name.
3	When assigning secondary to Search Merge, assign to the "No Name" Search Merge inbox.
4	Assign according to the assign the referral according to the general assignment chart.

Out-of-County Inquiries

If another California County intends to place a child with a relative or non-relative extended family member in San Diego County, that person must be Resource Family (RF) approved. All requests will go through Resource Family Approval (RFA).

See the Out-of-County Placement for more information on out-of-county requests for home evaluations.

The Child Welfare Services Interstate Compact for the Placement of Children (ICPC) Coordinator will handle out-of-state inquiries.

Request for courtesy supervision after an approved home evaluation has been completed will be assigned to Continuing Services (CS) in the appropriate region.

Out-of-Country Requests

When a request is received from outside the U.S., the Hotline SW will forward the request to the Office of the International Liaison (ILO). The International Liaison will complete the evaluation and respond back directly to the requester.

NOTE: The ILO will create a case when they receive the request.

Out-of-State Requests

If the Hotline receives a request by an outside state's child welfare agency, for a courtesy walkthrough/site inspection of a non-offending parent's home. San Diego CWS will accept the request if there is a court order or minute orders showing the request is made by the state's juvenile dependency court. When a Hotline SW receives a request for a walkthrough/ site inspection of a non-offending parent, the SW will complete the following steps:

Step	Action
1	Inform the caller that an SW may be assigned to complete a walk-through of the home but will not give a recommendation of placement or a safety/risk assessment. If the caller wishes to continue, then follow steps 2-6.
2	Request documentation of a court order or minute orders.
3	Request an email or fax that documents the demographics of the non-offending parent including the address where the courtesy walk-through/site inspection will be completed.
4	Obtain information on known individuals living in the home including minors and other adults.
5	Obtain the primary language of the non-offending parent.
6	Forward the request to CWS ICPC Coordinator.
7	ICPC will track the request and determine the region who will be assigned the request based on the zip code where the non-offending parent resides. Once determined, ICPC will send the 04-807 to the ER Manager.

Procedure for PCC Assigning CI Cases

Polinsky Children's Center (PCC) staff will complete a CWS/CMS search for any priors/open referrals when a child is admitted to PCC. When a child is admitted to PCC and a new referral has been generated, the chart below details the assignment steps for PCC and the Regional Assignment Desk.

Who	What
PCC	Is there an assigned ER/CI SW? • If **yes**, refer to assignment of reports on open referrals . • If **no**, then assign the referral to Regional Assignment Desk.
Regional Assignment Desk	• Transfer the referral to the appropriate PSS • Contact the PSS; if not available, contact the duty PSS, unit's Senior Protective Services Worker (SPSW) or assigned SW. Make sure a PSS or SW is aware of referral.

Medically Fragile/ Developmentally /Physically Impaired Children	Referrals involving a medically fragile, developmentally delayed, mentally, and/or physically impaired child requires special attention. ER referrals from all regions identified as having a Medically Fragile infant or child(ren) in a family, AND at risk for abuse and neglect, will be assigned to the Medically Fragile Emergency Response Unit via the North Central Region Assignment Desk.

The Hotline SW will inquire about any known developmentally delayed child(ren), and/or mentally/physically impaired children when processing a report to the Hotline. When criteria are met (see Medically Fragile Children policy). these referrals will be assigned to the Medically Fragile Unit. If a prior referral was coded as medically fragile that does not automatically mean that the child meets medically fragile criteria now, and therefore the referral (ER or CI) would not be automatically assigned to the Medically Fragile Unit.

If there is one medically fragile child in the family, the Medically Fragile Unit will take the assignment of the entire family. In referrals where the primary victim is non-medically fragile but a sibling at risk is a medically fragile child, the referral will be assigned to the Medically Fragile Unit.

If family falls under both the Medically Fragile and ISU criteria then consideration for tribally affiliation will supersede medically fragile assignment and the referral will be assigned to ISU. |

Deaf Child or Family Members Referrals	The criteria for assignment to the Medically Fragile Emergency Response unit is the child, child's parent and/or caretaker, or anyone living in the home with the child is:

- Deaf, or
- Hard of Hearing (medically diagnosed), or
- Uses American Sign Language (ASL) or other sign language as their primary language

Any assistive listening device used by a client amplifies residual hearing. Assistive listening devices do not correct hearing loss and should not be a factor in determining if a family should be assigned to the Deaf Services Unit. The determining factor to assigning to the Deaf Services Unit will be as mentioned above.

Deaf children placed in a STRTP will be assigned to the Medically Fragile/Deaf Services unit not Residential Services.

The criteria for designation as Medically Fragile is located in the Medically Fragile Children policy. |

HIV/AIDS Related Referrals	When the Hotline SW receives a referral where there are issues related to HIV/AIDS, please see the AIDS/HIV - Confidentiality and Documentation policy to ensure confidentiality on the HIV status of an individual is being protected.

Cross-County Referrals

See the Hotline - Cross County Referrals policy for assignment guidelines when a cross-county referral is received.

The table below explains initial investigation responsibilities for youth placed out of their county of jurisdiction:

If…	And…	Then…
a dependent youth from another county is placed in San Diego	a 24-hour response (immediate response) is required	an ER worker in the region of the youth's placement will respond, if the county of jurisdiction is unable to.
a dependent youth from another county is placed in San Diego	the situation does not require an immediate response	the county of jurisdiction will respond.
a dependent from the County of San Diego is placed out-of-county	an immediate response is required	the county where the youth is placed will respond if San Diego is unable to. If the county of placement declines, the referral will be assigned to the OCI unit.
a dependent from the County of San Diego is placed out-of-county	the situation does not require an immediate response	an OCI worker will respond.

30-day Rule

When a new referral is to be assigned on a case/referral that has been closed within the past 30 calendar days, the referral will be assigned to the unit that closed the case/referral unless the family has moved to another region, in which case it will be assigned to that region.
The 30-day rule does not apply to WIC 329 referrals or on some referrals with recently opened cases that must be assigned to OCI. Hotline SW will also consider if the 30 day rule applies if new information is received that shows the referral should be assigned to the ISU or the Medically Fragile Unit and if ISU or medically fragile assignment is no longer warranted.

Incorrect Assignments

If a referral is assigned to the incorrect region, the ER PSS follow the Centralized Assignment Team (CAT) policy and procedures.

Standby   If a Standby SW responds, the Standby PSS will assign the referral electronically to the appropriate region's assignment desk by the next business day within the 2-hour timeline to continue the investigation.

See Standby After-Hours Investigations for more information.

Alignment with SET   This policy aligns with the SET Practice Framework by supporting the following SET Values:

SET Value 4: This policy supports the Agency practice to establish and maintain collaboration with schools, public health, public safety, and other community partners.

 SET Value 6: by providing structure for a proactive workplace culture of responsiveness and shared responsibility.