

## Hotline- Referral Screening Criteria

(Revised 12/29/23)

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### Forms

The following form is referenced in this policy:

- 04-94 School Attendance Letter

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### Policy

All referrals received by the Child and Family Well-Being (CFWB), Child Abuse Hotline, that allege endangerment, abuse, neglect, or exploitation of a child will be evaluated per Referral Screening Criteria and the Hotline SDM Tool to determine whether to assess:

- if a referral meets the statutory threshold for an in-person response, and
- if so, how quickly to respond ,
- if not, if a referral to an alternative community response is appropriate.

When it is determined that an in-person investigation is necessary:

- the referral is assigned by the Hotline SW to the appropriate region for assignment to an Emergency Response (ER) SW **and**,
  - an ER SW will conduct a thorough in-person investigation; this includes referrals for children with an open referral or active case.
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**Policy (cont.)****NOTE:**

- Refer to Hotline - Function and Procedure for additional information on generating referrals and cross reporting.
  - Refer to Hotline - Priority of Referrals for additional information on determine response timeframes.
  - Refer to Hotline - Cross County Referrals for information on assigning referrals for youth not residing in their legal county of residence.
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**Referral Screening Criteria**

Referral Screening Criteria is a consideration of the following:

- All information gathered by the Hotline SW needed to complete a thorough assessment.
  - Structured Decision Making (SDM) Hotline Screening Tool.
  - All Risk Factors.
  - Factors listed in Division 31 regulations for determining if an in-person response is needed.
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**Gathering Information**

The Hotline SW must gather information about the following:

- What is the harm/impact/danger to the child?
  - What is the composition of the child's household?
  - Is the family active to a child welfare services (CWS) case in San Diego or in another county or state?
  - Is the home a licensed foster home, Resource Family Home, Foster Family Agency (FFA), Licensed Group Home (LGH)/Short-Term Residential Therapeutic Program (STRTP) or Licensed Day Care?
  - Where do siblings, who are not in the home, live?
  - What schools do the children attend? Is the school in session? What are the school hours?
  - Does the child have an Individualized Education Plan (IEP) or any physical or mental disabilities?
  - What is the connection between allegations about the parent/caregiver and danger to the child?
  - What is the protective need?
  - Why is the reporting party calling now?
  - What do prior reports indicate?
  - Does the reporting party seem to be credible? Are they giving factual and specific information? What is the source of their knowledge?
  - What strengths and support systems does the family have? Are there any services in place and/or is the family seeking support services?
  - What are the relevant cultural factors of the child/family?
  - Have all prior referrals on children under age five been reviewed?
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**Gathering  
Information (cont.)**

**NOTE:** If during the course of gathering information, there appears to be an immediate medical emergency, or if the child and/or victim are in imminent physical danger, the Hotline SW should advise the caller to call 911 or the Hotline SW should call 911.

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**SDM Hotline  
Screening Tool**

The SDM Hotline Screening tool will be completed for all reports of alleged abuse or neglect of a child. This tool supports the following decisions:

- Whether or not to assign a referral for an in-person response
- What the appropriate response priority time should be

For additional information, refer to:

- Structured Decision Making (SDM)
  - Hotline - Priority of Referrals
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**Risk Factors**

Risk factors described below should always be considered by Hotline SWs while gathering information from a RP.

Completing the SDM Hotline Tool accurately will help the Hotline SW determine whether or not a referral meets the statutory threshold for an in-person response and if so, the response time recommended.

The Hotline SW will assess and consider the risk factors in the table below for **all children/youth** when determining whether a call made to the Hotline should be screened in for an in-person response and the priority of response.

Risk Factors	Including
Precipitating incident	<ul style="list-style-type: none"><li>• Severity and frequency of abuse</li><li>• Location and description of injury on child's body</li><li>• History of child abuse</li><li>• Perpetrator's access to child.</li></ul>
Child characteristics	<ul style="list-style-type: none"><li>• Age, vulnerability, special circumstances (i.e., developmental disability, severe mental illness diagnosis)</li><li>• Behavior, interaction with caregivers, siblings (i.e., self-harmful behaviors, violent behavior towards others involving weapons, violence toward very young or vulnerable children).</li></ul> <p><b>NOTE:</b> A definition on severe mental illness can be found in the Mental Health Treatment and Services</p>

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**Risk Factors (cont.)**

<b>Risk Factors</b>	<b>Including</b>
Caregiver characteristics	<ul style="list-style-type: none"><li>• Interaction with children, other caregivers (have these interactions led to a child's severe anxiety, depression, withdrawal, or aggressive behavior towards themselves or others)</li><li>• Caregiver's substance use, criminal behavior, mental health, developmental delays, that impact the children.</li></ul>
Family Factors	<ul style="list-style-type: none"><li>• Family strengths</li><li>• Relationships, support systems</li><li>• History of abuse</li><li>• Presence of parent substitute</li><li>• Environmental conditions.</li></ul>

In evaluating the level of risk to a child, consider the significance of the following factors:

<b>Factor</b>	<b>Significance</b>
Ability of Child to Self-Protect	The less a child can protect themselves mentally and physically, the higher the risk.
Age of Child	The younger the child, the higher the risk.
Frequency of Incident	The more frequent the occurrence of incidents, as indicated by the reporting party and prior referrals, the higher the risk.
Severity of Injury	The more serious the injury, the higher the level of risk.
Location of Injuries	Injuries on a child/youth who is a non-ambulatory infant with any bruise/injury; injuries on a child/youth aged 0-5 with bruising of the ears, neck, abdomen, buttocks, genitalia, or inner thighs, indicate a higher level of risk.

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**Risk Factors (cont.)**

Factor	Significance
Perpetrator Access	The more access the perpetrator has to the child, the higher the risk.
Probability of Injury	The more likely the incident would result in severe injury or death, the higher the risk.
Recency of Incident	The more recent the occurrence of the incident, the higher the risk.

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**Division 31  
Regulations**

Hotline SWs will be familiar with the factors listed in [Division 31 regulations](#) of the Child Welfare Services Program Manual of Policies and Procedures for the California Department of Social Services when determining if an in-person response is needed or not.

These factors include, but are not limited to:

- The ability to locate the child alleged to be abused and/or the family.
- The existence of an open case and if the problem described in the allegations is being adequately addressed.
- The allegation meets one or more of the definitions of child abuse, exploitation, or neglect.

**NOTE:** [Penal Codes 11165.1 - .6](#) define child abuse and neglect.

- The alleged perpetrator is a caretaker of the child, or the caretaker was negligent in allowing or unable to or unwilling to prevent, the alleged perpetrator access to the child.
  - The allegation includes specific acts and/or behavioral indicators, which are suggestive of abuse, neglect, or exploitation.
  - There is additional information from collateral contacts or records review which invalidates the reported allegations.
  - There are previously investigated unsubstantiated or unfounded reports from the same reporter with no new allegations or risk factors.
  - The referral is from a law enforcement agency, and it alleges abuse, neglect, or exploitation. All referrals from law enforcement must be assigned for an in-person investigation. No response is required to a cross-report from a law enforcement agency if the law enforcement agency has investigated and determined that there is no indication of abuse or neglect by a member of the child's household.
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**Division 31  
Regulations (cont.)**

When determining whether an in-person investigation is required, the following options will be considered:

- Evaluate out (EO), with no referral to another community agency.
    - Hotline SW will document the rationale in the Emergency Response Document (ERD) - (i.e., Hotline Tool decision recommendation, duplicate referral, historical information only, etc.)
  - EO, with a referral to an appropriate community agency (i.e., San Diego 2-1-1);
    - SW will document the family was referred to another community agency in the ERD and the CWS/CMS response determination field.
  - Where there is reason to know that a child is or may be an Indian child, EO with a referral to the Indian's child's tribe, an Indian organization, or other Indian service provider.
    - SW will document the family was referred to another community agency in the ERD and the CWS/CMS response determination field.
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**Allegations by a  
Third-Party  
Perpetrator (not a  
Parent/Caregiver)**

If a report of abuse or neglect meets Referral Screening Criteria and alleges abuse by a third party, the Hotline screener will add an allegation of General Neglect due to failure to protect by the parent, only **IF** the screener is provided with information that the parent **reasonably should have known** about the abuse and/or neglect.

A third-party perpetrator is defined as any person who is not the legal parent or guardian and perpetrates abuse or neglect of a child (such as an unknown non-household member, a step-parent, an extended family member, etc.). When screening a report of an alleged perpetrator who is not the parent, guardian, or Indian custodian of a victim, such as program staff from a licensed facility or short-term residential treatment, hotline SWs will also inquire if the alleged perpetrator is a caregiver of children in their own household and generate any additional referrals, as necessary.

Consider asking the following questions to assess for failure to protect:

- Did the parent/caregiver have any knowledge of the alleged perpetrator abusing/neglect the child or other children in the past?
- Was the caregiver aware of the abuse and did not intervene despite knowledge?
- Is the parent/caregiver aware of the exploitation and unable or unwilling to intervene to protect the child?

For more guidelines on assessing failure to protect, see the SDM Hotline Tool Policy and Procedures.

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### **Allegations for Youth in Congregate Care Settings**

The Hotline SW will assess allegations received for a youth placed in congregate care settings such as a residential treatment facility, STRTP, LGH, emergency shelters, etc. as they would any other report called into to Child Abuse Hotline. When the Hotline SW completes the SDM Hotline Tool the definition of “caregiver” will include “a person responsible for the child’s care and welfare.” This definition includes a licensee, administrator, or employee of any facility licensed to care for children. This expanded definition of “caregiver” only applies to screening, response, and response priority tools; it does not apply to the safety, risk, reunification, or other SDM assessments

When screening a report of suspected child abuse or maltreatment by an alleged perpetrator who is a facility staff member, the Hotline SW will also inquire if the alleged perpetrator is a caregiver of children in their own household and generate any additional referrals, as necessary.

If Hotline SW identifies that an alleged perpetrator is a facility staff member the SW will ensure that a client notebook is created for the perpetrator and in the allegation note:

- Select “Perpetrator-SCP/Res. Facility Staff.”
- Fill in the alleged perpetrator name from the drop-down menu (do not leave as “None” if RP provided information that identifies a suspect)/
- Select the correct Placement Facility Type in the drop-down menu.

**NOTE:** Selecting the correct facility type and perpetrator type will communicate with SDM and Safe Measures that a Standard Safety Assessment does not need to be completed.

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### **Non-Assignment of Referrals/Evaluated Out (EO) Referrals**

Referrals which have been assessed using the SDM Hotline Tool and do not meet assignment criteria will be EO’d.

The SDM Hotline Tool provides decision support, guidance to assess whether a referral meets the statutory threshold for an in-person OCS response. The accurate use of any SDM tool requires reading the full definition before marking any criteria. See the Structured Decision Making policy for more guidance on the SDM Hotline Tool.

When evaluating out a referral for historical information, the Hotline SW will refer to the following local policy definition:

- The alleged maltreatment occurred more than 12 months ago, **and**
  - The victim child is 3 years of age or older, **and**
  - There is/are no new allegation(s), **and**
  - Allegations are not sexual abuse by an adult caregiver, or other household member, or unable to rule out household member as an alleged perpetrator, **and**
  - The conditions that contributed to the alleged incident are no longer present, **and**
  - There are no current concerns that the child or another child in the home is endangered by abuse, neglect, and/or exploitation.
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**Non-Assignment of Referrals/Evaluated Out (EO) Referrals (cont.)**

In order to ensure that duplicate referrals are identified for exclusion from outcome measures, duplicate referrals must either be EO'd or associated with an N/A secondary response. When the Hotline identifies a report as a duplicate referral, the Hotline SW will evaluate out the referral. It is important to note that every caller will have their own interpretation of the incident or suspected allegations of abuse or neglect so the information will vary from caller to caller; however, if the Hotline identifies a report as duplicate based on the definition below, the Hotline SW will **NOT** assign the referral.

Duplicate referrals are referrals that have different reporters but share all of the following:

- Same child victim(s)
- Same allegation
- Same incident

The following are examples of referrals that the Hotline SW may identify as not at-risk for abuse or neglect:

- Cross-report from law enforcement in which their investigation found no protective issue or indication of abuse/neglect by a member of the child's household and there are no additional service needs.
- Assignment criteria are met but additional information is received from a reliable source that there is no validity to the complaint, or the issue was resolved and there is no further protective issue.
- The parents are involved in a custody dispute and no protective issue is identified.
- A child, 14 years old or older, is beyond the control of the parents, is unwilling to follow reasonable rules of parents and no protective issue is identified.
- Referral from a mental health professional requests residential treatment services because the parents do not have the necessary medical or financial resources to obtain placement on their own, and no protective issue is identified.
- A relative who is caring for a child requests services solely for the purpose of obtaining financial assistance. Refer to the CalWORKs office nearest the relative.

**NOTE:** If the relative refuses to keep the child without AFDC-FC, the referral will be assigned.

- School aged children not attending school and no other risk factors are identified.

**NOTE:** When a referral for a child of any age is EO'd for lack of school attendance and/or excessive tardiness with no other risk factors, the Hotline or ER PSS (whomever approved the EO) will mail out the School Attendance Letter, form 04-94. This letter informs the parent that a referral was received by the OCS Hotline and that school attendance is important to a child's overall success. The letter also refers the family to community resources for assistance and educates them on the SARB (School Attendance Review Board) process.



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**Non-Assignment of Referrals/Evaluated Out (EO) Referrals (cont.)**

- Mandated reporter calling about a historical incident, and treatment/service has already been obtained.
  - Presenting incident/situation has already been investigated or assessed and appropriate action has been taken.
  - Out-of-home abuse where it is determined that the parent is not negligent or responsible for the abuse/neglect.
  - A person under 18 who is confirmed to be an emancipated minor through marriage
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**Fetal Exposure to Substance Use**

Referrals alleging fetal abuse, that an unborn child may be at-risk because of the mother's behavior, such as the use of drugs or alcohol, will **not** be created in CWS/CMS or assigned for investigation.

If there are other children in the home who may be at risk for abuse or neglect, a referral should be created in CWS/CMS and assessed for assignment. The mother's substance use and pregnancy status will be entered into the screener alert section on the ID page of the Referral in CWS/CMS. Do not make a notebook or allegation for the unborn.

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**Substance Affected Infants**

An infant born and identified as affected by substance use is defined as an infant where substance exposure is indicated at birth **AND** subsequent assessment identifies indicators of risk that may affect the infant's health and safety. Both components must be present to meet this definition.

When a call is received regarding a potential substance affected infant, the Hotline SW will ask whether a Plan of Safe Care (POSC) has been developed by a healthcare provider or other service provider. [ACL 17-92](#) defines a POSC as, "A plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver." If the service provider indicates they have developed a POSC, the Hotline SW will collect information about the services to which the family was referred to. The screener should ask questions that will gather pertinent information, including, but not limited to:

- Did the infant test positive for a substance?
  - Did the mother screen positive for a substance use disorder (SUD)?
  - Has a plan of safe care been developed?
  - Is the infant or parent already receiving services, or has the infant or parent been referred to services?
  - What is the nature of those services (e.g., substance use treatment services, Medication Assisted Treatment (MAT), parenting services, etc.)?
  - Are there any additional concerns about the well-being of the infant, including concerns about the well-being of the mother/caregiver that may indirectly affect the infant (e.g., domestic violence, human trafficking, etc.)?
  - Are there concerns that the mother/parent/caregiver will be unable to adequately fulfill the basic needs of the infant upon discharge from the hospital?
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**Substance Affected Infants (cont.)**

When assessing referrals involving a substance affected infant, Hotline SWs should consider that infants may be expected to have withdrawal symptoms when mothers/parents are receiving MAT services (e.g., methadone, or buprenorphine) as part of their stable recovery journey. In absence of other safety concerns and/or risks this “anticipated withdrawal” alone would not indicate the need for assigning a referral. In order for a referral to be assigned for an in-person response, there must also be concerns that the mother/parent will continue to use substances that will render her/them unable to safely and adequately fulfill the basic needs of the infant upon discharge from the hospital.

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**Suspected Abuse of Non-Minor Dependents (NMDs)**

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.

If a call is received on an NMD, the Hotline SW will follow the table below:

If...	Then the Hotline SW will...
A call is received for any NMD	<ul style="list-style-type: none"><li>• Send an e-mail to the assigned SW and PSS with the name and contact information from the caller.</li><li>• Collect all information/concerns the caller has regarding the NMD and provide the details received in the e-mail.</li><li>• 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]).</li></ul>
the NMD is under Kin-GAP,	<ul style="list-style-type: none"><li>• follow all steps in row one of this table.</li><li>• explain to the caller that they may contact LE.</li><li>• Notify the EFC SW by e-mail.</li></ul>
A NMD living in a SILP is alleged to be abused by a roommate,	<ul style="list-style-type: none"><li>• follow all steps in row one of this table.</li><li>• report the allegations.</li><li>• notify the EFC SW by e-mail.</li></ul>

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**Services to Families  
without Shelter**

A child must not be judged to be at-risk solely because of lack of permanent or temporary shelter.

**General Neglect** as defined, per Penal Code 11165.2(b), means the negligent failure of a person having the care of custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred but the child is at substantial risk of suffering serious physical harm or illness. "General neglect" does not include a parent's economic disadvantage.

The Hotline SW will complete the SDM Hotline Tool to determine if the family's lack of shelter or living arrangements meets the required threshold to assign the referral for an in-person response.

If the Hotline SW assesses that the only identified concern is lack of permanent or temporary shelter, the SW will:

- Create a new referral in CWS/CMS.
- Refer the family to 2-1-1 SD.
- Document in the response determination box of CWS/CMS:
  - The agency the family was referred to.
  - The rationale for the EO.
- Evaluate out the referral.

If Hotline SW obtains information from the RP and after completing the Hotline SDM Tool identifies there are additional factors that meet the statutory threshold for an in-person CWS response, the SW will:

- Create a new referral in CWS/CMS.
  - Refer the family to 2-1-1 SD.
  - Assign the referral according to the criteria outlined in the Hotline - Priority of Referrals.
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**Sexual Abuse  
Allegations**

Hotline SWs will consider asking the following questions when assessing assignment criteria for sexual abuse allegations:

- Are there any known or suspected sexual acts on a child by an adult caregiver or other individuals in the household, can it be ruled out that a household member is an alleged perpetrator?
    - If Hotline SW is unable to rule out a household member as an alleged perpetrator the referral will be assigned and will not be evaluated out due to "out-of-home abuse" or "historical information."
  - Are there any sexual act(s) among siblings or other children living in the home outside of normal exploration or that involves coercion or violence?
  - Is there any current abuse as evidenced by a disclosure, witness account, medical evidence, or child sexual abuse material (CSAM)?
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## Sexual Abuse Allegations (cont.)

- Is there any sexual exploitation of a child living in the home by a caregiver/household member?
- Are there any known or highly suspected sexual abuse perpetrators living with the child?
- Is there any CSAM in the household (pictures, videos, or other content of children that are sexualized or being sexually abused)?
- Are there any pictures or videos or streaming content being made of the sexual abuse of a child?
- Are there any severely inappropriate sexual boundaries?
  - Are adults in the home allowing children to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/development status?
  - Are the children exhibiting age-inappropriate sexual behaviors?
  - Can you describe the behaviors or what the inappropriate sexual boundaries are?
- Is there a non-offending parent or caregiver who is willing and able to protect, including seeking medical attention if needed?
- Does the perpetrator have access to the victim within the next 10 days?
- Where is the victim now? Is the victim in an alternative safe environment?
- When did the incident occur? If there are multiple incidents when did the last incident occur?
- Is there a threat to cause harm or retaliate against the child for disclosing?
- Are there any other risk factors indicating risk to the child? (Refer to the [Structured Decision Making Policy and Procedure Manual](#) for risk factors to consider)
- Is there prior child welfare history involving concerns of sexual abuse allegations or exploitation?

For information on evaluating out sexual abuse allegations refer to the ER - Changing Response Determination policy.

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## Commercial Sexual Exploitation of Children (CSEC)

The [Federal Strategic Action Plan](#), defines human trafficking as:

“... the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act... induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.” CSEC also includes sexual abuse by an adult in exchange for cash or something of value, or as a promise/threat to the child or another person.

The Hotline must assign all CSEC referrals for investigation regardless of caregiver knowledge. Utilizing the SDM Hotline Tool, the Hotline SW will assess whether the allegations reported to the Hotline SW meet assignment criteria by completing the SDM Hotline Tool. Allegations of sexual exploitation will be added if the information reported to the Hotline SW meet the definition for sexual exploitation as defined by the Hotline Tool. A referral will **not** be created when only red flags or risk factors are identified, risk factors alone do not make a youth an identified CSEC youth.

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**Commercial Sexual  
Exploitation of  
Children (CSEC)  
(cont.)**

Additionally, the Hotline SW will assess for possible parent/caregiver knowledge of the exploitation may meet existing definitions under Failure to Protect.

When a caregiver is alleged to be involved in the exploitation of a child, an allegation of exploitation will be applied to both the caregiver and any third-party perpetrator(s). When there are allegations of exploitation by someone without caregiver involvement, an allegation of exploitation will be applied only to the alleged third-party perpetrator(s). Allegations of General Neglect should be considered based on the parent/caregiver's awareness level of the exploitation.

When the allegations meet criteria for assignment **and** there are risk factors identified for the youth regardless of the allegations, the Hotline SW will write "assess for CSEC" in the ERD. Hotline SWs will refer to the CSEC Interagency Protocol and CSEC Response Team Protocol to determine if a youth may be at risk of exploitation.

When the Hotline SW identifies in the Hotline Tool that there are allegations of CSEC, the SW will also assess for all other types of abuse/neglect as they would with any other referral. The following chart may help with identifying the correct allegation code for different types of CSEC scenarios.

Allegation	Assessment
General Neglect and subcategory of Fail/Unable to Protect from CSEC	A neglect code is indicated when parents have knowledge of the victimization but do not intervene to protect their youth or are unable to protect their youth. If the General Neglect code is selected and SW has assessed that the parent/guardian failed or was unable to protect their child/youth from CSEC, then SW will choose the subcategory of Fail/Unable to Protect from CSEC.
Exploitation	This allegation is indicated when there is suspicion of commercial sexual exploitation by the parent/caregiver or other known/unknown perpetrator. If the Exploitation code is selected, the SW will choose the subcategory of Commercial Sexual Exploitation.
Sexual Abuse	This allegation code will be selected on reports detailing sexual abuse concerns that children/youth are being commercially sexually exploited by the parent/caregiver.

**Commercial Sexual  
Exploitation of  
Children (CSEC)  
(cont.)**

Allegation	Assessment
Physical Abuse	Oftentimes these children/youth have been physically assaulted by the exploiter and there is a current injury. Parents have also responded to their children's/youth's victimization with physical abuse. A physical abuse code may be included regarding historical physical abuse. Many of these children/youth become exploited due to abuse in the family home.
Emotional Abuse	Aside from the physical abuse children/youth experience by their exploiters, they may also experience emotional abuse or abandonment by their parents. Parents may not understand the victimization their child/youth is experiencing. They may respond by blaming their child/youth or forcing the child/youth out of the home.

**Children not Picked  
Up from School**

School personnel are sometimes faced with having students who do not get picked up from school or an after-school care program. OCS and the San Diego County Office of Education have agreed to the following protocol as a coordinated response.

When a child is not picked up, the school will:

After 20 minutes...	Call the parent or guardian. If no response, call emergency contact numbers on the child's emergency card and the school resource officer.
After 45 minutes...	Call local law enforcement. If advised by LE of an extended wait time, call OCS.
After 60 minutes...	Call OCS. The Hotline Screener will assess and generate a referral as needed.

**Child Fatalities**

Hotline SW must assign all child fatalities that are **suspected** to be the result of abuse and/or neglect regardless of whether there are other surviving/living children reported in the home.

See Hotline - Child Fatality/Near Fatality for more information.

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**Abandoned Babies**

Reports to the Hotline on infants abandoned by their parents that do not meet the criteria for Safely Surrendered Babies will utilize the Hotline SDM tool to assess criteria assignment. See Hotline - Priority of Referrals.

See Safely Surrendered Babies policy for definitions/criteria for safely surrendered babies and voluntary relinquishment.

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**Safely Surrendered Babies**

California law states, in part, that no parent or other person who has lawful custody of a minor child **72** hours old or younger who has not suffered abuse or neglect may be prosecuted for child abandonment if the parent voluntarily surrenders physical custody of the child to personnel at a safe surrender site. In situations where a parent is choosing to safely surrender their baby, the Hotline SW will **NOT** collect any information regarding the birth parent.

See Safely Surrendered Babies for hotline procedures on assigning safe surrendered babies and definitions/criteria.

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**Voluntary Relinquishment**

In all cases in which a birth parent indicates that they are unable or unwilling to care for their baby, the preferred option continues to be voluntary relinquishment. When a birth parent delivers their baby in a hospital it is important that they be given adequate information about the options and services available through voluntary relinquishment. Unlike safely surrendered babies, voluntary relinquishment can include children that are more than 72 hours old, and the birth parent's identifying information will be collected for CWS/CMS and agency staff.

When a referral is received at the Hotline on a parent who has just given birth and is choosing to use the Safely Surrendered Baby Law, the Hotline SW should ask the RP if the parent has been given information about the option to voluntarily relinquish their baby. The RP's response should be documented in the Screener Alerts text box on the ID page of the Referral Notebook.

See Safely Surrendered Babies for hotline procedures on assigning safe surrendered babies and definitions/criteria.

See Birth Parent/Voluntary Relinquishment Referral and Initial Contact for additional information.

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**Alignment with SET**

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

- [Value 1](#) by recognizing that enhancing safety for children and youth in the home is a top priority.
  - [Value 6](#) by providing structure for a proactive workplace culture of responsiveness and shared responsibility.
-