

Neglect Protocol

(Revised 05/02/25)

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Related Policies

Additional information can be found in the following policies:

- Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol
 - Child Victim Witness Protocol
 - Medical Opinions - Forensic Examinations/Interviews and Medical Consultations
 - Medically Fragile Children
 - Child and Adolescent Needs and Strengths (CANS)
 - Case Plans
 - WIC 300 Petitions – Descriptions and Documentation
 - Hotline - Referral Screening Criteria
 - Hotline - Assignment of Referrals
 - Hotline - Priority of Referrals
 - ER - Changing Response Determination
 - Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)
 - Safety Plans
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Forms

The following forms are referenced in this policy:

- 04-277 SDM Safety Plan (Arabic) (English), (Haitian Creole) (Korean) (Mandarin) (Somali) (Spanish) (Tagalog) (Vietnamese)
- 08-01 Family Connection Hub Referral
- 04-18 Genogram
- 04-08 Ecomap

Resources

The following resources are available when investigating allegations of neglect and severe neglect:

- [Child Victim Witness Protocol](#): The Child Victim Witness Protocol (CVWP) provides guidelines to working with the child victim/witness. It emphasizes treating children with dignity and respect and minimizing further trauma by limiting the number of times a child is interviewed, increasing the effectiveness of the investigative process and facilitating the child's access to needed services, such as medical treatment and trauma counseling.
- [Forensic Interview/Forensic Medical Exam Criteria](#)
- [Structured Decision Making \(SDM\)](#)
- Family Connection Hub Brochure

Introduction

The Agency's vision is that every child/youth grows up safe and nurtured while ensuring that any intervention pursued is appropriate for each family. Through engagement and meaningful relationships, the Child and Family Well—Being (CFWB) department supports families to enhance safety, permanency, and well-being for children.

This protocol is a framework for the investigation and identification of neglect. Due to a wide range of care and supervision practices and standards, this protocol is only a framework. This protocol supports CFWB's efforts to provide staff with guidelines for assessing the need for services and intervention while ensuring safety and enhancing well-being of children and families impacted by neglect/severe neglect.

Research into the consequences of child neglect has identified various acute and severe negative outcomes such as death, injury, and traumatic brain injury. Research has also uncovered the increased potential for many long-term developmental outcomes such as: academic problems, anxiety, conduct disorder, childhood aggression, delinquency, depression, increased risk for suicide, high-risk sexual behavior, interpersonal problems, poor physical health, posttraumatic stress disorder, risky health behaviors, substance abuse, and youth violence. Along with the legal and medical consequences, these short- and long-term effects make prevention, early identification, and intervention a necessity. An understanding of the definition of neglect and acknowledging factors that contribute to, but on their own are not neglectful, is important to ensure child safety is upheld in the least restrictive setting ([Child Maltreatment Surveillance](#), Center for Disease Control and Prevention).

Introduction (cont.)

Because the general neglect definition is broad and has the potential to be misapplied based on a reporter's own experiences, parenting expectations, and biases, reports alleging general neglect may disproportionately impact families experiencing poverty and in need only of economic supports. While reports to child welfare agencies regarding general neglect may reflect home conditions tied to poverty or other conditions of financial difficulty, including inadequate food and lack of clothing/hygiene for a child, the social worker must assess the parents' willful actions/inactions that have caused harm or are at risk of causing harm to a child. General neglect and poverty-related issues often intersect with racial disproportionality. Historically marginalized and underserved communities of color and tribal children and families continue to face systemic barriers and over surveillance that impede their access to essential resources, opportunities, and economic mobility. **Economic disadvantage is a risk factor for neglect, but poverty does not equate to neglect.**

NOTE: It is important to understand and value a family's cultural differences; they should be factored into assessing for safety, **but** protective issues involving neglect must be acted on. It is imperative that the family be educated on child abuse laws, while the SW maintains sensitivity to the family's cultural norm.

Legal Definitions

Penal Code definitions are applied when concluding dispositions for allegations of abuse and/or neglect. The Penal Code defines neglect as:

11165.2: As used in this article, "neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.

(a) "**Severe neglect**" means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that their person or health is endangered as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

(b) "**General neglect**" means the negligent failure of a person having the care or 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.

NOTE: Substantial risk means that without intervention, child is likely to experience serious harm in the future. ([AB 2085](#) 2022)

**Legal Definitions
(cont.)**

For the purposes of this chapter, a child receiving treatment by spiritual means as provided in [Section 16509.1](#) of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect. See [ACL 23-105- Assembly Bill 2085 And Senate Bill 1085: Clarifying The Definition Of "General Neglect" To Exclude A Parent's Economic Disadvantage](#) for clarifying information.

Welfare and Institutions Code (WIC) definitions are applied when petitioning the Juvenile Court. WIC defines neglect in sections §300 (b), (f), (g), (j), as the following (see the Welfare and Institutions Code) for complete definitions:

§300(b) –

- (1) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of any of the following:
- The failure or inability of the child's parent or guardian to adequately supervise or protect the child.
 - The willful or negligent failure of the child's parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left.
 - The willful or negligent failure of the parent or guardian to provide the child with adequate food, clothing, shelter, or medical treatment.
 - The inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance use.
 - That the child/youth is a commercially exploited/trafficked child/youth as described in Penal Code Section 236.1 or 11165.1, and their parents have failed to protect them from the exploitation. Provide information on how the parents failed to protect the child/youth.
- (2) A child shall not be found to be a person described by this subdivision solely due to any of the following:
- Homelessness or the lack of an emergency shelter for the family.
 - The failure of the child's parent or alleged parent to seek court orders for custody of the child.

Indigence or other conditions of financial difficulty, including, but not limited to, poverty, the inability to provide or obtain clothing, home or property repair, or childcare.

§300 (f) –

The child's parent or guardian caused the death of another child through abuse or neglect.

**Legal Definitions
(cont.)****§300 (g) –**

The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered pursuant to Section 1255.7 of the Health and Safety Code and the child has not been reclaimed within the 14-day period specified in subdivision (g) of that section; the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, the whereabouts of the parent are unknown, and reasonable efforts to locate the parent have been unsuccessful.

§300 (j) –

The child's sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the abuse or neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian, and any other factors the court considers probative in determining whether there is a substantial risk to the child.

See [WIC 300 Petitions – Descriptions and Documentation policy](#) for additional information related to filing a neglect petition.

**Minimum Sufficient
Level of Care (MSL)**

Minimum sufficient level of care is a social standard that may be defined as the point at which the children's mental, physical or emotional health would not be threatened if they were to remain solely under the supervision of the family. The key question is, "Are the caregivers providing consistent care at a basic level that keeps the child safe and protected in the areas of physical, emotional and developmental needs?" Minimum sufficient level of care can be defined a set of minimum conditions, not a perfect situation, that must be in place for a child to remain/return to his or her home to grow and develop safely. This can look different amongst various populations or circumstances. Factors to consider include, but are not limited to:

- The child's needs: Is the parent providing for the following needs at a basic level?
 - Physical (food, clothing, shelter, medical care, safety, acts of protection)
 - Emotional (support for the child's growth and emotional/mental well-being, acceptance/acknowledgment of the child's sexual orientation/gender identity or ability to continue to support the child regardless of the parent's beliefs or feelings)
 - Developmental (education, support for children with disabilities)
 - Community/Social Standards: Do the parent's behaviors/family norms fall within reasonable limits, given the specific community in which the family resides?
 - Supervision or lack thereof when the parent/caregiver is not home or unavailable
 - Parental roles
 - Religious practices (ie. Fasting for religious purposes, seeking alternative medical care that keeps the child healthy, etc.)
-

General Neglect and Other Types of Abuse

The following table outlines how general neglect may co-occur with other types of abuse/neglect in accordance with [AB 2085](#)

Permitting of Physical Abuse	The parent/caregiver willfully permitted the child to be placed in a situation that caused injury or impairment by another adult.
Permitting of Sexual Abuse	The child continues to be subjected or exposed to sexual acts due to parent/caregiver's lack of protective action steps or capacities.
Emotional Abuse	Parent/caregiver willfully causes or permits child to suffer or sustain physical pain or mental suffering, or their action or inaction, statement, or threat has led or is likely to lead to child's emotional symptoms (e.g., severe anxiety, depression, withdrawal); behavioral concerns (e.g., aggressive behavior toward self or others); and/or adverse impact on the child's emotional development.
Severe Neglect	Parent/caregiver negligently fails to protect child from severe malnutrition or medically diagnosed non-organic failure to thrive; and/or parent/caregiver willfully causes or permits the child's person or health to be placed in danger through not providing adequate food, clothing, shelter, or medical care. Can also include a parent/caregiver's failure to protect child from harm due to their own substance use or exposure to drugs/illicit substances.

See the [Indicators](#) section of this protocol for actions/inactions that define neglect.

Neglect Referrals Received at the Hotline

When general neglect or severe neglect is reported, the Hotline SW will follow policies for screening, evaluating out, and assigning as outlined in the following policies:

- [Hotline - Referral Screening Criteria](#)
- [Hotline - Assignment of Referrals](#)
- [Hotline - Priority of Referrals](#)
- [ER - Changing Response Determination](#)

NOTE: The hotline screener must consider all factors that contribute to neglect, and will utilize the SDM Hotline Tool to determine appropriate assignment of the referral.

**Risk and
Contributing Factors**

The presence of the risk/contributing factors in a family or community does not automatically indicate neglect is occurring. The impact of any circumstances or incidents a child encounters must be considered when assessing for neglect. The SW should consider whether the indicators are chronic (present most of the time), periodic (noticeable after weekends or absences), or episodic (happened once or twice during a high stress period, but are not the normal response).

The SW's assessment must be in alignment with the penal code, and contain sufficient evidence as to whether harm, abuse, or neglect occurred. It is important for the SW to clearly state what physical harm the child sustained or will sustain if nothing changes, and consider the risk of potential future harm when determining if a higher level of intervention is needed in order to keep a child safe.

When investigating allegations of neglect, the SW will review all possible risk factors and contributing factors to assess safety and risk including:

Familial risk/contributing factors for neglect include:

- Prior cases/investigations for child abuse and neglect, including prior substantiated allegations
- Caregiver's current alcohol and/or substance use that places the child at risk of harm, or impacts the family in a way that creates negative circumstances for the child
- Parent or caregiver's mental health challenges that could impact daily functioning and ability to care for the child
- Caregiver's ability to ensure the child is receiving appropriate medical/mental and/or dental health care
- Domestic Violence occurring in the presence of the child
- Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child
- Parent/caregiver's criminal history (including DUI but excludes other traffic offenses), or children/youth engaging in criminal activity
- Intellectual, cognitive, or developmental disabilities for the caregiver or child
- Parents/caregivers experiencing high levels of parenting or economic stress
- Historical trauma or parents/caregivers with adverse childhood experiences
- Homelessness or unstable housing
- Social isolation or lack of community/familial support
- Families with high conflict and negative communication styles
- Caregiver and child(ren) interaction
- Caregivers in the home who are not a biological parent

Child risk and contributing factors:

- Children ages 0-5
 - Failure to thrive
 - Children with special needs that increase parent/caregiver burden (i.e., disabilities, mental health issues, chronic physical illness, etc)
-

**Risk and
Contributing
Factors (cont.)**

Community risk/contributing factors for neglect include communities with:

- High rates of violence and crime
- High rates of poverty
- High unemployment rates
- Limited educational and economic opportunities
- Level of community support or lack thereof
- Unstable housing
- Food insecurities

NOTE: A family's circumstances that are directly correlated to the community they reside in cannot always be changed, and are not always in the family's control (ie. A family limited to living in low-income housing which is in a neighborhood with high crime rates or limited community resources). The SW should assess how a family's community supports or hinders a child's safety and well-being, not utilize the mere presence of community risk factors as evidence of neglect.

Indicators

The table below outlines possible indicators of neglect. If these indicators are present during an investigation, the SW will assess the impact to the child, the parents' ability and willingness to meet the safety and well-being needs of their child, and the impact of the contributing factors/risk factors listed above.

NOTE: This list is not exhaustive of all circumstances to consider for neglect, and any additional or unique circumstances should be assessed thoroughly to make a determination if the child is safe. The SW should consider the parents'/caregivers' efforts in meeting the child's needs (i.e. waitlists for appointments, access to transportation, the parent/caregivers understanding of the issue at hand, etc.)

Care and Supervision Area	Indicators
Food	<ul style="list-style-type: none">• The child is consistently not receiving enough food to meet their nutritional needs Consider the child's access to food versus the child not wanting to eat the options of food provided.• The child is begging for or stealing food• The nutritional quality of food in the home is poor AND is impacting the child's physical health• Refrigerator or cupboards contain spoiled food• The child resorts to eating items not intended for human consumption.• The child's lack of food or nutrition hinders typical activities, schooling, or relationships• The child appears to be unusually thin, appears to be losing weight inorganically, is reported to be less energetic than before, or shows other symptoms of malnutrition, severe obesity or similar nutritional concerns that place the child in danger

Indicators (cont.)

Care and Supervision Area	Indicators
Clothing/Hygiene	<ul style="list-style-type: none"> • The child is consistently lacking clothing needed for the current environment or weather conditions • The child's clothing is chronically dirty or ill fitting (too large, too small) • The child is forced to wear the same items of clothing for days regardless of the condition or as punishment • The child is chronically dirty, smells bad, or has unwashed hair • The child's clothing or poor hygiene is hindering typical activities. • The child has issues with lice, scabies, or other health related issues that the parents are not addressing on the child or in the home
Shelter	<ul style="list-style-type: none"> • The child is consistently living in conditions that are unsafe or unsanitary • The residence is infested with insects or rodents and if left untreated or ignored, the conditions impact the child's physical/mental health. • The residence has exposed wires, leaking gas, lack of utilities, excessive garbage or rotting food that threatens health • Guns or other weapons are not stored or secured properly (See PC 25100 for State ordinance regarding storage of a firearm) • Drugs/substances or drug paraphernalia are accessible to the child and could endanger their health or safety • Housing has an acute fire hazard or has been condemned.
Supervision	<ul style="list-style-type: none"> • There is evidence of poor supervision leading to the child being at risk of harm or danger • Falling out of windows, off of an elevated surface, or down stairs • Ingesting harmful substances (drugs/substances, cleaning supplies, etc. • The child is left home alone or left to care for siblings AND cannot reasonably do so. NOTE: California law does not delineate at what age a child can be left alone at home, it will be up to the SW to determine risk by assessing the age and maturity level of the child and the child's own protective capacities • The parent or caregiver knowingly fails to protect a child from maltreatment by a substitute caregiver • The child is exposed to domestic violence within the home • The child wandering outside without supervision and sustains injury or harm • Parent driving recklessly or intoxicated with a child in the vehicle • The child being left in a vehicle during extreme temperature conditions or being left unsupervised in a vehicle for an extended length of time • The caregiver is present but severe mental health symptoms are impacting their ability to adequately supervise or arrange for adequate supervision.

Indicators (cont.)

Care and Supervision Area	Indicators
Medical/Dental Care	<ul style="list-style-type: none"> The parent or caregiver fails to provide adequate access to medical, vision, or dental care for the child, and the inaction is resulting or could result in serious harm The parent or caregiver does not administer prescribed medications, and the child is likely to suffer serious physical harm or serious illness. The parent or caregiver refuses to take the child for needed medical attention or seek timely medical attention, which could cause serious physical harm or serious illness. Necessary medical or dental care not received, even in circumstances where care was refused due to religious or other sincerely held beliefs <p>NOTE: A caregiver's inability to provide the child medical/dental care due to economic disadvantage should be considered, and the SW should consider appropriate resources to assist the family.</p>
Mental Health Care	<ul style="list-style-type: none"> The child exhibits undue anxiety and/or an extreme focus on survival needs The child is depressed, withdrawn or apathetic The child exhibits antisocial or destructive behavior The child shows exaggerated fearfulness The child suffers from substance abuse, or speech, eating or habit disorders (biting, rocking, whining) The child has attachment issues or goes easily to strangers The parent or caregiver ignores the child, or denies access to mental health care to address the child's needs The child has history of suicide attempts or ideations that the caregiver ignores, and lack of medical or mental health care would be detrimental to the child's health Disruptive behavior, including aggression toward others Changes in mood, including depression and anxiety Post-traumatic stress symptoms such as avoidance, hyper-arousal and re-experiencing symptoms (such as nightmares) Declining school performance due to untreated mental health needs Recurrent somatic complaints such as abdominal pain or headaches Sleep disturbances Self-injurious behaviors or pattern of inflicted injuries <p>NOTE: Youth ages 12 and up can refuse mental health services. Consider alternative methods of addressing the youth's needs during these circumstances.</p>

Indicators (cont.)

Care and Supervision Area	Indicators
School/Education	<ul style="list-style-type: none">• Inconsistent school attendance• The family does not adhere to home school requirements, or indicate their children are homeschooled when they are not enrolled in any program• Child presents at school with suspicious injury where the history or explanation is not compatible, including bruises, burns, abrasions, fractures, head injury, abdominal injury, death• Child presents at school with frequent injuries or episodes reflecting poor supervision such as ingestions, and near drowning• Child presents at school with chronic indicators of hygiene concerns (insect bites, ringworm, lice, body odor)• Parent not following up with the child's Individualized Education Plan (IEP)/504 plan• The child is afraid to go home or states concerns of possible physical abuse due to poor behavior at school or daycare.
Exploitation	<ul style="list-style-type: none">• The parent or caregiver allowing or having knowledge of and not protecting the child/youth engaging in risky behaviors associated with sexual exploitation (ie. Child/youth traveling to places inconstant with normal routine, associating with others who are involved in child sexual exploitation, child/youth having multiple cell phones, explicit social media profiles, etc.)• The parent or caregiver selling the child/youth to engage in sexual exploitation• The child is forced to work (family business or other employer), and is being denied being legal rights such as compensation and work hours according to minor labor laws <p>For additional information, please refer to the Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol</p>

While some of these conditions may exist in any home environment, it is the extreme or persistent presence of these factors that could cause serious physical harm or illness. For example, disarray and an untidy home do not necessarily mean the home is unfit. It is the social worker's responsibility to thoroughly assess for safety and differentiate between complicating factors, cultural norms, community standards, and potential safety threats, as well as determine whether a parent/caregiver's actions/inactions willfully caused a child to be exposed to or to sustain serious physical harm.

The SW will refer to the [Structured Decision Making \(SDM\)](#) riteria when determining if the condition of any of the above indicators warrants the need for CFWB to create a safety plan alongside the family or intervene at a higher level in order to create immediate safety for the child.

**Cultural
Considerations
and
Responsiveness**

Culture can be defined as the sum total of an individual's or family's identity, including the learned behavior of a group passed on from generation to generation (values, beliefs, lifestyle, traditions, language, religion, sexual orientation, and gender expression).

A significant body of research has documented the overrepresentation of certain groups, particularly black, brown, and American Indian children and families, in the child welfare system relative to their representation in the general population. These children are found by child welfare agencies to be victims of child maltreatment at rates almost twice that of white children, per 1,000 children in the population. Explicit and implicit biases affect how families are treated at every child welfare decision point. These families are reported to child welfare agencies and subjected to investigations at higher rates than other families, are more likely to be removed from their families, and are less likely to reunify (Child Welfare Information Gateway, 2021), especially in regards to allegations of general neglect. When investigating neglect, CFWB staff will demonstrate cultural humility in making accurate safety and risk assessments and will provide interventions and services that are responsive and considerate of the family's culture.

Examples of exhibiting cultural humility when assessing for neglect include, but are not limited to:

- Inquiring about cultural considerations, traditions, family values.
- Showing respect for ethnic/cultural differences.
- Understanding the impact of CFWB's involvement with the family from a cultural/systems perspective.
- Valuing diversity and uniqueness of cultures.
- Inquiring about cultural differences in gender roles, parenting styles, family styles, and incorporating this knowledge when assessing for safety and risk.
- Having a variety of strategies that are responsive and appropriate to the cultural norms of groups, and a willingness to adapt practice skills to fit the cultural context of the family.
- Recognizing one's own biases/implicit biases/cultural norms, and seeking support and supervision if there are concerns that arise in the ability to adequately assess for safety and risk and support the family's culture.
- Having a formal process for obtaining and updating cultural knowledge.
- Providing translation services or written materials in the family's preferred language.

Examples of cultural norms to consider when assessing for neglect could include, but are not limited to:

- **Supervision:** The oldest child in the home providing supervision to siblings while the parent/caregiver is working.
 - **Food:** The family purchases food for meals daily rather than stocking up food in the home. Religious fasting as a practice.
 - **Medical Remedies:** Cupping, coining, or other homeopathic treatments
 - **Clothing/Appearance:** A child wearing clothing which covers the body/face for spiritual or cultural beliefs during warmer weather.
-

**Cultural
Considerations
and
Responsiveness
(cont.)**

Culture should also be assessed as a protective factor for each family. Strong ties with cultural, racial, and ethnic identities can build resilience and act as a buffer against the effects of trauma. Maintaining connections to culture reinforces social support networks. The passing down of traditional practices can strengthen parenting knowledge and confidence and enhance healthy parent-child attachment (Child Information Gateway, 2024). A social worker can assess a family's cultural ties as a protective factor by asking about:

- A family's support/safety network
- Connections to religion and a faith-based community
- Accessing services within their trusted community
- A family's past and current relationship with government or other authority agencies
- The family structure – how parental roles and extended family roles impact household functioning
- Completing a genogram ([04-18](#))/ecomap ([04-08](#)) with the family
- Traditions, holidays, special practices the family observes or practices
- Roles/duties within the family, what the family considers to be of importance (education, spirituality, etc.)
- Preferred language and communication styles

Immigration Status

[SB 1064](#) focuses on addressing the reunification barriers faced by many immigrant families involved in the child welfare system. The law clarifies the priority given to maintaining children's ties to their families despite barriers imposed by immigration status, immigration detention, and deportation. This aligns with child welfare's top priority of safely stabilizing and preserving families. Families with various immigration statuses may be guarded or fearful when working with CFWB or other government entities, and may have experienced traumatic incidents prior to their arrival to San Diego. It is important to consider appropriate engagement techniques to best serve families with immigrant status considerations. When working with families who have refugee status, are seeking asylum, or other immigration status considerations, it is important to consider possible Immigration Relief Options or other applicable resources to assist families with ensuring child safety.

Please see [Working with Families Involved in Immigration and Customs Enforcement Proceedings](#) policy for additional information.

**Special
Considerations**

Poverty vs Neglect

The changes made by [AB 2085](#) and [SB 1085](#) emphasize the importance of counties exploring sustainable ways to support families facing economic insecurity, provide concrete supports, and reduce unwarranted involvement in the child welfare system.

While poverty and neglect can be co-occurring, they are not the same. Poverty can be a risk factor for neglect, but not all families experiencing poverty expose their children to neglectful circumstances. Neglect can occur in families of any socioeconomic status. Additionally, poverty does not directly cause neglect, but poverty can make it more challenging to meet a child's needs.

**Special
Considerations
(cont.)**

Families experiencing poverty are more likely to be reported for child neglect, and poverty is disproportionately present in communities of color. National research estimates that approximately 85% of families involved with child welfare systems are at 200% or below of the federal poverty level (Petek, 2024). Because of this, child welfare professionals need to be aware of how biases and oversurveillance of families, especially low-income families, lead to unnecessary child welfare involvement. The SW should understand biases and how they affect decision-making. In order to substantiate allegations of neglect/severe neglect, there must be clear evidence of willful action/inaction by the parent, that results in the child not having their basic needs met or being subjected to substantial physical harm.

The SW should acknowledge their own biases when assessing neglect/severe neglect and when assessing for risk and safety. A SW's interpretation of a "dirty home" may look different than the family's interpretation, and the SW must consider all cultural, socioeconomic, safety, and risk factors when making a determination. The SW should incorporate the use of SDM to determine if there are hazards that could impact the child's safety, critical thinking skills, consultation with their PSS, county counsel, medical professionals, etc., and consider the Minimum Sufficient Level of Care when making assessing for child safety.

Unhoused Populations

Homelessness is a circumstance that families may experience when they are faced with such challenges as extreme poverty and lack of affordable housing. It can also occur when a family's current living situation becomes unsafe or unstable.

Homelessness is also a state of vulnerability for children and families. It exposes families to physical, mental, and developmental risks. Families experiencing homelessness often keep their situation and circumstances hidden from friends, professionals, and others because they feel ashamed or embarrassed. Homelessness alone does not contribute to child neglect. The parents' ability to provide the minimum sufficient level of care should be considered when working with a family experiencing homelessness.

Consider the following when working with unhoused populations:

Food:

- Is the child provided with breakfast and lunch at school or within the community?
- Does the parent/caregiver utilize food banks, or community based resources for food?
- Does the family purchase food daily rather than store food for the week?
- Does the family eat at a relative or support network's home?

Clothing:

- Do the children have clothing appropriate for the weather?
- Does the family have a routine for washing clothes (i.e. once per week), which could account for the child wearing an article of clothing for several days?

Shelter:

- Does the family have a location to sleep each night that is safe from extreme weather or elements such as excessive heat or cold, or does the family have the means to protect the child during exposure to those elements?
- Are the living arrangements (tent, car, etc) in an area where the child is exposed to violence, substance use, or other dangerous activities?
- Does the child have access to facilities to maintain hygiene (i.e. Public restrooms, showers, running water)?

**Special
Considerations
(cont.)**

LGBTQ+

Children/youth who identify as LGBTQ+, on average, face more barriers to permanency and well-being in comparison to their non-LGBTQ+ peers. Gender expression in childhood and adolescence may also increase the risk of child abuse and neglect. Serving children, youth and families who identify as LGBTQ+ requires that child welfare systems identify and address problems that affect them individually and collectively.

Engagement efforts and assessing for safety are specific to each family's circumstances and needs. The SW should acknowledge potential biases when working with a family or child/youth whose gender identity or sexual expression is different than their own. In the case of a family who is at risk or whose child or youth has been removed from home as a result of conflicts related to the child or youth being LGBTQ+, these efforts might include, but are not limited to:

- Working with a family to provide family preservation services around the issues with which the family is struggling.
- Parent outreach or education.
- Delivering culturally competent services and supports.
- Providing customer service without bias or prejudice.
- Working closely with kinship supports to determine whether a kinship placement might be the most supportive and affirming for the child or youth.

For additional information, see the [Sexual Orientation, Gender Identity, and Gender Expression \(SOGIE\)](#) policy.

Generational Trauma/Abuse

Parents who experienced maltreatment in childhood may be at an increased risk of presenting abusive or neglectful behavior toward their own children. Research suggests reoccurring patterns of abuse and neglect across generations, but the factors that influence these behavioral patterns are complex and poorly understood. Some parents who experienced childhood maltreatment may have fewer coping skills to deal with everyday life stressors and the challenges of raising children, which may impact their parenting. Some parents who have experienced maltreatment in their childhoods may have fewer coping skills to deal with everyday life stressors and the challenges of raising children.

It is important to assess for generational trauma during parent interviews in order to gain an understanding of the family. Building social support and positive relationships with family/community are potential intervention tools to help the family maintain or create safety.

Questions to build rapport and further engagement with the parent/caregiver when inquiring about generational trauma can include, but are not limited to:

- Tell me about your childhood.
 - How was your childhood similar/different than your child's?
 - What did discipline look like in your home growing up?
 - How has your childhood shaped how you parent your children?
 - What does a healthy childhood look like to you?
 - What is your perception of child welfare?
-

General Neglect Versus Severe Neglect

Severe neglect is distinguished from general neglect by the demonstration of willful behavior on the part of the perpetrator. This includes negligent failure to protect from severe malnutrition or medically diagnosed nonorganic failure to thrive. It also includes the intentional failure to provide adequate food, clothing, shelter, or medical care. With severe neglect, substantial physical injury is more likely to have occurred prior to the report to child welfare, versus general neglect.

The following criteria are examples of severe neglect:

- Diagnosed malnutrition
- Non-organic failure to thrive
- Wearing clothing that is not suitable for the weather which led to hypothermia, frostbite, or heatstroke
- A child left in a vehicle during extreme temperature conditions
- A parent driving recklessly and/or under the influence of substances
- Child is not supervised to the extent that the child has been seriously injured
- Death of a child due to neglect and other children remain in the home
- The aggressor in a domestic violence incident placed the child in the line of violence, a weapon (or object used as a weapon) was present, and the child has been significantly injured/killed or was in danger of being significantly injured/killed.

Chief Pediatric Officer (CPO) consultation is a resource available to SWs on referrals or cases with medical related concerns. SWs will consult with their PSS after consultation with CPO to assess for potential safety threats. See Case Consultation policy for additional information.

When assessing for general neglect vs. severe neglect, it is important to consider the impact to the child as a result of the act. Additionally, assessing whether the behavior or action that contributed to the incident was willful behavior and absence of an injury does not rule out severe neglect. For example, while a parent may not have intended to injure their child by driving under the influence, their decision to drive with their child while under the influence could be considered as severe neglect, even if the child did not sustain injuries.

The following examples can be considered when determining whether an incident falls under the penal code for general neglect vs. severe neglect. These examples are merely circumstances to consider, and the SW should consider all factors during assessing criteria for general neglect or severe neglect:

Incident/Circumstance	General Neglect	Severe Neglect
Parental Substance Use	<ul style="list-style-type: none">• Concerns that the child's clothing smells of marijuana due to parent smoking marijuana in the car.	<ul style="list-style-type: none">• Parent arrested for DUI and was three times over the legal limit. Parent was after observed to be swerving through traffic, driving through stop signs, and nearly hit another vehicle while the child was in the car.

**General Neglect
Versus Severe
Neglect (cont.)**

Incident/Circumstance	General Neglect	Severe Neglect
Parental Substance Use (cont.)	<ul style="list-style-type: none"> • Parent caring for eight (8) year old child while under the influence of alcohol, and child reported feeling scared due to the parent being “drunk.” 	<ul style="list-style-type: none"> • Child ingesting fentanyl that was determined to be within reach of the child, and the child required life saving measures.
Supervision	<ul style="list-style-type: none"> • Two (2) year old continuing to walk out of the home to play in the front yard while the parent is asleep or not supervising the child. • Parent leaving five (5) year old child in the car to pick up sibling in school pick up line for an extended amount of time, with their vehicle out of sight, or during excessive heat/freezing temperatures. 	<ul style="list-style-type: none"> • Two (2) year old sustained serious injuries after walking out of home while the parent was asleep, and was located near a busy street or a large body of water at a distance from the home. • Parent leaving an infant in the car over night AND child required medical care for dehydration etc.,
Medical Care	<ul style="list-style-type: none"> • Parent/caregiver not providing school with the child’s asthma inhaler and child is reported to have frequent asthma attacks • Child requiring treatment for several cavities due to infrequent dental check ups, and the parent has cancelled several appointments previously. Note: The SW will factor in economic disadvantage during these circumstances. 	<ul style="list-style-type: none"> • Parent/caregiver did not follow up with child’s medical appointments to obtain an inhaler, which resulted in a fatality/near fatality • Child requiring hospitalization due to severe infection in tooth and caregiver did not follow up with prior required dental care recommendations

**General Neglect
Versus Severe
Neglect (cont.)**

Incident/Circumstance	General Neglect	Severe Neglect
Physical Living Conditions	<ul style="list-style-type: none"> Child residing in chronically dirty home that threatens the child's health 	<ul style="list-style-type: none"> The child sleeps in an area where rodents or insect infestations are present, resulting in child sustaining rodent bites/illness related to exposure to living conditions. The concern has been ongoing and the parent has ignored addressing the condition.
Exposure to Domestic Violence	<ul style="list-style-type: none"> The child intervened during a physical altercation between the caregivers, which resulted in the child being pushed onto the couch 	<ul style="list-style-type: none"> The child intervened during a physical altercation between the caregivers, which resulted in the child sustaining a black eye and requiring stitches.
Mental Health	<ul style="list-style-type: none"> Parents not following through with the child's mental health treatment after the child experienced a traumatic incident Despite adequate resources, parent not refilling child's medication needed to address mental health condition, and child expresses symptoms of severe anxiety. Note: The SW will consider other cultural considerations or treatments the family is incorporating. 	<ul style="list-style-type: none"> Parents continuing to provide improper supervision and leave sharps, medication, and other means for the child to hurt themselves after serious suicide attempt, which resulted in child requiring life saving measures. Parents incite the child to hurt themselves or complete suicide.

Assessing for Impact

The SW must consider the impact of harm or threat of harm when investigating allegations of neglect/severe neglect. It is important to consider the following:

Parental Substance Use

- Is the parent designating a safe person to supervise the child while the parent uses substances out of the home?
- Does the child have access to the substances in the home, or were substances found within reach of the child?
- Is the parent's substance use contributing to their inability to provide the minimum sufficient level of care for the child?

Parental Mental Health

- Is the parent experiencing mental health challenges that are contributing to their inability to provide minimum sufficient level of care for the child?
- Is the parent following through with their mental health treatment to ensure they are able to stabilize any negative symptoms they may have been experiencing?
- Does the parent have a plan to ensure child safety in the event that they are experiencing a manic episode?

Supervision

- Is the child developmentally capable of providing their own care for a reasonable amount of time?
- Does the child know what to do in the event of an emergency?
- Does the child have access to a phone or access to call 911 during an emergency?
- Has the parent childproofed doors, cupboards, areas that could prevent future hazards?
- Is the parent making appropriate childcare arrangements or established custody orders to ensure child safety?

Medical Care

- Does the child require emergency medical treatment due to previous lack of receiving treatment/follow up care?
- Is the child's medical condition worsening due to the caregiver's action/inaction for recommended medical care or treatment?

Physical Living Conditions

- Does the child have the ability to assist with chores/tasks to assist in improving the condition of the home?
- Can the parent provide the child with a safe alternative living arrangement while improvements are made to the primary home?
- Can the condition of the home be improved by including the support network or access to resources?
- Is the child experiencing physical or mental health related challenges due to the condition of the home?

Exposure to Domestic Violence

- What is the child's knowledge of the incident or dynamic of domestic violence in the home?
- Is there a caregiver who ensures the children are not exposed to domestic violence in the home?
- Is the child experiencing physical or mental health related challenges from exposure to domestic violence?

Assessing for Impact (cont.)

- Was the child injured from being involved in the incident?
- Is there another parent/caregiver that can create safety for the child (consider non-custodial parent or parent who resides out of the home).
- Is a parent/caregiver violating a restraining order, thus continuing to expose the child to domestic violence incidents?

Exploitation

- Does the parent contact law enforcement within the appropriate timeframes if the child/youth leaves the home for an extended period of time?
 - Is the caregiver making active efforts to keep the child safe in the home?
-

Medical Neglect

While there is no penal code specifically for medical neglect, SWs are responsible for assessing if a parent/caregiver is compromising the child's physical health. The following actions and circumstances may constitute medical neglect:

- Intentional acts and/or deliberate omissions by a parent/caregiver related to the child's medical needs
- Parent/Caregiver limitations, problems, or belief systems that inhibit their ability to properly address and provide for the child's health needs
- A parent/caregiver's decision to withhold nutrition, hydration, medication, or other medically indicated treatments for a child with special medical/developmental needs
- Non-organic failure to thrive
- Fictitious Disorder Imposed by Another (FDIA), often referred to as Munchausen's Syndrome By Proxy

In all referrals, whether specifying medical neglect or not, the SW must observe the child to determine the specific health care needs of each child, and to make a conclusion as to whether these needs are being met by the parent/caregiver. The SW can collaborate with the Public Health Nurse (PHN), CPO, or other medical/Child Protection Team (CPT) provider to clarify and define the issues involved in medical neglect.

SWs will have a same-day consultation with their PSS on all allegations of medical neglect and will document that a consultation was held in CWS/CMS. The Chadwick Center for Children and Families at Rady Children's Hospital offers a Forensic and Medical Services Program for consultation on these referrals. Chadwick Center has a "Doctor of the Day" on duty who can assist with consultations to determine whether a child needs to be seen immediately for medical evaluation or scheduling an appointment for a forensic examination or interview will be made. The SW shall consult with their PSS prior to calling the "Doctor of the Day." For more information, see [Medical Opinions – Forensic Examinations/Interviews and Medical Consultations policy](#)

During an investigation with concerns for medical neglect, the SW will ensure the following information is obtained:

- Documentation of medical concerns and the impact these concerns have on the child's physical/emotional health and wellbeing should the child/youth not receive care or treatment.
 - Information regarding the parent/caregiver's previous efforts to meet the child/youth's needs, and if barriers to necessary services play a role in the child's current state.
 - Cultural considerations (if any) regarding a parent/caregiver's decision to utilize non-western medical treatments, or receiving treatment from another country.
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Medical Neglect (cont.)

The policy requirements for Forensic Interviews and/or a Forensic Medical Exam can be found in full in the [Child Victim Witness Protocol](#). For a table outlining the criteria for Forensic Interviews and/or Forensic Medical Exams for physical abuse allegations, refer to the [Forensic Interview/Forensic Medical Exam Criteria](#) resource. See [Medical Opinions - Forensic Examinations/Interviews and Medical Consultations](#) for additional information on referral and payment for these exams.

The SW and PSS will assess all available investigative facts, including the medical opinion and other information gathered from the family and collaterals, to assess the allegation against the Penal Codes for General Neglect or Severe Neglect. The SW should not rely on the medical opinion alone, as all investigative facts must support the rationale of the disposition.

When a parent/caregiver refuses to consult with and/or utilize the services of a licensed medical professional to meet the child's health care needs, the SW should consult with the PHN and/or additional CPT or medical care teams, if needed.

NOTE: A child receiving treatment by spiritual means or not receiving specified medical treatment for religious reasons will not be considered neglect for that reason **alone** (WIC 16509.1). An informed and appropriate medical decision made by a parent or guardian after consultation with a physician who has examined the child does not constitute neglect.

For additional information, please see [Medically Fragile Children](#) policy.

Educational Neglect

While school related circumstances such as truancy, poor grades, or lack of follow up with a child's educational needs on their own does not rise to the level of CFWB involvement, it is important to consider other factors regarding why school related concerns are a result/symptom of neglect in the home.

Consider the following factors when assessing for neglect as it relates to schooling/education:

- Mental health needs not being addressed resulting in child not wanting to engage in activities such as attending school
 - Pattern of school attendance or tardiness, or missed truancy meetings (i.e. during one parent's custodial time with the children, possible change in address, transportation barriers)
 - A parent preventing a child from attending school to limit the child's connection to a safety network or community
 - A noticeable decline in grades or behaviors at school due to incidents in the home
 - Hoarding food/snacks to take home from school
 - Parent/caregiver not waking up to take a child to school (eg. due to being impaired from substances)
 - Parent sending the child to school with ill-fitting clothing, clothing not suitable for the weather, lice, hygiene concerns, which could indicate issues in the home.
 - Parent/caregiver not following through with IEP/504 meetings or recommendations, resulting in developmental, physical, or mental health challenges for the child.
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Structured Decision Making (SDM)

With few exceptions, it is required to use Structured Decision Making (SDM) tools for assessing Safety and Risk when investigating a referral. For referrals on children/youth who are not in an open OCS case, ER SWs will complete Safety Assessment(s) and a Risk Assessment.

The following SDM Safety Threats should be considered when investigating neglect:

- **Safety Threat 1:** Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as evidenced by:
 - Serious injury or abuse other than accidental
 - Caregiver fears he/she will maltreat the child
 - Threat to cause harm or retaliate against the child
 - Domestic violence likely to injure the child
 - Excessive discipline or physical force
 - Drug/alcohol exposed infant
- **Safety Threat 2:** Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern. Suspicion of sexual abuse may be based on indicators such as:
 - Children and youth aged 17 years old and younger are sexually exploited when they have engaged in, solicited for, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods, or for financial or some other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others. These acts constitute sexual exploitation regardless of whether they are live, filmed, or photographed.
 - Commercial sexual exploitation of children/youth/young adults may include prostitution, pornography, trafficking for sexual purposes, and other forms of sexual exploitation. The youth is treated as a sexual object and as a commercial object. The sexual exploitation of the child may profit a much wider range of people than the immediate beneficiary of the transaction.
 - **The child's safety may be of immediate concern if:**
 - There is not a non-offending caregiver, or the non-offending caregiver is not protective (blaming the child for the sexual abuse or the investigation or denying that the sexual abuse occurred) or is otherwise influencing or coercing the child victim regarding disclosure.
 - Access to a child by a confirmed sexual abuse perpetrator, especially with known restrictions regarding any child under age 18, exists.
- **Safety Threat 3:** Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- **Safety Threat 4:** The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- **Safety Threat 6:** Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- **Safety Threat 9:** Domestic violence exists in the household and poses an imminent danger of serious harm to the child.

NOTE: While safety threats can tie into other types of abuse, it is important to consider the caregivers actions/inactions that make the incident meet the threshold of neglect/severe neglect. SWs must assess all safety threats and strengths

Safety Plans

When a Safety Threat is identified on the SDM Safety Assessment, the SW must assess whether developing a Safety Plan with the family can prevent removal of the child(ren) from the home AND keep the child(ren) safe.

A Safety Plan may minimize the trauma by keeping children in their homes and/or communities.

Developing a safety plan is an opportunity to engage the family around safety and assessing protective behaviors. The Safety Plan ([04-277](#)) is available in all threshold languages.

When creating a Safety Plan for concerns regarding general or severe neglect, consider the following:

- Detailed and behaviorally specific actions the parent/caregiver, network, and/or the child can take to ensure safety. Consider solutions to mitigate immediate concerns:
 - Substance Use: Ensuring a safe, sober, caregiver is providing care to a child if the parent/caregiver chooses to use substances, parent/caregiver agreeing not to care for the child if they are under the influence of substances.
 - Supervision: Documenting how the support network plans to oversee supervision of the child for the duration of the safety plan, (ie. Who is overseeing the child, ensuring weapons/drugs/alcohol is kept away from child, calling 911 if the child is a danger to self or others)
 - Inadequate Provisions: Creating immediate safety by ensuring the child has adequate provisions (ie. Enough food for the weekend, sufficient bedding/clothing for the weather, staying with the support network if the home is inhabitable, etc.).
- Incorporate realistic actions to create safety.
- Discuss next steps, either during a CFT or Safety Mapping meeting with the family

See [Safety Plans](#) policy for additional information.

Service Delivery and Case Planning

In both Family Reunification and Family Maintenance cases, the Case Plan should be family-centered to address the priority needs and strengths identified in the [Child and Adolescent Needs and Strengths \(CANS\)](#) assessment.

The case plan must reflect the recommendations of the Child and Family Team (CFT). Its contents are a result of the on-going assessment of the circumstances that brought the family to the attention of CFWB and a plan of action to resolve those difficulties and achieve a standard of “the sufficient minimal level of care.”

With cases involving neglect/severe neglect, the SW should include objectives that demonstrate the parent’s ability to meet the child’s basic needs, what steps the parent will take to protect their child or ensure child safety, will demonstrate the parent’s ability to follow through on applicable services for the children, and should be tailored to the reason for Court intervention or Voluntary services.

**Service Delivery
and Case Planning
(cont.)**

Case Plans must address all that apply:

Parent(s)/caregiver(s) responsibilities:

- Regular and adequate supervision of the child
- Provision of adequate shelter
- Provision of sufficient food on a regular basis
- Provision of adequate medical and/or mental health care
- Encouragement of child(ren)'s regular school attendance
- Develop and utilize a support network

Agency (SW) responsibilities:

- Develop plans in collaboration with the parents/family and in consultation with PSS, emphasizing family strengths.
- Make referrals to any/all appropriate agencies and/or resources where parents will learn to demonstrate behavior change and new skills to reduce neglect.
- Contract for any in-home services as deemed appropriate
- Assist families in utilizing all available services (e.g.; housing, substance abuse treatment, therapy, medical follow up, etc.)
- Monitor the family's progress through frequent contact with all service providers and modify the plan as needed
- Document all service referrals
- Ensure that requirements are designed to assist the parent/caregiver(s) in acknowledging and accepting responsibility for the neglect
- Include resources for learning ways to prevent future neglect
- Ensure that issue(s) to be addressed in counseling are clearly identified and defined to both parents and service providers
- Write the case plan in behavioral specific terms tailored to the risk factors which brought the family into the system

See [Case Plans](#) policy for additional information.

**Family
Connection Hub**

A majority of reports to the Hotline are for neglect related concerns. As CFWB makes efforts to shift from [mandated reporting to community supporting](#), prevention efforts are necessary to assist mandated reporters, the community, and CFWB staff to better define and address issues of abuse/neglect versus economic hardship/poverty.

CFWB Office of Child Safety (OCS) and Office of Child and Family Strengthening (OCFS) will partner with SAY San Diego to provide community based resources and services to families through the Family Connection Hub. The Family Connection Hub has been established as part of CFWB's Comprehensive Prevention Plan (CPP) in alignment with the implementation of the (Family First Prevention Services Act (FFPSA)). SAY San Diego is the partner leading the Family Connection Hub with support from 211 San Diego and the YMCA of San Diego.

**Family
Connection Hub
(cont.)**

The Family Connection Hub connects families to prevention services and concrete supports during OCS involvement or as families exit OCS to support children safely remaining home. The SW may be able to submit a referral to the Family Connection Hub on the family's behalf upon closure of the referral.

The following criteria must be met in order to refer to the Family Connection Hub:

- Allegations in an investigation are concluded as Inconclusive or Substantiated, as described by California Penal Code 11165.12, **AND**
- SDM risk assessment is High or Very High **AND**
- No case will be opened **AND**
- The child remains safely in the care of the parent(s), guardian(s), or kinship caregiver with a closing safety assessment of Safe

**Alignment with
SET**

This protocol supports [SET Value 1](#) by holding a clear understanding of the definition of safety and continuously focusing on how the abuse/neglect impacts the child/youth. It also supports engaging the family in gathering information and incorporating cultural considerations into practice.
