

CALIFORNIA CONGREGATE CARE POLICY SCAN

This document provides an overview of California policies, statutes, and regulations that guide child welfare investigations and the assessment of child safety following allegations of maltreatment in congregate care settings. This policy review was completed to support the design and implementation of an updated Structured Decision Making® (SDM) safety assessment customized for use in these settings. The goals of the policy review were to:

1. Describe and build understanding of the current requirements for investigating allegations of maltreatment and assessing youth safety in congregate care facilities;
2. Explore both the unique circumstances in congregate care facilities that may constitute an immediate safety threat and state guidance around safety planning; and
3. Identify areas of policy that may benefit from clarification or expansion in state or county policy to support consistent implementation of an updated safety assessment.

A. INFORMING STATUTE AND REGULATIONS

Key statutes and regulations that outline current requirements around investigating and assessing safety in congregate care facilities.

FEDERAL LAW OR GUIDANCE	KEY INFORMING LANGUAGE/NOTES
Child Abuse Prevention and Treatment Act (CAPTA), P.L. 93–247	Eligibility standard from CAPTA legislation of 1984 requires that states provide statutory language, including out-of-home care, as part of the definition of abuse and neglect. ¹
CAPTA Federal Regulations, 45 C.F.R. § 1340.14, (1985)	45 C.F.R. § 1340.14 (e) <i>In order for a State to qualify for an award under this subpart, the State must meet the requirements of § 1340.15 and satisfy each of the following requirements:</i> ... <i>(e) Institutional child abuse and neglect. The state must have a statute or administrative procedure requiring that when a report of known or suspected child abuse or neglect involves the acts of omissions of the agency, institution, or facility to which the report would ordinarily be made, a different properly constituted authority must receive and investigate the report and take appropriate protective and corrective action.</i>

¹ Nunno, M. A., & Rindfleish, N. (2007). The abuse of children in out of home care. *Children & Society*, 5(4), 295–305. <http://dx.doi.org/10.1111/j.1099-0860.1991.tb00495.x>

Sections of Analysis

- a. *Section I: Scope and Definitions.* Foundational guidance around definitions of abuse and neglect in congregate care settings.
- b. *Section II: Guidance on the Process of Investigations.* Statute and regulations describing the expected process and minimum state requirements for child welfare investigations into allegations of maltreatment in congregate care facilities.
- c. *Section III: Potential Safety Threats.* Aspects of current regulations that may help to identify or describe the unique circumstances in congregate care facilities that may create an imminent danger of serious harm to the child.
- d. *Section IV: Safety Planning.* Regulations describing expected practice and considerations for implementing protective interventions and immediate safety plans to prevent removal from placement.

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
Section I: Scope and Definitions	
CANRA: Penal Code § 11165.5	<p>As used in this article, the term “abuse or neglect in out-of-home care” includes physical injury or death inflicted upon a child by another person by other than accidental means, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, unlawful corporal punishment or injury as defined in Section 11165.4, or the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, where the person responsible for the child’s welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency.</p> <p>“Abuse or neglect in out-of-home care” does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of their employment as a peace officer.</p>
California Code of Regulations (CCR) Title 11, Chapter 9: Report of Child Abuse Article 3: Guidelines for Investigation of Child Abuse in Out-of-Home Care Facilities;	<p>§ 930.30. Definitions</p> <p>“Child abuse” means serious abuse and general neglect.</p> <p>(1) “General neglect” means the negligent failure of a child care provider to provide adequate food, clothing, shelter, medical care or supervision where no physical injury has occurred.</p> <p>(2) “Serious abuse” means all sexual abuse, severe neglect as defined in Penal Code section 11165.2, subdivision (a), any act or omission proscribed by Penal Code section 273a or 273d, and/or any infliction of a non-accidental physical injury on a child. Mutual affrays or voluntary consensual sexual exploration between children of similar age do not constitute child abuse.</p>

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Section II: Guidance on Process of Investigation	
<p>ACL No. 05-09: Reporting and Investigation Requirements for Child Abuse Allegations Regarding Children in Out-of-Home Placements</p>	<p><i><u>Distinction in Child Welfare and Licensing Roles:</u> When an allegation of suspected child abuse or neglect is made regarding a child in a licensed out-of-home care setting, the child welfare and the licensing agencies have distinct roles. The primary role of the child welfare agency for children in out-of-home care is to investigate suspected child abuse as necessary to protect and ensure the safety of children in placement. When necessary the child welfare agency has the authority and responsibility to remove a child, assess and recommend a placement, and coordinate an assessment or investigation with law enforcement and the licensing agency as defined by California Code of Regulations (CCR) Title 11 Section 930.52.</i></p> <p><i>State Community Care Licensing (CCL) and county licensing offices are responsible for the investigation of any allegations of violations of licensing regulatory requirements in facilities licensed to provide out-of-home care to children. The types of allegations investigated include child abuse, violations of personal rights that do not rise to the level of child abuse, and violations of other licensing regulatory requirements such as physical plant or food service standards. CCL is not responsible for investigating relative/NREFM placements.</i></p> <p><i>State CCL and county licensing offices are required to conduct these investigations regardless of whether or not another child welfare or law enforcement agency is investigating the same allegation. Dual investigations will occur in most licensed facility cases.</i></p> <p><i><u>Response:</u> The local child welfare agency shall respond to all reports or referrals which allege child abuse or neglect by completing the Emergency Response Protocol and/or in-person investigation as specified in MPP Division 31-101 et seq. and outlined in Department of Justice (DOJ) regulations found at CCR Title 11, Article 3, Section 930. These regulations include, among others, the following requirements:</i></p> <ul style="list-style-type: none"> <i>• The social worker shall record information as specified in MPP Division 31-105 et seq.</i> <i>• The social worker must document the determination to not conduct an in-person investigation as specified in MPP Division 31-110 et seq.</i> <i>• The social worker must conduct an immediate investigation if the situation indicates imminent danger to a child, or law enforcement states or the social worker determines that the child is at immediate risk of abuse, neglect or exploitation as specified in MPP Division 31-115 et seq.</i> <i>• The social worker must conduct an in-person investigation within 10 calendar days after receipt of a referral when the emergency response indicates an investigation is appropriate as specified in MPP Division 31-120 et seq.</i> <i>• In the case of a child placed in a foster family agency, certified foster home or group home, where the county receiving the referral determines an immediate response is required, the county in which the child is placed is responsible for investigating the allegation. However, if it is determined that an in-person investigation within 10 calendar days is appropriate, the county responsible for the child's placement shall investigate the referral and complete the required reporting.</i> <i>• If in the course of an investigation, other children are suspected to have been abused or neglected, the social worker must make a referral to the child abuse hotline as a required mandated reporter.</i>

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<p>ACL No. 05-09</p>	<p><i>It is not appropriate for a referral of abuse which requires an immediate response or an in-person investigation to be “evaluated out.” The child welfare agency is responsible for making an appropriate response to the referral and ensuring the disposition is recorded in the CWS/CMS. For allegations involving licensed caregivers, the responsible licensing agency conducts its own investigation of child abuse to ensure the licensee meets licensing standards. However, the licensing agency does not have access to CWS/CMS and cannot enter the results of investigations into this system. Additionally, the licensing agency is not an entity authorized to submit the SS8583 to DOJ.</i></p> <p><i>A joint investigation of child abuse between the child welfare agency and CCL is the desired model. However, because the child welfare agency and CCL have two different statutory responsibilities and goals, investigations could result in two different dispositions. Furthermore, CCL investigations may extend beyond the timeframe that the child welfare agency has to investigate an allegation. After the child welfare agency makes a disposition, CCL’s continued investigation could result in discovery of additional facts that would require the child welfare agency to reopen the investigation process and possibly revise its disposition of the referral.</i></p> <p><u><i>Cross Reporting:</i></u> <i>It is important that the child welfare agency work closely with their partner agency (licensing or law enforcement) when cross reporting. A coordinated response is desirable to minimize trauma to the child.</i></p> <p><i>The county must report child abuse as defined by Penal Code Section 11165.6, to law enforcement departments and the District Attorney’s Office as specified in Penal Code 11166(g).</i></p> <p><i>The county must report every case that is substantiated or where findings are inconclusive (except allegations of general neglect) to the DOJ as specified in MPP Division 31-501 et seq.</i></p> <p><i>The county must only notify the appropriate licensing agency of referrals received on behalf of a child in a certified or licensed home or facility, but not of children placed with an approved relative or NREFM.</i></p> <p><u><i>Documentation:</i></u> <i>All allegations of abuse must result in the creation of a referral recorded on the CWS/CMS.</i></p> <p><i>...Although the recent CWS/CMS release added a perpetrator type of SCP/Rec. Facility Staff to the ID page of the Allegation Notebook in CWS/CMS, this identifying type can only be chosen if one of the clients associated with this referral is selected. Changes to CWS/CMS are being planned to correct this problem. Pending completion of those changes, the required work around and current rules to improve the completeness of this data are as follows:</i></p> <ul style="list-style-type: none"> <i>• All reports of abuse or neglect in out-of-home settings with a substitute care provider must have a referral created within CWS/CMS, even in those counties where CCL does facility licensing. This includes reports on all of the following types of homes: Foster family homes, Foster Family Agency certified homes, Group homes, Relative/NREFM homes, Small family homes</i> <i>• The date of these referrals should be the date that the agency became aware of the incident – not the date that the reported incident occurred.</i> <i>• The referral must be created whether or not the specific identity of the perpetrator is known beyond the fact that it is an SCP or facility staff person.</i> <i>• If the perpetrator is known – he/she should be created in the Client Notebook or associated with the referral if already available.</i>

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	<ul style="list-style-type: none"> • <i>If the perpetrator is unknown, the workaround is to create a client following a temporary naming convention. This naming convention is to use the facility type as the first name and the facility name as the last name. For example, if the abuse occurred in the relative/NREFM placement home of John Smith family, the created client would be Relative (first name) and Smith (last name). The choice for first name given the various facility types in CWS/CMS would be as follows: Court, FFA, Foster, Group, Guardian, Medical, Relative, Small Family and Tribe.</i> • ...After identifying the appropriate client, select the radio button SCP/Rec. Facility Staff person in the perpetrator type box on the ID page of the Allegation Notebook." • <i>When an allegation is reported but does not meet the definition of child abuse under Penal Code 11165.5, it should be recorded as: f Unfounded and closed, if there has been a face-to-face investigation. f Evaluated out and closed, if the determination was made without a face-to face investigation.</i>
<p><i>ACL 03-61: CWS/CMS Data Entry</i></p>	<p><i>The recent federally approved CWS Program Improvement Plan (PIP) and Assembly Bill 636 (WIC 10601.2, Statutes of 2002) place increased importance on the need for accurate, timely, and complete CWS data.</i></p> <p><i>Effective January 2004, reports based on CWS/CMS data on State and federal outcome measures will be available to counties, advocates, and the public under the provisions of AB 636. These federal and State data reports will become the baseline and primary tool used to assess program outcomes and performance. . . . Consequently, in addition to the critical importance of this information in providing effective services, the complete, accurate and timely entry and update of data in CWS/CMS is essential for accurate assessment of program needs and the ability to obtain resources and modify program practices by federal, State, and county government to improve outcomes for the children receiving services. The information produced from CWS/CMS will be used to evaluate Individual County as well as statewide CWS performance.</i></p> <p><i>...</i></p> <p><i>A key to understanding this process is an awareness of the California PIP and AB 636 measures (Attachment 1) as they relate to the core federal and State CWS program requirements. These measures are related to child safety, permanency, and child and family well-being. They include multiple measures, many of which are in developmental stages and will not be ready for January 2004 reports. Examples of both outcome and process measures include the following:</i></p> <ul style="list-style-type: none"> • <i>Recurrence of maltreatment</i> • <i>Abuse and neglect in foster care</i> <p><i>...</i></p> <p><i>Outcome Measures requiring clarification are as follows:</i></p> <p><i>...</i></p> <p><i>1D. Incidence of child abuse and/or neglect in foster care: Of all the children in foster care in the State during the period under review, what percent were the subjects of substantiated or indicated maltreatment by a foster parent or facility staff, adjusted by time in care and type of placement.</i></p> <p><i>This outcome requires the ability to identify those substantiated abuse or neglect reports where the perpetrator is a foster parent or facility staff members. Although the recent CWS/CMS release added a perpetrator type of SCP/Rec. Facility Staff to the ID page of the Allegation Notebook in CWS/CMS, this identifying type can only be chosen if one of the clients associated with this referral is selected. Changes to</i></p>

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	<p><i>CWS/CMS are being planned to correct this problem. Pending completion of those changes, the required work around and current rules to improve the completeness of this data are as follows:</i></p> <ul style="list-style-type: none"> • <i>All reports of abuse or neglect in out-of-home settings with a substitute care provider must have a referral created within CWS/CMS, even in those counties where CCL does facility licensing. This does include reports on relative homes.</i> • <i>The date of these referrals should be the date that the agency became aware of the incident – not the date that the reported incident occurred.</i> • <i>The referral must be created whether or not the specific identity of the perpetrator is known beyond the fact that it is an SCP or facility staff person.</i> • <i>If the perpetrator is known – he/she should be created in the Client Notebook or associated with the referral if already available.</i> • <i>If the perpetrator is unknown, the workaround is to create a client following a temporary naming convention. This naming convention is to use the facility type as the first name and the facility name as the last name. For example, if the abuse occurred in the relative home of the John Smith family, the created client would be Relative (first name) and Smith (first name). The choice for first name given the various facility types in CWS/CMS would be as follows: Court, FFA, Foster, Group, Guardian, Medical, Relative, SmallFamily and Tribe,</i> • <i>If the perpetrator is unknown but subsequently identified, the correction should be made to CWS/CMS to reflect the identified person.</i> • <i>After identifying the appropriate client, select the radio button SCP/Res Facility Staff person in the perpetrator type box on the ID page of the Allegation Notebook.</i> <p><u><i>Additional clarifications:</i></u> <i>For data reported on this outcome measure, allegations of “At-risk” will not be counted. Only subsequent substantiated reports of abuse or neglect allegations on a child will be included for data reporting purposes. If there are multiple substantiated allegations on a specific child, the most severe per incident will be counted.</i></p>
<p>ACL No. 06-15: Requirements for the Investigation of Child Abuse Allegations Regarding Probation Wards in Out-of-Home Placement</p>	<p><i>The purpose of this ACL is to provide procedures when there has been a report of abuse for a probation ward in out-of-home placement. Please refer to ACL No. 05-09 for a discussion of the requirements for reporting, cross reporting, and data entry of reports of child abuse and neglect allegations regarding children in out-of-home placements. The instructions in ACL No. 05-09 and this ACL apply to both Child Welfare Service (CWS) and Probation agencies placing children, including probation wards, in foster care.</i></p> <p><u><i>Investigation:</i></u> <i>... Penal Code Section § 11166.3 requires that in each county, coordination of the duties for the investigation of child abuse shall be developed by law enforcement, and the county welfare and probation departments. When an allegation of suspected child abuse or neglect is made regarding a child in a licensed out-of-home care setting, including a child placed in the home of a relative or non-related extended family member, and that child is a ward of the court, that referral comes into the CWS agency hotline. The hotline worker enters the referral into CWS/CMS, and with the approved protocol as outlined in the CWS/Probation Memorandum of Understanding (MOU), the referral will be assigned to the Probation Department for the investigation as outlined in the CDSS MPP Division 31-100. The referral shall remain open in CWS/CMS until the Probation Department reports the results of its investigation to CWS.</i></p> <p><i>Upon receipt of the referral, the Probation Department conducts an in-person investigation as specified in MPP Division 31-110 et seq. as outlined in the Department of Justice (DOJ) regulations found at California Code of Regulations Title 11, Article 3, Section 930 that require a CWS worker or probation officer to:</i></p>

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	<ul style="list-style-type: none"> • <i>Determine, from the information provided, whether an in-person investigation is necessary and document that determination. [MPP Division 31-110 et seq.]</i> • <i>Conduct an immediate investigation if the information indicates imminent danger to a child, or when law enforcement states or the CWS worker/probation officer determines that the child is at immediate risk of abuse, neglect or exploitation. [MPP Division 31-115 et seq.]</i> • <i>Conduct an in-person investigation within 10 calendar days after the receipt of a referral when it is determined that an in-person immediate investigation is not necessary. [MPP Division 31-120 et seq.]</i> • <i>Make a referral to the child abuse hotline as required of a mandated reporter, if in the course of an investigation the CWS worker or probation officer suspects that other children have been abused or neglected.</i> • <i>Complete and send the DOJ Child Abuse Investigation Report form SS8583, on every case that is “determined not to be unfounded” ...</i> <p><u>Documentation:</u> <i>As indicated in ACL No. 05-09, California has a fundamental obligation to protect and care for children removed from their homes due to abuse and neglect and, among other requirements, must show a decrease in the percentage of maltreatment of children in foster care. In order to document whether this outcome has been met in accordance with federal requirements and avoid fiscal penalties, it is necessary to track the occurrence of maltreatment of all children who are in out-of-home care. To ensure that data for children who are wards of the court is properly tracked, the following actions must be taken:</i></p> <ul style="list-style-type: none"> • <i>When a referral is received at the CWS hotline alleging abuse or neglect of a ward in out-of-home care, a referral is entered into CWS/CMS and assigned to Probation. The referral remains open in CWS/CMS until Probation has completed the investigation and reports their findings to CWS.</i> • <i>The Probation Department shall provide to the Child Welfare Agency the results of their investigation. The Probation supervisor is responsible for approving the referral investigation. This report shall include all necessary information required to complete and close the referral.</i> • <i>Upon receipt of the report from the Probation Department, CWS shall enter the information into CWS/CMS, and close the referral as appropriate. For referral closure purposes, the CWS supervisor is simply approving the referral for closure in CWS/CMS; the Probation supervisor is responsible for approving the investigation and disposition.</i> <p><u>Training:</u> <i>The CDSS recognizes the need for training of Probation staff regarding this responsibility. Under contract with CDSS, the Resource Center for Family Focused Practice (RCFFP), in consultation with the Chief Probation Officers of California’s Training Committee, is currently developing an appropriate curriculum for training Probation staff on this issue. Information regarding specific training sessions will be made available by the RCFFP.</i></p> <p><u>MOU between CWS and Probation:</u> <i>The MPP 29-400, specifies that counties must develop Aid for Dependent Children (AFDC) – Foster Care agreements MOU pursuant to Division 45 and must update them when there are changes in requirements. Therefore, CWS and Probation in each county must modify their existing MOU to specifically speak to the issue of the investigation of allegations of abuse or neglect involving wards in out-of-home care.</i></p> <p>...</p> <p><i>The MPP Section 29-400.22 requires the county welfare department to send a copy of any newly executed (or amended) agreement to CDSS within 10 working days of the execution. A fully executed agreement must contain the signatures of both the County Welfare Director and the Chief Probation Officer, and the date of execution.</i></p>

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<p>ACL No. 17–27: Investigating, Assessing, and Documenting a New Referral of Child Abuse or Neglect in an Open Investigation or Case</p>	<p><i>Investigating a New Allegation in an Open Case or Referral: The MPP Section 31-101.2 specifically requires that the case worker responding to a referral must be skilled in ER. For this reason, and to avoid impacting an ongoing case worker's relationship with a family or caregiver, counties shall ensure that family maintenance, family reunification, licensing and adoptions workers are not tasked with responding to referrals and investigating allegations. If a child in an open case plan is suspected to be the victim of abuse or neglect, the allegation shall be investigated by an ER social worker rather than the ongoing case worker. In counties that practice vertical case planning for some or all of their clients, best practice would indicate that a social worker separate from the case-carrying worker would investigate in order to have an unbiased, independent assessment of the allegation.</i></p> <p><i>Investigations should also include a comprehensive assessment for all forms of abuse or neglect of the child, and not focus solely on the original allegation or incident, in order to determine the potential for or existence of any condition(s) which may put the child at risk and in need of services and which would cause the child to be a person described in WIC Section 300(a)-(j), consistent with MPP Section 31-125.1.</i></p> <p><i>Use of the SDM® Assessment Tools for New Allegations: Additional information received or observed by the case worker during the course of investigation or case supervision should be evaluated using the Structured Decision Making® (SDM) Safety and Risk Assessment tools.</i></p> <p><i>SDM® Safety Assessment: The SDM Safety Assessment is performed on all referrals that are assigned for an in-person response within two working days of the initial investigation. A new allegation on a child in an open case or referral triggers the need to conduct a new Safety Assessment to determine if the child can continue to remain safely in the home and if a Safety Plan is needed.</i></p> <p>...</p> <p><i>SDM® Substitute Care Provider Safety Assessment: Regardless of the child's current placement, an assessment must be completed on all new allegations. To facilitate assessing children in out-of-home care, SDM® has a specific Substitute Care Provider (SCP) Safety Assessment, designed to reflect the specific needs and requirements placed on caretakers who are caring for children in out-of-home care.</i></p> <p>...</p> <p><i>Per the SDM Policy and Procedures Manual, the SCP Safety Assessment tool should be used on all investigations of alleged abuse or neglect by the substitute care provider, including approved relative and NREFM homes in addition to foster family homes and small family homes.</i></p> <p><i>Documenting a New Allegation in an Open Case or Referral: To ensure accuracy of data, it is important that all allegations of abuse and neglect be entered into CWS/CMS and appropriately screened using the ER Protocol described in MPP 31-105. The county must assess the allegation to determine if an in-person investigation is warranted and document the referral and investigation decision in the CWS/CMS.</i></p>
<p>ACL No. 20–142: Updates to the SDM® Hotline Tool for Allegations regarding children in out-of-home foster care</p>	<p><i>Reports of Child Abuse or Neglect of Dependents or Wards in Out-of-Home Foster Care: Emergency response investigations regarding dependent or ward children in out-of-home foster care must be conducted in accordance with the same requirements as investigations of all other referrals. Further guidance on investigation requirements for children in out-of-home foster care settings can be found in ACL Nos. 17-27 and 17-28. Additionally, when the county receives a report of abuse or neglect of a ward in out-of-home foster care, the investigation must also be conducted in accordance with the local Memorandum of Understanding (MOU) between the child welfare agency and probation department (ACL No. 06-15). If a county CWS agency does not have an approved MOU with the probation agency, then child welfare is responsible for investigating allegations of abuse or neglect of probation wards in out-of-home foster care. If an MOU does exist and it states that the probation agency is responsible for investigating allegations of abuse or neglect, the county should assign the referral to the probation agency and keep the referral open until probation completes the investigation (ACL No. 06-15).</i></p>

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	<p><i>Social workers must complete an assessment of a child's immediate safety in placement during the initial in-person investigation. However, the SDM® Substitute Care Provider Safety Assessment tool was not designed for congregate care settings and should not be used to conduct or document this assessment in situations where the investigation involves caregivers who are licensees, administrators, or employees of group homes, STRTPs, other institutions, and residential treatment facilities.</i></p>
<p>California Code of Regulations (CCR) Title 11, Chapter 9: Report of Child Abuse Article 3: Guidelines for Investigation of Child Abuse in Out-of-Home Care Facilities</p>	<p>§ 930.10. Purpose (a) <i>The purpose of these guidelines is:</i></p> <ul style="list-style-type: none"> (1) <i>to insure that investigations of suspected child abuse occurring in out-of-home care facilities are carried out in a timely, complete, and coordinated manner among the responsible agencies;</i> (2) <i>to require that the appropriate agency conducts the investigation in accordance with the guidelines;</i> (3) <i>to insure that all appropriate authorities are informed so that timely and appropriate measures will be taken to guard against future abuse in out-of-home care facilities;</i> (4) <i>to insure that the investigation is sensitive to the child victim(s); and</i> (5) <i>to properly document reasons for any disposition made.</i> <p>(b) <i>The intent of these guidelines is to foster a high level of cooperation, communication, and mutual respect among all agencies involved in the investigation and administration of cases of abuse in out-of-home care facilities.</i></p>
	<p>§ 930.20. Use of Guidelines (a) <i>The guidelines set forth in this article shall be used in the investigation of suspected child abuse in out-of-home care facilities as defined in Penal Code section 11165.5.</i> (b) <i>Voluntary Inter-agency Investigation Teams - Counties having a Voluntary Inter-Agency Investigation team shall have the discretion to follow the procedures and standards for assessment and investigation of child abuse which are established and agreed upon by the agencies involved, if they are consistent with the guidelines in sections 930.40 through 930.64 of this article, and all cross reports and notifications required therein are made.</i></p> <p><i>Note: Authority cited: Sections 11174 and 11174.1, Penal Code. Reference: Sections 11165.5 and 11166.3, Penal Code.</i></p>
	<p>§ 930.40. Reporting and Cross-Reporting Duties for General Neglect (a) <i>Law Enforcement - All reports of suspected general neglect made to a law enforcement agency and alleged to have occurred in an out-of-home care facility shall be cross-reported by the law enforcement agency to the following agencies:</i></p> <ul style="list-style-type: none"> (1) <i>Child Welfare Agency - by telephone, immediately or as soon as is practically possible, and in writing, within 36 hours, to the child welfare agency.</i> (2) <i>Licensing Agency - by telephone, immediately or as soon as is practically possible, but no later than 24 hours, and in writing, within 36 hours, to the appropriate licensing agency, if the case involves a licensed facility.</i> <p>(b) <i>Child Welfare Agency - All reports of suspected general neglect made to a child welfare agency and alleged to have occurred in an out-of-home care facility shall be cross-reported by telephone, immediately, or as soon as is practically possible, but no later than 24 hours, and in writing, within 36 hours, to the appropriate licensing agency, if the case involves a licensed facility, or to the appropriate law enforcement agency if the facility involved is an exempt facility.</i></p> <p>(c) <i>Licensing Agency - any licensing worker or evaluator who knows or reasonably suspects that a child has been the victim of general neglect, in an out-of-home care facility shall report the known or suspected abuse by telephone, immediately, or as soon as is practically</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>possible, and in writing, within 36 hours, to the appropriate child welfare agency, or if the facility involved is an exempt facility, to a law enforcement agency.</i></p> <p>§ 930.41. Reporting and Cross-Reporting Duties for Serious Child Abuse</p> <p><i>(a) Law Enforcement - All reports of suspected serious child abuse made to a law enforcement agency and alleged to have occurred in an out-of-home care facility shall be cross-reported by the law enforcement agency to the following agencies:</i></p> <ol style="list-style-type: none"> <i>(1) Child Welfare Agency - by telephone, immediately or as soon as is practically possible, and in writing, within 36 hours, to the child welfare agency.</i> <i>(2) Licensing Agency - by telephone, immediately or as soon as is practically possible, but no later than 24 hours. and in writing, within 36 hours, to the appropriate licensing agency if the case involves a licensed facility.</i> <i>(3) District Attorney's Office - by telephone, immediately or as soon as is practically Possible, and in writing, within 36 hours, to the district attorney's office;</i> <p><i>(b). Child Welfare Agency - All reports of suspected serious child abuse made to a child welfare agency and alleged to have occurred in an out-of-home care facility shall be cross-reported by the child welfare agency to the following agencies:</i></p> <ol style="list-style-type: none"> <i>1) Law Enforcement - by telephone, immediately or as soon as is Practically possible, and in writing, within 36 hours, to law enforcement.</i> <i>2) Licensing Agency - by telephone, immediately or as soon as is practically possible, but no later than 24 hours, and in writing, within 36 hours, to the appropriate licensing agency if the case involves a licensed facility;</i> <i>3) District Attorney's Office - by telephone, immediately or as soon as is practically possible, and in writing, within 36 hours, to the district attorney's office;</i> <p><i>(c). Licensing Agency - any licensing worker or evaluator who knows or reasonably suspects that a child has been the victim of serious abuse in an out-of-home care facility shall report by telephone, immediately, or as soon as is practically possible, and in writing, within 36 hours, to the appropriate child welfare agency, or if the facility involved is an exempt facility, to a law enforcement agency.</i></p>
	<p>§ 930.42. Notification Requirements</p> <p><i>If child abuse is suspected to have occurred in an out-of-home care facility, and the report is not initially determined to be unfounded, the investigating agency shall, or in the case of a state funded resource and referral agency, the Department of Social Services shall, without compromising the security and confidentiality of the investigation, notify the following agencies and persons as soon as is reasonably practical... that an investigation of alleged child abuse is being conducted:</i></p> <ol style="list-style-type: none"> <i>(a)Child Placement Agency or probation department, whoever placed the child(ren) in the facility, including cases where the child is placed outside the county ;</i> <i>(b)State Funded Resource and Referral Agency for that jurisdiction ... ;</i> <i>(c)Administrator of the facility ...;</i> <i>(d)Parent or guardian, if the child is not a dependent or ward of the court; if the child is a dependent child or ward of the court, the child placement agency shall determine whether or not to inform the child's parent or guardian of the alleged abuse.</i> <p>§ 930.51. Law Enforcement</p> <p><i>Law enforcement shall ensure the immediate safety of the child by taking the following action:</i></p> <ol style="list-style-type: none"> <i>(1) Preliminary Assessment - Law enforcement shall conduct a preliminary assessment of the risk to the children involved.</i> <i>(2) Safety Measures - Upon receipt of a report of suspected serious abuse, the investigating law enforcement officer shall take immediate measures as needed to protect the safety of the alleged child-victim and all other children in the facility.</i>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>(3) Removal of the Child - Whenever the child's condition or surroundings reasonably appear to be such as to jeopardize the child's welfare, the investigating law enforcement officer shall remove the child and any other child whose welfare reasonably appears to be threatened. When a child is removed, notice of the removal shall be given to the child care provider in charge, prior to or immediately after removal.</i></p> <p><i>(A) Residential Facility or Hospital - If the facility is a residential facility or hospital, the officer shall remove the child and transport him/her to temporary custody.</i></p> <p>...</p> <p><i>(4) Removal of the Suspect</i></p> <p><i>(A) If probable cause to arrest exists, the suspect shall be taken into custody where appropriate.</i></p> <p><i>(B) If probable cause to arrest does not exist and the adult suspected of child abuse is not a resident of the out-of-home care facility, the investigator shall, in the exercise of his/her discretion, request that the adult suspect leave the out-of-home care facility voluntarily until the investigation is completed. In the case of a family day care home or foster family home, where the suspect is a resident, safety measures shall be taken to ensure protection of the children in the facility. The investigator shall also have discretion to remove from the out-of-home care facility any child suspected of child abuse. Removal of the child suspect shall be accomplished by the law enforcement officer, the child placement agency, court order, or in cooperation with that child's parent or guardian, whichever is appropriate.</i></p> <p><i>(c) Coordinate - Law enforcement shall coordinate the investigation as follows:</i></p> <p><i>(1) Joint investigations - The investigating law enforcement officer shall consider a joint investigation and coordinate the criminal investigation and response with the licensing and child welfare agencies to the extent possible, and without compromising the security and confidentiality of the case.</i></p> <p><i>(2) Joint interviews - The investigating law enforcement officer shall coordinate with the other agencies involved in the investigation to minimize the number of interviews with the child abuse victims and witnesses.</i></p> <p><i>(3) Multi-Disciplinary Team Approach - When a report of serious abuse in an out-of-home care facility is made, the law enforcement agency with primary responsibility for the investigation shall consider working with a multi-disciplinary team to assess the medical, mental health, placement, and support service needs of the child(ren). A multi-disciplinary team is any team of three or more persons qualified to provide a broad range of services related to child abuse. The team may include, but not be limited to, representatives from child welfare services, law enforcement, the district attorney's office, county counsel's office, licensing, child advocate's office, medical health services, mental health services trained to provide counseling services, and education.</i></p>
	<p>§ 930.52. Child Welfare Agency</p> <p><i>(a) Protect the Child - The child welfare agency shall take the following measures to protect the child:</i></p> <p><i>(1) Removal of the child - In cases of general neglect, the child welfare agency shall remove the child(ren) from the facility, immediately or as soon as possible, where the child(ren)'s condition or surroundings reasonable appear to jeopardize the child(ren)'s health and welfare. When a child is removed, notice of the removal shall be given to the child care provider in charge, prior to, or immediately after removal.</i></p> <p><i>(2) Ensure continued Safety - In all cases of child abuse, the child welfare agency shall take the necessary measures to ensure the child(ren)'s safety while the child(ren) is/are in temporary custody.</i></p> <p><i>(b) Placement Recommendation - The child welfare or placement agency that placed the child in the out-of-home care facility, shall make a placement recommendation. This agency shall be responsible for making an assessment and recommendation regarding the need for continued protective custody, the revocation of placement or alternative placement, and any other proper judicial relief which is warranted.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>(c) Coordinate - The child welfare or placement agency that placed the child in the out-of-home care facility, shall also make every effort to coordinate its assessment with the appropriate law enforcement and licensing agencies. When a child welfare agency, receives an initial report of serious abuse, the child welfare worker shall immediately contact law enforcement and the licensing agency to coordinate efforts before contact of-home care facility.</i></p> <p>Note: Authority cited: Sections 11174 and 11174.1, Penal Code. Reference: Sections 11164, 11166, 11166.3, 11169 and 11170, Penal Code; Sections 272, 300, 306, 309, 362, 16501 and 16504, Welfare and Institutions Code.</p>
	<p>§ 930.54. Conflict of Interests</p> <p><i>(a) Law enforcement, county probation, county welfare, and licensing agencies shall ensure that the investigation of child abuse in an out-of-home care facility is carried out in an unbiased and impartial manner.</i></p> <p><i>(b). An individual child protective service worker or official who actually places the alleged child abuse victim, or has a direct personal relationship with the facility, the suspected abuser, or the alleged child abuse victim, which creates a conflict of interest, shall not be involved in or responsible for any part of the investigation or assessment of child abuse in that facility.</i></p> <p><i>(c)The child protective or licensing agency with primary jurisdiction over the case shall disqualify itself from conducting an investigation pursuant to these regulations whenever a conflict of interest exists between the agency and the suspected abuser, the facility, or the alleged victim.</i></p> <p><i>(d) A conflict of interest exists under subsections (b), (c), or (e) of this section when the circumstances evidence a reasonable possibility that the agency, or the individual worker or official, may not exercise its/his/her investigative functions in an evenhanded manner. Factors to be considered in determining whether the entire agency should be disqualified from conducting the investigation as required by subsection (c), are the size of the agency, the number of investigating officials within the agency, and the nature of the relationship between the official and the suspected abuser, facility, or victim with whom the conflict exists. This last factor alone, is to be considered in determining whether an individual child protective service worker or official should be disqualified from being involved in, or responsible for, the investigation as required by subsection (b).</i></p> <p><i>(e) Child protective and licensing agencies shall develop agreements with other child protective and licensing agencies to conduct child abuse investigations where the agency with primary jurisdiction over the case has been disqualified because of a conflict of interest between that agency and the suspected abuser, child abuse victim, or facility, when a conflict of interest does exist, the non-conflicted agency shall conduct the investigation.</i></p> <p>§ 930.60. Preliminary Investigation</p> <p><i>(a) Receipt of Initial Report - It is the responsibility of the individual child protective official receiving the initial report to:</i></p> <ol style="list-style-type: none"> <i>(1) gather the pertinent facts,</i> <i>(2) conduct a preliminary assessment of the risk to the child(ren) involved and determine the priority and level of response;</i> <i>(3) coordinate response with other appropriate agencies;</i> <i>(4) make appropriate cross-reports as required in section 930.40 of this article.</i> <p>...</p> <p><i>(d) Initial Investigative Visit to the Facility.</i></p> <p><i>(1) Procedure - the first investigator at the facility where the abuse was alleged to have occurred shall complete, but not be limited to, the following action:</i></p> <ol style="list-style-type: none"> <i>(A) insure the safety of the children;</i>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p>(B) determine the number of children placed in the facility and the number of children present in the facility;</p> <p>(C) make an immediate visual inspection of the condition of the facility and personnel;</p> <p>(D) identify licensee, all employees and persons residing in the facility;</p> <p>(E) note the degree of cooperation by persons contacted;</p> <p>(F) conduct initial interviews.</p> <p>(2) Initial Interviews - The first investigator on the scene shall assess the risk to the child(ren) involved and determine whether a crime has been committed by observing and conducting initial interviews. The interviews shall be conducted using the techniques set forth in these regulations, section 930.61(e). The initial interviews shall be conducted with the following persons when appropriate:</p> <p>(A) reporting party,; (B) witnesses; (C) victims; (D) sibling(s); (E) parents/caretakers; (F) child care staff; (G) director or administrator of the facility....</p> <p>§ 930.70. Enforcement of Guidelines</p> <p>To ensure that every investigation of alleged child abuse in out-of-home care facilities is conducted in accordance with the Guidelines set forth in this article, the Department of Justice shall implement the following procedures:</p> <p>(a) The Department of Justice, Division of Law Enforcement, shall monitor investigations of incidents of suspected child abuse in out-of-home care facilities reported under section 11169 of the Penal Code to ensure that each incident is being investigated and that reasonable progress is made in the investigation. The Division shall maintain records which shall include the case file name or report number of each such incident, the county and agency conducting the investigation, the date of the incident and the date it was reported to the investigative agency, information concerning any action taken upon completion of the investigation or final disposition of the matter, and the notification submitted under section 930.41.</p>
Section III: Potential Safety Threats	
<p>ACL No. 17-107: Assessing Child Safety and Appropriate Monitoring of Safety Plans</p>	<p><u>Safety Assessment</u></p> <p>During the initial in-person investigation, case workers must determine whether the child(ren) may remain in the home or current placement or determine whether immediate removal is necessary by conducting a safety assessment, as defined in MPP Section 31-002 (s)(1). Case workers must assess for child safety and identify any immediate safety threats prior to leaving any child in the home or placement.</p> <p>Immediate safety threats refer to specific family or placement situations that are difficult to manage, imminent, and likely to have immediate, severe effects on the child.</p> <p>...</p> <p>When assessing for safety on a new referral of child maltreatment in an open investigation or open case, counties must follow the emergency response guidance provided in ACL No. 17-27.</p>
<p>ACL No. 20-142: Updates to the SDM® Hotline Tool for Allegations regarding children in out-of-home foster care.</p>	<p>Revisions to the SDM® Safety Assessment tool for use in out-of-home foster care investigations are currently planned to ensure workers are directed to the appropriate assessment structure for each household or care environment. Social workers conducting an initial in-person investigation of allegations in congregate care settings should continue to verify the immediate safety of the child and other children placed in the facility by assessing, at a minimum, the following:</p> <ul style="list-style-type: none"> • Direct actions by a facility administrator, staff, or other residents that may present immediate danger to the child, including, but not limited to:

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<ul style="list-style-type: none"> » <i>Direct harm or threats of harm to the child caused by physical, emotional, or sexual abuse, including commercial sexual exploitation, by facility staff or residents.</i> » <i>Administering unauthorized medication or withholding necessary medication.</i> » <i>Use of delayed egress devices, such as a locking feature that delays the opening of a door, that prevents a child from exiting a facility in case of emergency.</i> » <i>Excessive use of isolation as a form of punishment in a manner that may pose an immediate danger.</i> » <i>Involving the child in illegal activity, such as sex or drug trafficking.</i> » <i>Use of physical or emotional harm as a punishment.</i> • <i>Acts of omission by a facility administrator, staff, or other residents that may present immediate danger to the child, including, but not limited to:</i> <ul style="list-style-type: none"> » <i>Inadequate supervision to assure the mental health, developmental, behavioral, physical, or sexual safety of the child.</i> » <i>Significant delay or failure to report a child who may be a danger to themselves or others.</i> » <i>Significant delay or failure to report a child who has run away from the facility.</i> » <i>Significant delay or failure to report direct harm or threats of harm to the child caused by physical, emotional, or sexual abuse, including commercial sexual exploitation.</i> » <i>Failure to address gang activity in the facility.</i> » <i>Failure to address bullying by staff or residents.</i> • <i>Hazardous or unsanitary facility conditions that may pose an immediate danger of injury or illness.</i>
<p>ACL No. 17-122: Short-Term Residential Therapeutic Programs (STRTPS) Placement Criteria, Interagency Placement Committees (IPCS), Second Level Review for Ongoing Placements Into Group Homes and STRTPS</p>	<p><u>Background:</u> ... An STRTP is a public agency or private organization licensed by the California Department of Social Services (CDSS) to provide an integrated program of high quality, therapeutic interventions and 24-hour supervision on a short-term basis for children who have complex and severe needs.</p> <p><u>STRTP Placement Criteria:</u> A child may be accepted into an STRTP for placement following an IPC determination that the child meets the following criteria listed below as required in WIC sections 4096 and 11462.01:</p> <ul style="list-style-type: none"> a) <i>The child does not require inpatient care in a licensed health facility; AND</i> b) <i>The child's needs have been assessed pursuant to WIC sections 4096 and 11462.01, as requiring the level of services provided in an STRTP in order to maintain the safety and well-being of the child or others due to behaviors, including those resulting from trauma, that render the child or those around them unsafe or at risk of harm; or that prevent the effective delivery of needed services and supports provided in the child's own home or other family settings (such as with a relative, guardian, foster family, resource family, or adoptive family). The assessment must ensure that the child has needs in common with other children in the STRTP.</i> <p>...</p> <ul style="list-style-type: none"> d) <i>3. If the IPC determines at any time that the placement, including an emergency placement, is not appropriate, it shall transmit the disapproval in writing to the county placing agency and the STRTP, and shall include a recommendation to the appropriate level of care and placement to meet the child's service needs. In the case of an emergency placement, such transmittal must be provided within 30 days of placement. An IPC representative or representatives shall participate in any CFT meetings as necessary to refer the child to an appropriate placement. The child may remain in the placement for the amount of time necessary to identify and transition the child to an alternative, suitable placement.</i>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>However, if the IPC determines the placement is not appropriate due to a health and safety concern, then immediate arrangements for the child to transition to an appropriate placement shall occur.</i></p> <p><i>4. An emergency placement into an STRTP may not be used as a temporary placement for a child not requiring the STRTP level of care due to lack of an identified home-based family setting for a child, and timelines regarding emergency placements and second level reviews are not reset or altered by changing a child's placement from one STRTP to another.</i></p> <p><i><u>Tracking Non-Admissions and Preventing Disruptions in an STRTP:</u> ... Common characteristics of children intended to be served by STRTPs include children who may have experienced multiple placement disruptions, who display aggressive or assaultive behaviors, who frequently run away, children who have multiple co-occurring needs (developmental delays, medical needs, substance abuse, etc.), and other needs that require a higher level of care and supervision.</i></p> <p><i><u>Age-Based Placement Timeframes for Second Level Reviews:</u></i></p> <p><i>Ages 0–6: STRTP or group home placements for children under the age of six should be extremely rare and limited in a length of time not to exceed 120 days. These placements must comply with the requirements set forth in WIC section 361.2(e)(9)(A).</i></p> <p><i>Ages 6–12: The placement of a child between the ages of 6-12 shall not exceed six months unless all of the following second level review extension criteria are met:</i></p> <ul style="list-style-type: none"> <i>• The county has made progress toward or is actively working toward implementation of the case plan that identifies the services and supports necessary to transition the child or youth to a family setting;</i> <i>• Circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan;</i> <i>• The need for additional time consistent with the case plan is documented by the caseworker and approved by the Child Welfare Deputy Director or Director, or the Chief Probation Officer or Assistant Chief Probation Officer, for their respective dependents or wards, no less frequently than every 60 days. See ACL NO. 13-86 for how this may be documented in the case plan</i> <p><i>Ages 13 and up: For children, 13 years and older, under the supervision of dependency court, the placement shall not exceed six months, unless the Child Welfare Deputy Director or Director has approved the case plan consistent with WIC section 16501.1(a)(3) every six months thereafter. For children, 13 years and older, under the supervision of delinquency court, the placement shall not exceed 12 months unless the Chief Probation Officer of the county probation department or his/her designee has approved for the continued placement and no less frequently than every 12 months thereafter, pursuant to WIC section 727(a)(4)(E).</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>California Department of Social Services Short-Term Residential Therapeutic Program Interim Licensing Standards, Chapter 7.5, version 4: General Requirements and Definitions</p>	<p><u>STRTP ILS 87000. General Requirements</u> <i>(a) The interim licensing standards contained in this chapter constitute the written instructions authorized by Statutes 2015, Chapter 773, Section 123(b), Statutes 2016, Chapter 612, Section 131(b), Statutes 2017, Chapter 732, Section 126(b), and Statutes 2021, Chapter 86, Sections 11 and 57, for the implementation of the Continuum of Care Reform provisions that govern short-term residential therapeutic programs. The Department is authorized to use the interim licensing standards until regulations are adopted, notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5, commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.</i> <i>(b) A short-term residential therapeutic program, as defined in Health and Safety Code section 1502(a)(18), shall be governed by the interim licensing standards specified in this chapter. (1) In addition to subsection (b), a short-term residential therapeutic program, except where specified otherwise in this chapter, shall be governed by the provisions in Title 22, California Code of Regulations, Division 6, Chapter 1, General Licensing Requirements.</i> ... <i>(d) The provisions contained in Subchapter 1 shall apply to short-term residential therapeutic programs that serve pregnant or parenting minors and nonminor dependents.</i> <i>(e) The provisions contained in Subchapter 2 shall apply to short-term residential therapeutic programs that serve children who are under the age of six years. Short-term residential therapeutic programs shall not accept for placement children who are under the age of six years, unless the facility is licensed for that age group and meets the requirements of Subchapter 2.</i> <i>(f) Except for the definition of "child" as specified in Section 87001 (c)(3) and where specified otherwise in this chapter, references to a "child" in Chapters 1 and 7.5 shall include nonminor dependent.</i></p> <hr/> <p><u>STRTP ILS 87001. Definitions</u> <i>In addition to California Code of Regulations, Title 22, Section 80001, and with the exception of Section 80001(c)(5), the following shall apply:</i> ... <i>(a)(4) "Assaultive behavior" means violent, physical actions which are likely to cause immediate physical harm or danger to an individual or others. (A) Verbal Assault is not considered a form of assaultive behavior. (B) "Assaultive behavior" may also include physical actions which are likely to cause immediate unwelcome or unlawful sexual contact.</i> ... <i>(b)(1)"Behavior Management Consultant", for the purpose of this chapter, means a person who designs and/or implements behavior modification intervention services and meets the requirements specified in California Code of Regulations, Title 17, Sections 54342(a)(13)(A)1-7. ...</i> <i>(c)(10)"Conduct inimical" means conduct that poses a risk or threat to the health and safety, protection, or well-being of a child, nonminor dependent, another individual or the people of the state of California.</i> <i>(c)(11)"Containment" means a brief physical restraint of a person for the purpose of effectively gaining quick control of a person who is aggressive or agitated or who is a danger to self or others.</i> <i>(d)(2)"Discipline" means a penalty assessed by the facility against a child for their violation of the short-term residential therapeutic program's rules, commitment of illegal actions or damage to property.</i> <i>(e)(1)"Early Intervention" means the use of non-physical, de-escalation interventions to control injurious behavior. Techniques include, but are not limited to, suggesting alternative behavior, crisis communication and evasive techniques.</i> <i>(e)(2)"Emergency Intervention" means the justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from harm.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p>(e)(3) "Emergency Intervention Plan" means a written plan which addresses how emergency intervention techniques will be implemented by the licensee in compliance with the requirements specified in Section 87095.22.</p> <p>(e)(4) "Emergency Intervention Staff Training Plan" means a written plan which specifies the training provided to short-term residential therapeutic program personnel regarding the use of emergency interventions, as specified in Section 87095.22(g). The emergency intervention staff training plan is a component of the Emergency Intervention Plan.</p> <p>(i)(1) "Incident Report" means a written report required by the Department to report incidents as specified in California Code of Regulations, Title 22, Section 80061 and Section 87061.</p> <p>(m)(1) "Manual Restraint" means the use of a hands-on or other physically applied technique to physically limit the freedom of movement of a child. Techniques include, but are not limited to, forced escorts; holding; prone restraints; or other containment techniques, including protective separation.</p> <p>(m)(2) "Manual Restraint Plan" means a written plan which addresses how manual restraints will or will not be implemented by the licensee in compliance with the requirements specified in Sections 87095.22(e) and (f). The manual restraint plan is a component of the emergency intervention plan.</p> <p>(p)(2) "Physical Restraining Device" means any physical or mechanical device, material, or equipment attached or adjacent to a child's body which the child cannot remove easily and which restricts the child's freedom of movement. Restraining devices include leg restraints, arm restraints, soft ties or vests, wheel chair safety bars, and full length bedrails.</p> <p>(p)(6) "Protective Separation" means the voluntary or involuntary removal of a child for the purpose of protecting the child from injuring himself, herself or others.</p> <p>(p)(7) "Protective Separation Room" means an unlocked room specifically designated and designed for the involuntary separation of a child from other children for a limited time period for the purpose of protecting the child from injuring or endangering himself, herself or others. ...</p> <p>(r)(2) "Runaway" means a child who absents themselves from the facility without permission from facility personnel.</p> <p>(r)(3) "Runaway Plan" means a written plan which addresses how the licensee will respond to runaway situations. The runaway plan is a component of the emergency intervention plan.</p> <p>(s)(3) "Short-term residential therapeutic program" means a residential facility operated by a public agency or private organization and licensed by the department pursuant to Section 1562.01 that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children that is trauma-informed, as defined in standards adopted by the department. The care and supervision provided by a short-term residential therapeutic program shall be nonmedical, except as otherwise permitted by law. Private short-term residential therapeutic programs shall be organized and operated on a nonprofit basis.</p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>STRTP ILS 87072, Personal Rights</p>	<p><u>STRTP ILS 87072. Personal Rights</u> <i>(c) The licensee shall ensure that each child, regardless of whether the child is in foster care, is accorded the personal rights specified in Welfare and Institutions Code Section 16001.9, as applicable. In addition, the licensee shall ensure that each child is accorded the following personal rights:</i> ... <i>(6) To be provided with and allowed to possess and use adequate personal items, consistent with Welfare & Institutions Code section 16001.9(a)(3), which includes their own: (A) Clothing items, provided the clothes are age-appropriate. 1. Clothing provided for school shall not violate school standards, and shall include all necessary items, including, but not limited to, uniforms, gym clothes, or any other mandatory outfits. 2. Clothing shall respect the child's culture, ethnicity, and gender identity and expression. (B) Toiletries, grooming, and personal hygiene products, including enclosed razors used for shaving, as age and developmentally appropriate, and shall respect as appropriate to the child's or nonminor dependent's culture, ethnicity, and gender identity and expression of cultural, religious, ethnic, or racial background. (11) To be free of physical, sexual, emotional, or other abuse, and from corporal or unusual punishment, exploitation, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature including, but not limited to, interference with the daily living functions of eating, sleeping, or toileting, or withholding of shelter, clothing, or aids to physical functioning. (14) To not be locked in any portion of their foster care placement at any time. (15) Not to be placed in any restraining device...</i></p>
<p>STRTP ILS 87087–87088, Physical Environment</p>	<p><u>STRTP ILS 87087. Buildings and Grounds</u> <i>(b) Bedrooms shall meet, at a minimum, the following requirements: (1) Not more than two children shall share a bedroom. (2) Bedrooms shall be large enough to allow for easy passage and comfortable use of any required assistive devices, including but not limited to wheelchairs, between beds and other items of furniture. (3) Children of different sexes shall not share a bedroom unless: (A) A minor parent is sharing a bedroom with the minor parent's child of the opposite sex. (B) Each child is under five years of age, or (C) A licensee is permitting a child to share a bedroom consistent with their gender identity regardless of the gender or sex listed on the court or child welfare (4) No room commonly used for other purposes shall be used as a bedroom. ... (5) No bedroom shall be used as a public or general passageway to another room, bath or toilet. ...</i> <i>(e) In every situation where children share a bedroom, the licensee shall document that the bedroom sharing arrangement ensures the health and safety of each child and that the children are compatible. When considering compatibility, a licensee shall consult with children in their care, in an age and developmentally appropriate manner, regarding the child's sexual orientation and gender identity and what information the child wishes to disclose and to whom. A licensee shall not disclose information about the child's sexual orientation and/or gender identity against the child's wishes, unless compelled to do so by law or court order. This documentation shall be maintained in the child's record.</i></p> <p><u>STRTP ILS, 87088. Fixtures, Furniture, Equipment, and Supplies</u> <i>(b)(4) Individual privacy shall be provided in all toilet, bath, and shower areas. (c) The licensee shall provide and make readily available to each child the following furniture, equipment, and supplies necessary for personal care and maintenance of personal hygiene: (3) Items used to maintain basic personal hygiene practices, including but not limited to shampoo, feminine napkins and tampons, nonmedicated soap, toilet paper, toothbrush, toothpaste, and comb.</i></p>
<p>STRTP ILS 87072.1, Discipline Policies and Procedures</p>	<p><u>STRTP ILS 87072.1. Discipline Policies and Procedures</u> <i>(c) Any form of discipline which violates a child's *or nonminor dependent's* personal rights as specified in Section 87072 shall be prohibited. (d) Calls to law enforcement must be made in accordance with the facility's emergency intervention plan as specified in Section 87095.22.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>Calling or threatening to call law enforcement is prohibited as a form of discipline.</i></p> <p><i>(e) Acceptable forms of discipline shall include the following: (1) Exclusion in an unlocked living, sleeping, or play area. (2) Prohibition against attendance at or participation in planned activities. (3) Prohibition against use of entertainment devices including but not limited to telephones, televisions, personal computers and other internet-enabled devices, video game consoles, radios, portable media players, and stereo equipment. (4) Performance of additional duties related to training needs identified in the child's needs and services plan. (5) Any other form of discipline approved in writing in advance by the licensing agency.</i></p> <p><i>(f) When a child or nonminor dependent is subject to a consequence for noncompliance with an expectation of living in the facility, a licensee shall do all of the following: (1) Inform the child that it is necessary for the licensee to impose a consequence on the child. (2) Discuss the reason and need for the licensee to impose a consequence on the child and provide the child with the opportunity to participate in choosing the appropriate consequence. (3) Develop a plan, including time limit, with the child for the nonminor dependent to be subject to and comply with the chosen consequence. (4) Document the decision to subject the nonminor dependent to the chosen consequence and the steps taken in subjecting the child to the consequence.</i></p> <p><i>(g) The licensee or staff shall not discipline a child for refusing to take their medication. (1) Document the child's medication refusal, as specified in Section 87070(b)(12)(G)1., and within two calendar days contact the child's prescribing physician. (2) When determining whether a child who has not taken a prescribed psychotropic medication is able to safely participate in an activity the licensee shall use the Reasonable and Prudent Parent Standard described in Welfare and Institutions Code Section 362.05. The determination shall be based upon an individualized consideration of the specific situation and the cognitive, emotional, physical, and behavioral capacities of the child.</i></p>
<p>STRTP ILS 87095, Emergency Interventions</p>	<p><u>STRTP ILS 87095.00. Emergency Interventions – General Provisions</u></p> <p><i>(a) An emergency intervention plan as specified in Section 87095.22, is required for all short-term residential therapeutic programs, and must be submitted to, and approved by, the Department prior to use by the short-term residential therapeutic program. (1) The Department shall review and approve the emergency intervention plan as specified in Sections 87095.22(l) and 87095.22(l)(1).</i></p> <p><i>(b) The licensee must use a continuum of interventions, starting with the least restrictive intervention. (1) More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective and the child continues to present an imminent danger for injuring or endangering self or others.</i></p> <p><i>(c) Short-term residential therapeutic program staff may be justified in using restraints as an emergency intervention if all of the following conditions are met: (1) The restraint is reasonably applied to prevent a child exhibiting assaultive behavior from exposure to immediate injury or danger to self or others; (2) The force used does not exceed that reasonably necessary to avert the injury or danger; (3) The danger of the force applied does not exceed the danger being averted; (4) The duration of the restraint ceases as soon as the danger of harm has been averted; (5) The child receiving the restraint has no known medical or physical condition due to which there is reason to believe that the use of restraint would endanger the child's health and safety or exacerbate the medical condition; (6) The staff using the restraint has been trained to use the emergency interventions, pursuant to Section 87095.65.</i></p> <p><i>(d) All children placed in a short-term residential therapeutic program have the right to be free from the use of restraints imposed as a means of coercion, discipline, convenience, or retaliation by staff.</i></p> <p><u>STRTP ILS 87095.01. Emergency Interventions Prohibition</u></p> <p><i>(a) The following emergency interventions techniques must not be used on a child at any time.</i></p> <p><i>(1) A restraint or containment technique that obstructs a child's respiratory airway or circulation, or impairs a child's breathing or respiratory capacity, including: (A) Techniques in which pressure or weight is placed against the child's torso or back.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p>(2) Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets. (A) Pillows or padding placed under the head of a thrashing child to prevent injury are permitted.</p> <p>(3) Any restraint or containment technique that can exacerbate a child's medical or physical condition. (4) Prone restraint if the child is at risk for positional asphyxiation as a result of a risk factor known to the provider unless written authorization has been provided by a physician. The written authorization may not be a standing order and shall be evaluated on a case-by-case basis by the physician. Risk factors for prone restraint include, but are not limited to, the following: (A) Obesity (B) Pregnancy (C) Agitated delirium or excited delirium syndromes (D) Cocaine, methamphetamine, or alcohol intoxication (E) Exposure to pepper spray (F) Pre-existing heart condition (G) Respiratory conditions including emphysema, bronchitis, or asthma.</p> <p>(5) Any restraint or containment technique that places a child in a prone position with their hands behind their back.</p> <p>(6) Any restraint or containment technique as an extended procedure.</p> <p>(7) Mechanical Restraints, except postural supports as specified in Sections 87072(c)(15) and 87072.3(b)</p> <p>(8) Aversive behavior modification interventions including, but not limited to, spanking and corporal punishment, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation, and electric shock.</p> <p>(9) Intentionally producing pain to limit the child's movement, including but not limited to, arm twisting, finger bending, joint extensions, and headlocks.</p> <p>(10) The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of staff to control a child who is exhibiting assaultive behavior.</p> <p>(11) Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner, licensed under Division 2 of the Business and Professions Code. A health practitioner would include a physician, surgeon, osteopath, dentist, licensed nurse, optometrist, etc.</p> <p>(12) Verbal abuse or physical threats by staff.</p> <p>(13) The isolation of a child in a room which is locked by means of: key lock; deadbolt; security chain; flush, edge or surface bolt; or similar hardware which is inoperable by the child inside the room.</p> <p>(14) Manual restraints for more than 15 consecutive minutes in a 24-hour period, unless as specified in Section 87095.22.</p> <p>(15) Manual restraints for more than four (4) cumulative hours in a 24-hour period. (b) In addition to techniques specified in Section 87095.01(a), any emergency intervention technique not approved for use as part of the licensee's emergency intervention plan must not be used at any time. (c) Manual restraints must never be used for the following purposes: (1) Punishment or discipline. (2) Replacement for on-duty direct-care staff. (3) Convenience of staff. (4) As a substitute for or as part of a treatment program. (5) As a substitute for or as part of a behavior modification program. (6) Harassment or humiliation. (7) To prevent a child from leaving the facility, except as specified in Section 87095.24</p> <p>(d) Manual restraints must not be used when a child's medical assessment, as specified in California Code of Regulations, Title 22, Section 80069, documents that they have a medical condition that would contraindicate the use of manual restraints; and when the child's current condition contraindicates the use of manual restraints.</p> <p>(e) Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.</p>
	<p><u>STRTP ILS 87095.23. Protective Separation Room</u></p> <p>(a) In addition to Section 87095.22, any licensee with an approved emergency intervention plan which includes the use of a protective separation room, must comply with the following requirements: (1) No protective separation room may be used for another purpose,</p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>e.g., bedroom, bathroom, storage. (2) No protective separation room may be used without a fire clearance from the local fire authority. (A) The request for the fire clearance must be made through and maintained by the Department. (3) No protective separation room may be used without prior inspection and approval by the Department. (4) Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to self or others. (5) Procedures regarding the use of the protective separation room must be included in the manual restraint plan component of the emergency intervention plan. These procedures must include the following to ensure a child's safety when placed in a protective separation room: (A) Staff must maintain direct visual contact with the child at all times, and be free from other responsibilities, to ensure the child's safety while in the room. 1. Staff must remain in the room, when necessary, to prevent injury to the child. (B) Staff must ensure that there are no objects in the child's possession that could be used to inflict injury to themselves or others while in the protective separation room. (C) No more than one child shall be placed in the protective separation room at any one time. (D) Physical abuse, corporal punishment, threats, or prohibited restraints may not be used as a method for placing a child in the protective separation room. (6) In addition to Section 87095.22(i), facility social work personnel and the child's authorized representative must indicate, in writing, in the child's needs and services plan if the child may be placed in the protective separation room. (7) A child placed in a protective separation room may not be deprived of eating, sleeping, toileting or other basic daily living functions. (8) Exiting from a protective separation room may not be prevented by the use of locking or jamming devices. (A) The door may be held shut in a manner that allows for immediate release upon removal of a staff member's foot, hand, and/or body.</i></p>
<p>STRTP ILS 87061, Reporting Requirements</p>	<p>STRTP ILS 87061, Reporting Requirements</p> <p><i>(b) The licensee shall ensure that the child's authorized representative is notified no later than the next business day if the following circumstances have occurred without the authorized representative's participation: (1) The child has been placed in the facility under emergency circumstances. (2) The child has been removed from the facility. (3) Each time the child has been placed in a manual restraint, to be reported as required in Section 87095.61. ...</i></p> <p><i>(i) Incident Reports must include the following:</i></p> <p><i>(4) Description of the facility's plan for the child, in response to the incident, including modifications to the child's needs and services plan. If the child has been involved in previous incidents, explain what the previous modifications were to the child's needs and services plan.</i></p> <p><i>(5) What action was taken by facility personnel to reintegrate the child with the other children in the facility after the incident.</i></p> <p><i>(6) Incident reports documenting the use of manual restraints must include the following: (A) Date and time of other manual restraints involving the same child in the past 24 hours. (B) A description of the child's behavior that required the use of manual restraints and description of the precipitating factors which led to the intervention. (C) Description of what manual restraints were used and how long the child was restrained. (D) Description of what non-physical interventions were utilized prior to the restraint; explanation of why more restrictive interventions were necessary. (E) Description of any injuries sustained by the child or facility personnel. What type of medical treatment was sought and where was child taken. Provide an explanation if medical treatment was not sought for injuries. (F) Name(s) of facility personnel who conducted the manual restraint. (G) Name(s) of facility personnel who witnessed the child's behavior and the restraint. (H) The child's verbal response and physical appearance, including a description of any injuries at the completion of the restraint. (I) If it is determined by the post-incident review, as required in Section 87095.68, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why. (J) If law enforcement was involved, a detailed description of the incident. (K) Documentation that the child's authorized representative has been notified of the incident.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>Manual of Policies and Procedures – Title 22, Division 6 Chapter 5 Group Homes: Sections 8400 – 84001</p>	<p>§ 84000. General <i>(a) Group homes, as defined in Section 80001g.(1), shall be governed by the provisions specified in this chapter and in Chapter 1, General Requirements.</i> <i>(b) Group homes shall not accept for placement children who are under the age of six years, unless the facility is licensed for that age group and meets the requirements of Subchapter 2, beginning with Section 84200.</i></p> <hr/> <p>§ 84000. Definitions <i>"Assaultive Behavior" means violent, physical actions which are likely to cause immediate physical harm or danger to an individual or others.</i> <i>(A) Verbal Assault is not considered a form of assaultive behavior. ...</i></p> <p><i>"Behavior Management Consultant", for the purpose of this chapter, means a person who designs and/or implements behavior modification intervention services and meets the requirements specified in California Code of Regulations, Title 17, Sections 54342(a)(13)(A)1-7. ...</i></p> <p><i>"Discipline" means a penalty assessed by the facility against a child for his/her violation of the group home's rules, commitment of illegal actions or damage to property.</i></p> <p><i>"Early Intervention" means the use of non-physical, de-escalation interventions to control injurious behavior. Techniques include, but are not limited to, suggesting alternative behavior, crisis communication and evasive techniques.</i></p> <p><i>"Emergency Intervention" means the justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from harm.</i></p> <p><i>"Emergency Intervention Plan" means a written plan which addresses how emergency intervention techniques will be implemented by the licensee in compliance with the requirements specified in Section 84322.</i></p> <p><i>"Emergency Intervention Staff Training Plan" means a written plan which specifies the training provided to group home personnel regarding the use of emergency interventions, as specified in Section 84322 (g). The emergency intervention staff training plan is a component of the Emergency Intervention Plan. ...</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>"Group Home" means a facility which provides 24-hour care and supervision to children, provides services specified in this chapter to a specific client group, and maintains a structured environment, with such services provided at least in part by staff employed by the licensee. The care and supervision provided by a group home shall be nonmedical except as permitted by Welfare and Institutions Code Section 17736(b). Since small family and foster family homes, by definition, care for six or fewer children only, any facility providing 24-hour care for seven or more children must be licensed as a group home.</i></p> <p><i>"Group Home Program Statement" means a written plan which identifies the client population, program structure and supervision, and provides specific program information. The group home program statement must contain all the elements required in the plan of operation, as specified in Section 84022. ...</i></p> <p><i>"Incident Report" means a written report required by the Department to report incidents as specified in Sections 80061 and 84061. ...</i></p> <p><i>"Manual Restraint" means the use of a hands-on or other physically applied technique to physically limit the freedom of movement of a child. Techniques include, but are not limited to, forced escorts; holding; prone restraints; or other containment techniques, including protective separation.</i></p> <p><i>"Manual Restraint Plan" means a written plan which addresses how manual restraints will or will not be implemented by the licensee in compliance with the requirements specified in Sections 84322(e) and (f). The manual restraint plan is a component of the emergency intervention plan.</i></p> <p><i>"Mechanical Restraint" means any physical device or equipment which restricts the movement of the whole or a portion of a child's body, including, but not limited to, handcuffs, restraining sheets, restraining chairs, leather cuffs and belts or any other similar method. ...</i></p> <p><i>"Physical Restraining Device" means any physical or mechanical device, material, or equipment attached or adjacent to a child's body which the child cannot remove easily and which restricts the child's freedom of movement. Restraining devices include leg restraints, arm restraints, soft ties or vests, wheelchair safety bars, and full length bedrails.</i></p> <p><i>"Protective Separation" means the voluntary or involuntary removal of a child for the purpose of protecting the child from injuring himself, herself or others.</i></p> <p><i>"Protective Separation Room" means an unlocked room specifically designated and designed for the involuntary separation of a child from other children for a limited time period for the purpose of protecting the child from injuring or endangering himself, herself or others. ...</i></p> <p><i>"Runaway" means a child who absents himself or herself from the facility without permission from facility personnel.</i></p> <p><i>"Runaway Plan" means a written plan which addresses how the licensee will respond to runaway situations.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>84061, Reporting Requirements</i></p> <p><i>(b)The licensee shall ensure that the child's authorized representative is notified no later than the next business day if the following circumstances have occurred without the authorized representative's participation:</i></p> <p><i>(1) The child has been placed in the facility under emergency circumstances.</i></p> <p><i>(2) The child has been removed from the facility.</i></p> <p><i>(3) Each time the child has been placed in a manual restraint, to be reported as required in Section 84361</i></p> <p>...</p> <p><i>(h) Incident Reports must include the following...</i></p> <p><i>(4) Description of the facility's plan for the child, in response to the incident, including modifications to the child's needs and services plan. If the child has been involved in previous incidents, explain what the previous modifications were to the child's needs and services plan. If the child has been involved in previous incidents, explain what the previous modifications were to the child's needs and services plan.</i></p> <p><i>(5) What action was taken by facility personnel to re-integrate the child into the general population after the incident.</i></p> <p><i>(6) When the Incident Report is used to report the use of manual restraints, the report must include the following: (A) Date and time of other manual restraints involving the same child in the past 24 hours. (B) A description of the child's behavior that required the use of manual restraints, and description of the precipitating factors which led to the intervention. (C) Description of what manual restraints were used, and how long the child was restrained. (D) Description of what non-physical interventions were utilized prior to the restraint; explanation of why more restrictive interventions were necessary. (E) Description of injuries sustained by the child or facility personnel. What type of medical treatment was sought and where was child taken. Explanation if medical treatment not sought for injuries. (F) Name(s) of facility personnel who provided the manual restraint. (G) Name(s) of facility personnel who witnessed the child's behavior and the restraint. (H) The child's verbal response and physical appearance, including a description of any injuries at the completion of the restraint. (I) If it is determined by the post incident review, as required in Section 84368.3, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why. (J) If law enforcement was involved, a detailed description of the incident. (K) Documentation that the child's authorized representative has been notified of the incident.</i></p>
<p><i>California Code of Regulations 22 § 84300, Emergency intervention in group homes, general provisions</i></p>	<p><i>... Group home staff may be justified/excused in using emergency interventions which include restraint if:</i></p> <p><i>(1) The restraint is reasonably applied to prevent a child exhibiting assaultive behavior from exposure to immediate injury or danger to himself, herself or others; and (2) The force used does not exceed that reasonably necessary to avert the injury or danger; and (3) The danger of the force applied does not exceed the danger being averted; and (4) The duration of the restraint ceases as soon as the danger of harm has been averted.</i></p> <p><i>The licensee must use a continuum of interventions, starting with the least restrictive intervention. More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective and the child continues to present an imminent danger for injuring or endangering himself, herself or others.</i></p> <p><i>An emergency intervention plan as specified in Section 84322, is required for all group homes, and must be submitted to, and approved by the Department prior to use by the group home.</i></p>
<p><i>California Code of Regulations 22 § 84300.1, Emergency intervention in</i></p>	<p><i>(a)The following emergency interventions techniques must not be used on a child at any time.</i></p> <p><i>(1) Mechanical Restraints, except postural supports as specified in Section 80072(a)(8).</i></p> <p><i>(2) Aversive behavior modification interventions including, but not limited to, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>group homes, emergency intervention prohibition</p>	<p>(3) Intentionally producing pain to limit the child's movement, including but not limited to, arm twisting, finger bending, joint extensions and headlocks.</p> <p>(4) Methods of restricting a child's breathing or circulation.</p> <p>(5) Corporal Punishment.</p> <p>(6) Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets. ...</p> <p>(7) The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a child who is exhibiting assaultive behavior.</p> <p>(8) Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner, licensed under Division 2 of the Business and Professions Code. A health practitioner would include a physician, surgeon, osteopath, dentist, licensed nurse, optometrist, etc.</p> <p>(9) Verbal abuse or physical threats by facility personnel.</p> <p>(10) The isolation of a child in a room which is locked by means of: key lock; deadbolt; security chain; flush, edge or surface bolt; or similar hardware which is inoperable by the child inside the room.</p> <p>(11) Manual restraints for more than 15 consecutive minutes in a 24-hour period, unless as specified in Section 84322.</p> <p>(12) Manual restraints for more than four (4) cumulative hours in a 24-hour period.</p> <p>(b) In addition to techniques specified in Section 84300.1, any emergency intervention technique not approved for use as part of the licensee's emergency intervention plan must not be used at any time.</p> <p>(c) Manual restraints must never be used for the following purposes:</p> <ol style="list-style-type: none"> (1) Punishment or discipline. (2) Replacement for on-duty child care staff. (3) Convenience of facility personnel. (4) As a substitute for, or as part of a treatment program. (5) As a substitute for, or as part of a behavior modification program. (6) Harassment or humiliation. (7) To prevent a child from leaving the facility, except as specified in Section 84322.2. <p>(d) Manual restraints must not be used when a child's medical assessment, as specified in Section 80069, documents that he or she has a medical condition that would contraindicate the use of manual restraints; and when the child's current condition contraindicates the use of manual restraints.</p> <p>(e) Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.</p>
<p>California Code of Regulations 22 § 84322.1, Emergency intervention in group homes, protective separation room</p>	<p>(a) In addition to Section 84322, any licensee with an approved emergency intervention plan which includes the use of a protective separation room, must comply with the following requirements: (1) No protective separation room may be used for another purpose, e.g. bedroom, bathroom, storage. (2) No protective separation room may be used without a fire clearance from the local fire authority. (A) The request for the fire clearance must be made through and maintained by the Department. (3) No protective separation room may be used without prior inspection and approval by the Department. (4) Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to himself, herself or others. (5) Procedures regarding the use of the protective separation room must be included in the manual restraint plan component of the emergency intervention plan. These procedures must include the following to ensure a child's safety when placed in a protective separation room: (A) Facility personnel must maintain direct visual</p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
	<p><i>contact with the child at all times, and be free from other responsibilities, to ensure the child's safety while in the room. 1. Facility personnel must remain in the room, when necessary, to prevent injury to the child. (B) Facility personnel must ensure that there are no objects in the child's possession that could be used to inflict injury to himself/herself or others while in the protective separation room. (C) No more than one child shall be placed in the protective separation room at any one time. (D) Physical abuse, corporal punishment, threats or prohibited restraints may not be used as a method for placing a child in the protective separation room. (6) In addition to Section 84322(i), facility social work personnel and the child's authorized representative must indicate, in writing, in the child's needs and services plan if the child may be placed in the protective separation room. (7) A child placed in a protective separation room may not be deprived of eating, sleeping, toileting or other basic daily living functions. (8) Exiting from a protective separation room may not be prevented by the use of locking or jamming devices. (A) The door may be held shut in a manner that allows for immediate release upon removal of a staff member's foot, hand, and/or body.</i></p>
<p>California Code of Regulations 22 §, Article 7, Physical environment</p>	<p><u>Section 84087, Building and Grounds:</u></p> <p>(b) Bedrooms shall meet, at a minimum, the following requirements:</p> <p>(1) No more than two children shall share a bedroom.</p> <p>(2) Bedrooms shall be large enough to allow for easy passage and comfortable use of any required assistive devices, including but not limited to wheelchairs, between beds and other items of furniture.</p> <p>(3) Children of different sexes shall not share a bedroom unless: (A) A minor parent may share a bedroom with the minor parent's child of the opposite sex. (B) Each child is under five years of age, or (C) A licensee is permitting a child to share a bedroom consistent with their gender identity regardless of the gender or sex listed on the court or child welfare documents.</p> <p>(4) No room commonly used for other purposes shall be used as a bedroom. ...</p> <p>(5) No bedroom shall be used as a public or general passageway to another room, bath or toilet.</p> <p>(6) Except for infants, children shall not share a bedroom with an adult.</p> <p>...</p> <p>(9)(c) In every situation where children share a bedroom, the licensee shall document that the bedroom sharing arrangement ensures the health and safety of each child and that the children are compatible. When considering compatibility a Licensee shall consult with children in their care, in an age and developmentally appropriate manner, regarding the child's sexual orientation and gender identity and what information the child wishes to disclose and to whom. A licensee shall not disclose information about the child's sexual orientation and/or gender identity against the child's wishes, unless compelled to do so by law or court order. This documentation shall be maintained in the child's record.</p>
	<p><u>Section 84088: Fixtures, Furniture, Equipment, and Supplies</u></p> <p>(a)(4) Individual privacy shall be provided in all toilet, bath, and shower areas.</p> <p>...</p> <p>(c)(3) Items used to maintain basic personal hygiene practices ...</p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>California Code of Regulations 22 § 84072, Personal Rights</p>	<p><i>(d) The licensee shall ensure that each child, regardless of whether the child is in foster care, is accorded the personal rights specified in Welfare and Institutions Code section 16001.9, as applicable. In addition, the licensee shall ensure that each child is accorded the following personal rights:</i></p> <p><i>(6) To be provided with and allowed to possess and use adequate personal items, consistent with Welfare & Institutions Code section 16001.9(a)(23), which includes their own:</i></p> <p><i>(A) Clothing items, provided the clothes are age-appropriate.</i></p> <p><i>(1) Clothing provided for school shall not violate school standards.</i></p> <p><i>(B) Toiletries and personal hygiene products, including enclosed razors used for shaving, as age and developmentally appropriate.</i></p> <p><i>(C) Personal belongings, including items that were a gift to the child unless prohibited as part of a discipline program.</i></p> <p>...</p> <p><i>(10) To be accorded dignity in his or her personal relationships with staff and other persons.</i></p> <p><i>(11) To be free of physical, sexual, emotional, or other abuse, and from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature including, but not limited to, interference with the daily living functions of eating, sleeping, or toileting, or withholding of shelter, clothing, or aids to physical functioning.</i></p> <p>...</p> <p><i>(14) To not be locked in any room, building, or facility premises at any time...</i></p> <p><i>(15) Not to be placed in any restraining device. Postural supports may be used if they are approved in advance by the licensing agency as specified in (A) through (F) below.</i></p> <p>...</p>
<p>California Code of Regulations 22 § 84072.1, Discipline Policies and Procedures</p>	<p>...</p> <p><i>(c) Calls to law enforcement must be made in accordance with the facility's emergency intervention plan as specified in Section 84322. Calling or threatening to call law enforcement is prohibited as a form of discipline. ...</i></p> <p><i>(d) Acceptable forms of discipline shall include the following:</i></p> <p><i>(1) Exclusion in an unlocked living, sleeping, or play area.</i></p> <p><i>(2) Institution of fines as specified in Section 84026(c).</i></p> <p><i>(3) Prohibition against attendance at or participation in planned activities.</i></p> <p><i>(4) Prohibition against use of entertainment devices including but not limited to telephones, televisions, radios and phonographs.</i></p> <p><i>(5) Performance of additional duties related to training needs identified in the child's needs and services plan.</i></p> <p><i>(6) Any other form of discipline approved in writing, in advance by the licensing agency.</i></p> <p><i>(e) The licensee or staff shall not discipline a child for refusing to take their medication.</i></p> <p><i>(1) Document the child's medication refusal, as specified in Section 84070(b)(13)(G)1., and within two calendar days contact the child's prescribing physician.</i></p> <p><i>(2) When determining whether a child who has not taken a prescribed psychotropic medication is able to safely participate in an activity the licensee shall use the Reasonable and Prudent Parent Standard ...</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
WIC 16001.9	<p><i>(1) All children placed in foster care, either voluntarily or after being adjudged a ward or dependent of the juvenile court pursuant to Section 300, 601, or 602, shall have their rights specified in this section. These rights also apply to nonminor dependents in foster care, except when they conflict with nonminor dependents' retention of all their legal decision making authority as an adult. The rights are as follows:</i></p> <p><i>(1) To live in a safe, healthy, and comfortable home where they are treated with respect. If the child is an Indian child, to live in a home that upholds the prevailing social and cultural standards of the child's Indian community, including, but not limited to, family, social, and political ties.</i></p> <p><i>(2) To be free from physical, sexual, emotional, or other abuse, corporal punishment, and exploitation.</i></p> <p><i>(3) To receive adequate and healthy food, adequate clothing, grooming and hygiene products, and an age-appropriate allowance. Clothing and grooming and hygiene products shall respect the child's culture, ethnicity, and gender identity and expression ...</i></p> <p><i>(6) To not be locked in any portion of their foster care placement, unless placed in a community treatment facility.</i></p> <p><i>(7) To have a placement that utilizes trauma-informed and evidence-based de-escalation and intervention techniques, to have law enforcement intervention requested only when there is an imminent threat to the life or safety of a child or another person or as a last resort after other diversion and de-escalation techniques have been utilized, and to not have law enforcement intervention used as a threat or in retaliation against the child.</i></p> <p>...</p> <p><i>(23) Except in an emergency, to be free of the administration of medication or chemical substances, and to be free of all psychotropic medications unless prescribed by a physician, and in the case of children, authorized by a judge, without consequences or retaliation. The child has the right to consult with and be represented by counsel in opposing a request for the administration of psychotropic medication and to provide input to the court about the request to authorize medication. The child also has the right to report to the court the positive and adverse effects of the medication and to request that the court reconsider, revoke, or modify the authorization at any time.</i></p>
WIC 16516.5	<p><i>(a) Notwithstanding any other law or regulation, all foster children who are placed in group homes by county welfare departments or county probation departments shall be visited at least monthly by a county social worker or probation officer. Each monthly visit shall include a private discussion between the foster child and the county social worker or probation officer. ... If a foster child requests to have the private discussion outside the group home, that private discussion shall not replace the visit in the group home. ... The contents of the private discussion shall not be disclosed to the group home staff, except that the social worker or probation officer may disclose information under any of the following circumstances:</i></p> <p><i>(1) The social worker or probation officer believes that the foster child may be in danger of harming [themselves] or others.</i></p> <p><i>(2) The social worker or probation officer believes that disclosure is necessary to meet the needs of the child</i></p> <p>...</p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>ACIN No. I-25-16: Implementation of Senate Bill (SB) 484 The Use of Psychotropic Medications by Foster Youth Residing in Group Home Placements</p>	<p><i>The SB 484 requires the California Department of Social Services (CDSS) to develop measures to identify group homes with levels of psychotropic medication usage warranting further review and address psychotropic medication concerns with those identified facilities as appropriate. ...</i></p> <p><i>This bill added new language to sections of the H&SC and the W&IC requiring that psychotropic medication is only used in accordance with the written directions of the prescribing physician and as authorized by the juvenile court pursuant to W&IC sections 369.5 or 739.5. The bill also amended H&SC section 1507.6 to require group home facilities to maintain a copy of any court order that authorizes psychotropic medication for the child. The facility shall also maintain a separate log for each psychotropic medication prescribed for the child that includes the name of the medication, date of the prescription, the quantity of medication prescribed, and the number of initial refills as well as any additional refills prescribed. The log shall also include the required dosage and directions for use in writing by the prescribing physician and the date and time of each dose taken by the child.</i></p> <p><i>The CDSS is required under H&SC section 1538.9 to consult with the Department of Health Care Services (DHCS) and stakeholders in order to establish a methodology for identifying group homes that have levels of psychotropic drug use warranting additional review. This methodology must be established by July 1, 2016. After establishing the methodology, CDSS, DHCS and stakeholders will periodically review and revise the methodology every three years or earlier if needed. The CDSS have convened a workgroup to develop this methodology.</i></p> <p><i>The CDSS is required to inspect group homes that are identified by the methodology as having levels of psychotropic medication use warranting additional review on an annual basis and will use specified criteria outlined in the bill to perform the inspection.</i></p> <p>...</p> <p>See additional details in H&SC section 1538.9 for guidance on group home inspections performed as a result of identified psychotropic medication use warranting additional review.</p> <p><u><i>Development of Additional Performance Standards and Outcome Measures:</i></u> <i>Under W&IC section 11469(g), the CDSS is required to consult with the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, the Chief Probation Officers of California, the Medical Board of California, research entities, foster youth advocates, non-profit foster care provider business entities, Tribes, and other necessary stakeholders to develop additional performance standards and outcome measures that require group homes to implement alternative programs and services, including behavioral management programs, emergency intervention plans, and conflict resolution processes by January 1, 2017.</i></p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>ACL NO. 16-88: California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents (NMDS) in Foster Care</p>	<p><u>Role of Foster Care and Group Home Providers</u></p> <p>...</p> <p>E. Providers, in consultation with the case management worker (county social worker or probation officer), shall ensure that youth and NMDs who remain in long-term foster care receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information.</p> <p>F. Providers shall ensure that youth and NMDs receive an annual medical exam as required by the new “Child Health and Disability Prevention Program Bright Futures Periodicity Schedule for Health Assessments by Age Groups” schedule.</p> <p><u>Role of the Case Management Worker</u></p> <p>...</p> <p>F. The case management worker (social worker or probation officer), in collaboration with the foster care provider, shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.</p>
<p>Section IV: Safety Planning</p>	
<p>ACL No. 17-107: Assessing Child Safety and Appropriate Monitoring of Safety Plans</p>	<p><u>Safety Plan</u></p> <p>... In open child welfare cases where a new safety threat is identified through case worker visits, safety plans may be used concurrently with a case plan to mitigate new safety threats. Concurrent safety plans should be utilized as needed on a short-term basis to complement the long-term interventions within a case plan. In situations where caregivers are unable to resolve newly identified safety threats, more intensive CWS intervention may be required.</p>
<p>WIC 16010.7</p>	<p>(a) It is the intent of the Legislature to prevent children or youth in foster care placement from experiencing unnecessary or abrupt foster care placement changes that negatively impact their well-being or sense of security. It is the intent of the Legislature to preserve and strengthen the foster care placement of a child or youth whenever possible. It is also the intent of the Legislature to ensure that foster care placement changes do not occur due to gender, gender identity, race, or cultural differences.</p> <p>...</p> <p>(b) Prior to making a change in the foster care placement of a child or youth, a social worker or probation officer shall develop with the caregiver a placement preservation strategy, which shall be done in consultation with the child and family team pursuant to clause (ii) of subparagraph (A) of paragraph (4) of subdivision (a) of Section 16501, to preserve the child’s or youth’s foster care placement. The strategy may include, but is not limited to, conflict resolution practices and facilitated meetings</p> <p>(c) A social worker or probation officer shall include the strategy developed and implemented pursuant to subdivision (b) within the child’s contact notes or equivalent in the statewide child welfare information system.</p> <p>...</p> <p>(h) Notwithstanding subdivisions (b) and (e), a social worker or probation officer may change a child’s foster care placement without fulfilling the requirements of subdivisions (b) and (e) in either of the following circumstances: (1) If it is determined that remaining in the existing foster care placement or providing prior written notice of that foster care placement change poses an imminent risk to the health or safety of the child, youth, other children, or others in the home or facility. (2) If either the child and family team and the child, if the child is 10 years of age or older, or the child and family team and the representative of that child, if the child is less than 10 years of age, unanimously agree to waive the requirements described in subdivisions (b) and (e).</p>

STATE POLICY OR GUIDANCE	KEY INFORMING LANGUAGE
<p>ACL No. 17-122: Short-Term Residential Therapeutic Programs (STRTPS) Placement Criteria, Interagency Placement Committees (IPCS), Second Level Review for Ongoing Placements Into Group Homes and STRTPS</p>	<p><u><i>Tracking Non-Admissions and Preventing Disruptions in an STRTP</i></u></p> <p>...</p> <p><i>Intake procedures for STRTPs should be coordinated with the IPC to ensure there is a process for avoiding non-admissions and 7-day notices through collaborative needs and service planning and the development of individualized safety plans to ensure the individual needs of children are met jointly by the STRTP provider and the county. Prior to an STRTP provider issuing a 7-day notice, or when a child is at risk of a placement disruption, the STRTP provider should communicate the concern to the county placing agency, so that a CFT meeting may be convened prior to a disruption.</i></p> <p><i>In cases where an STRTP provider demonstrates a pattern of not accepting placements of children that meet the STRTP criteria, or frequently submits a 7-day notice, despite active efforts of the CFT and the IPC to meet the individual needs of the child, a review process may be initiated by the CDSS or by the county placing agency to determine whether the STRTP provider requires technical assistance to meet the diverse needs of children requiring the STRTP level of care</i></p>