Identifying Investigation Roadblocks

Understanding untimely investigations of abuse and neglect in California's foster care system

Goldman School of Public Policy

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Andrea Lynn

Iris Wong

Mary McGrail

Zosha Kandel

Table of Contents

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Executive Summary

California is home to more than one fifth of the country's foster youth.[1] The government has a responsibility to ensure the safety and well-being of these youth. Recently, concerns regarding the timeliness of investigations into abuse and neglect allegations in licensed foster care facilities have been raised. In this analysis, we aim to uncover the possible factors that contribute to this untimeliness, so that targeted policies and other outcome-driven approaches can be implemented to remedy the problem.

As semester-long graduate student consultants, we worked with the National Center for Youth Law (NCYL) on their latest campaign to address the untimely investigation of abuse and neglect complaints involving licensed foster care facilities in California, which was highlighted in a 2017 report by the Office of the Inspector General (OIG) under the U.S. Department of Health and Human Services (HHS). NCYL worked with CA Assemblymember Blanca Rubio to introduce Assembly Bill 2323, which would impose a legally binding timeline of 30 days for licensing investigations to be completed and mandates increased coordination between departments conducting investigations.

In conjunction with this effort, we evaluated the California Department of Social Services (CDSS) Community Care Licensing Division's (CCLD) current complaint investigation system to understand *why* these investigations are not completed in a timely manner. Based on information collected from stakeholder interviews, and an analysis of California's existing investigation process, complaint investigation reports, and investigation standards in other states, we identified three major themes: **(1) insufficient resources within CCLD, (2) lack of collaboration across agencies involved in investigations, and (3) insufficient clarity and accountability around roles and responsibilities within CCLD.**

Recommendations

1. Allocate more funds to CCLD to hire more staff, particularly those with the skills, expertise, and experience needed to conduct youth-centered, trauma-informed investigations
2. Develop new comprehensive training content and mandate regular attendance for all CCLD staff
3. Ensure the development of the new Certification and Licensing System (CALS) system includes staff feedback and is on track to be implemented in early 2019

[1] "Seven Facts About Foster Children." *Advokids*, www.advokids.org/about-foster-children.

4. Ensure that legal requirements for cross-reporting are enforced and mandate cross-reporting to any agencies that will be involved in the investigation process
5. Establish collaborative investigation processes to facilitate coordination of multiple investigations while prioritizing the well-being of child victims during investigations
6. Ensure that all investigators are trained to use trauma-informed interviewing techniques, provide appropriate information to victims, and provide therapeutic services to victims
7. Consider separating the Office of the Foster Care Ombudsman from CDSS so that it can be an independent organization from the agency it investigates, have authority to enforce regulations, and improve CDSS investigations policies
8. Make public data on complaints received by each facility type, complaint priority level, length of the investigation, and determination of the investigation

Introduction

There are over 60,000 foster youth in California, more than 20 percent of the total foster youth population in the United States.[2] Although children are often placed into foster care because of neglectful or abusive situations with their biological parents, there are thousands of cases of abuse and neglect within foster homes in California each year. Many foster children are placed within residential homes and facilities that are licensed by the State of California to provide for their care. These facilities are licensed and overseen by the Community Care Licensing Division (CCLD), which is also responsible for investigating complaints of abuse and neglect occurring at these licensed facilities. However, many of the complaints received by CCLD are not investigated in a timely manner. This issue garnered attention as a result of a 2017 report by the Office of the Inspector General (OIG) under the U.S. Department of Health and Human Services (HHS). **The report found that out of 6,182 complaint investigations completed during a two-year period between 2013 and 2015, CCLD did not complete the investigations in a timely manner, as defined by the agency's stated goal of 90 days, in 71% of these cases.**[3]

Background

The National Center for Youth Law (NCYL) is a nonprofit law firm focused on litigation, research, public awareness, policy development, and technical assistance to improve the various public systems that serve vulnerable children. The organization specifically focuses on foster youth, education, health, mental health, juvenile justice, and immigration. In our role as graduate student consultants in the spring of 2018, our research focused on understanding the underlying issues that contribute to the untimely completion of investigations of abuse and neglect in foster care by CCLD.

OIG Findings

The OIG's investigation was prompted by media attention surrounding the death of a foster child in California after his abuse and neglect went ignored.[4] The OIG conducted

[2] Ibid.
[3] *California Did Not Always Ensure that Allegations and Referrals of Abuse and Neglect of Children Eligible for Title IV-E Foster Care Payments Were Not Properly Recorded, Investigated, and Resolved.* DHHS Office of the Inspector General, Report A-09-16-01000, 2017. oig.hhs.gov/oas/reports/region9/91601000.pdf
[4] Ibid.

an audit of 6,182 priority I, priority II, and priority III[5] complaints against group homes or certified foster family homes made between July 1, 2013 and June 30, 2015. From this population of complaints, the OIG "judgmentally selected" 100 cases to audit.[6] The OIG found that in 78 of 100 cases of abuse and neglect investigations selected for audit, CCLD did not complete the investigations within the recommended 90-day timeline. OIG found that priority I complaint investigations took over 180 days to complete on average and priority II complaint investigations took over 172 days to be completed on average.[7]

The OIG also identified additional problems in the sample of cases, finding that CCLD did not:[8]

1. Complete investigations in a timely manner
2. Refer priority I and II complaints (the most serious) to the Investigations Branch (IB)
3. Cross-report complaints to the Children and Family Services Division[9] and to law enforcement
4. Conduct onsite inspections within 10 days
5. Follow follow policies and procedures to guide investigations
6. Provide sufficient training for investigations

In response to the OIG report, NCYL worked with Assemblymember Blanca Rubio (AD 48, D-Baldwin Park) to introduce legislation instituting a 30-day timeline in which a complaint investigation must legally be completed. The legislation also requires improved coordination between the different departments investigating a complaint in an effort to minimize the harm imposed on children through extended interviews.

Methodology

As part of the effort to increase timely investigations of such complaints, our team sought to identify the specific deficiencies that lead to CCLD's inability to provide a timely response to complaints of abuse and neglect of foster children. In order to better

[5] *Priority I*: Including complaints such as allegations of sexual abuse with penetration of the genitals or physical abuse resulting in great bodily injury, *priority II*: allegations such as sexual abuse that involve sexual behavior without penetration or physical abuse resulting in minor injuries or bruises, *priority III*: allegations such as physical abuse with no injuries or bruises, or neglect or lack of supervision by a licensed facility, facility employee, volunteer, etc.
[6] OIG Report, 4.
[7] OIG Report, 7.
[8] Ibid.
[9] Two CDSS' divisions have lead roles: the Children and Family Services Division (family services division) and the licensing division. The family services division is responsible for overseeing the efforts of county child welfare services (CWS) agencies to protect children from abuse and neglect

clarify the underlying issues causing delays in abuse and neglect investigations, we analyzed the following elements:

1. The current CCLD policy for response once a complaint is filed—the process of interviewing foster children about the complaint, the appropriate department that responds depending on priority of the complaint and the county in which it is filed, the response protocol within each department, and the structure of collaboration with law enforcement when appropriate
2. Case reports of investigations of abuse and neglect in foster care for examples of delayed investigations
3. Input from key stakeholders involved in the process of investigations through interviews with foster youth advocacy organizations, law enforcement personnel, and state and local agency representatives, and conference calls with CCLD representatives
4. Findings and protocols for investigations of abuse and neglect in foster care in other states

Interviewees were chosen in conjunction with NCYL. Factors that we considered when selecting interviewees were their knowledge of the complaints process for allegations of abuse and neglect, involvement in the complaint process, and their experience working with foster youth. Some of the interview subjects were former foster youth or had family members who were former foster youth, and they were able to speak about their experiences with abuse or neglect. At the end of each interview, subjects were asked to recommend others to interview, which provided additional contacts to pursue. Appendix A lists all organizational entities interviewed.

Due to existing working relationships with many of the interviewees, NCYL made initial contact, and our team followed up to schedule an interview over the phone. The interview protocol was provided to the interview subject prior to the interview. Each interviewee was asked to consent to being recorded for note-taking purposes. The interviews in which the subject declined to consent were not recorded.

Appendices B and C provide interview protocols for agency staff and youth serving agencies, respectively. The interview protocol was developed in consultation with NCYL. Questions included basic information about the subject's role in their organization, how they engage with a complaint of allegations of foster youth abuse and neglect, and in what capacity they work with foster youth who are experiencing abuse and/or neglect. We also asked about the biggest challenges the interviewees face when dealing with complaints, their opinions of possible recommendations for

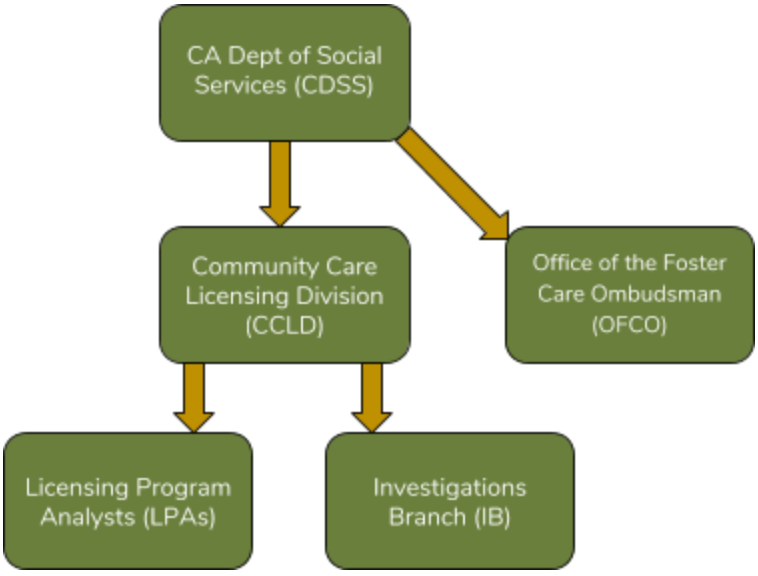
fixing these issues, and any best practices they have observed with avoiding potential delays.

Interviews with CCLD staff, Licensing Program Analysts (LPAs), and Investigations Branch (IB) investigators was outside the scope of this project. Direct input from CCLD was gathered during two conference calls between CCLD administrators and NCYL, which provided insight into their perspective on the OIG findings and their views on legislation imposing a 30-day timeline for CCLD investigations. Additional research should continue to seek out direct interviews with CCLD staff at all levels to gain a better understanding of specific problems within the department, including the impact that staffing, workload, turnover, training, and bureaucracy has on the investigation process.

Current Complaint Investigation Process

In order to identify and remedy the problems within the foster youth abuse and neglect complaint investigation process, it is necessary to understand how that process currently operates. In California, the administration of foster homes falls under the California Department of Social Services (CDSS). This large department consists of 4,200 employees and is responsible "for the oversight and administration of programs serving California's most vulnerable residents."[10] Foster youth make up a portion of these vulnerable residents.

CDSS Organizational Structure



[10] "Department of Social Services (CDSS)." *State of California*, www.ca.gov/Agencies/Social-Services-Department-of

When a report, known as a "complaint," of abuse or neglect of a foster youth in a state licensed facility is made, the investigation process is initiated. Complaint investigations fall under the purview of CCLD, the division of the CDSS responsible for licensing new facilities, inspecting existing facilities, and investigating complaints within these facilities. The division must address many complaints, of various magnitudes, from the children themselves, their social workers, and other relevant parties who may take note of concerns. CCLD operates out of five regional offices overseeing and regulating more than 73,400[11] licensed facilities across the state, a mix of foster family agencies, foster homes, and group homes.

Complaint
A report that any licensing regulation or law is being violated. Made by a child, parent, guardian, relative, teacher, or others

Priority 1 and priority 2 complaints
The most urgent categories of complaint involving sexual or physical abuse

Substantiated
Finding that an allegation is valid because the preponderance of the evidence standard has been met, and the facility must be cited.

Unsubstantiated
There is not a preponderance of evidence to prove that the violation occurred.

Unfounded
The allegation is false, could not have happened, and/or is without a reasonable basis.

According to state law, an unannounced onsite inspection of a community care facility must be conducted **within 10 days of the receipt of a complaint against that facility.** In addition, CCLD policy states that a full investigation into that complaint must be completed within 90 days. Notably, this 90-day timeline is departmental policy, rather than California state law. **The OIG report found that CCLD consistently failed to both conduct site visits within 10 days and complete complaint investigations within 90 days.**

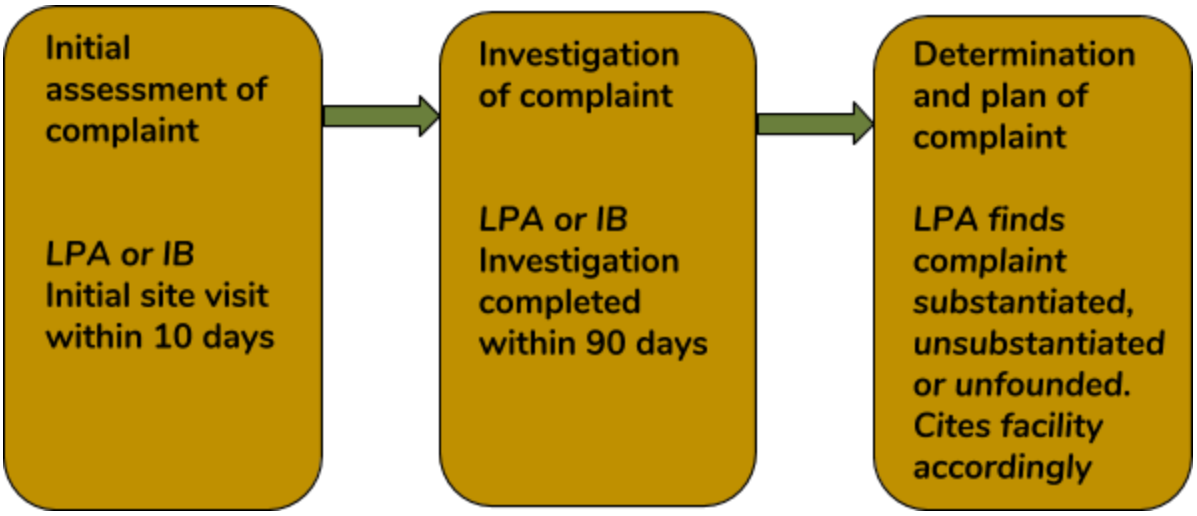
What is a Foster Care Ombudsman?
The Office of the Foster Care Ombudsman (OFCO) is the state agency mandated to investigate and attempt to resolve complaints, on behalf of foster children, related to their care, placement or services. The office is empowered to investigate complaints about state and local agencies regarding foster care. The Ombudsman reports directly to the Children and Family Services Division of CDSS.

[11] OIG Report, 2

In most cases, an investigation of a complaint is done by an LPA. LPAs are individual state licensing workers within CCLD responsible for initiating complaints or following up on complaints made from other parties. Depending on the priority level of the complaint, an LPA will either investigate it themselves, conducting an unannounced visit to the foster care facility or, in the case of priority I or priority II complaints, refer the complaint to the Investigations Branch (IB).

The IB, which is also a division within CCLD, is tasked with investigating higher priority complaints and completes specific investigative tasks, such as obtaining criminal record verification, police reports, and hospital records. IB investigators are specifically trained to interview alleged victims and perpetrators on sensitive subjects. However, the IB can choose whether to fully investigate a complaint or investigate only part of the complaint, and can also refuse to investigate altogether. If the IB chooses not to investigate, the complaint is sent back to the LPA. A better understanding of the IB's specific criteria for determining whether or not to investigate a case would be useful for further research on the investigation process.

Lifecycle of a complaint



If, after conducting the investigation, a complaint is found to be substantiated, the facility under investigation is cited and an administrative action, such as temporary licensing suspension or licensing revocation, is initiated.[12] The investigator must also notify the Office of the Foster Care Ombudsman (OFCO).

[12] *Reference Material for Complaints*, Sections 3-2635. California Department of Social Services, Community Care Licensing Division, www.ccld.ca.gov/res/pdf/Complaints.pdf

Understanding the Problem

Overview

California has a significant population of foster youth and, unfortunately, many of these children have been victims of child abuse and neglect. Data from the California Child Welfare Indicators Project (CCWIP) found that between October 1, 2016 and September 30, 2017, there were 3,384 substantiated and 2,403 not-yet-determined claims of sexual abuse; 5,319 substantiated and 4,820 not-yet-determined claims of physical abuse; as well as 2,837 substantiated and 371 not-yet-determined claims of severe neglect. The OIG report highlighted a majority of audited cases in which investigations of these types of claims were not being completed within the expected timeline. Using the CCLD Transparency Website[13] that makes case reports of investigations publically available, we identified numerous examples of investigations that took longer than 90 days to complete. Of note, the longest abuse or neglect investigation within our sample took 295 days (almost 10 months) to complete. Importantly, untimely completion of investigations have continued to occur after the OIG report was released. For the cases we reviewed that were closed in 2018—after the release of the OIG report—the investigations took between 103 and 220 days to complete.

When complaints of foster children abuse or neglect in out-of-home care are not investigated in a timely manner, the safety and health of these children is at risk. Complaints that take too long to investigate may lead to continued maltreatment of the victim or more foster children being neglected and abused. Interviews with foster children advocacy groups[14] revealed that stressful or traumatic events such as abuse, neglect, lengthy investigations, and even being in the foster care system itself can be classified as an Adverse Childhood Experience (ACE), which has been found to negatively impact brain development in young people. An accumulation of ACEs that go untreated significantly lowers a child's likelihood of growing up as a healthy adult. Children with ACEs are more likely to have learning and behavior issues, ADHD, and oppositional behaviors.[15] These issues can lead to indirect costs that may have economic impact. Due to their high likelihood of having ACEs, children in the foster care system may require special education services and early intervention services to

[13] "Care Facility Search." *California Department of Social Services*, https://secure.dss.ca.gov/CareFacilitySearch/
[14] Please see Appendix A for a complete list of stakeholders we interviewed.
[15] "Adverse Childhood Experiences Study." *Advokids*, https://www.advokids.org/adverse-childhood-experience-study-aces/#aces2 https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences.

manage developmental delays. They may also be more likely to engage in juvenile delinquency and adult criminal behavior.[16] These impacts can translate to lifetime costs of $210,012 per child, including $32,648 in health care costs, $144,360 in productivity losses, $7,728 in child welfare costs, $6,747 in criminal justice costs, and $7,999 in special education costs.[17]

Based on our research and analysis, we identified three overarching problems that are contributing to delayed investigations: insufficient resources for CCLD to fulfill all duties; poor coordination between agencies involved in investigations; and lack of clarity and consistency in CCLD policies and procedures.

Insufficient Resources for CCLD to Fulfill All Duties

CCLD is Understaffed

CCLD's small staff size relative to a large and diverse workload emerged as a major contributor to untimely investigations. An LPA's workload includes more than investigating complaints of abuse and neglect in licensed foster care facilities. On top of their obligation to carry out complex and sensitive evaluations and investigations, their responsibilities include: performing the more routine technical work associated with the licensing and evaluation of community care facilities; responding to complaints, appeals, and inquiries; implementing and coordinating orientation and training for license applicants, members of organized associations, or other staff; and serving as members of task forces or study teams to analyze divisional organization policies and intra-divisional administrative problems.[18]

During one interview, a representative from an advocacy organization said that due to understaffing, high priority complaints that are appropriately referred to the Investigations Branch may actually be a low priority for investigators due to the high volumes of cases that are higher in priority. Additionally, in response to the OIG's finding that on-site inspections were not conducted, or were conducted late, a licensing division official said that "an analyst might perform a complaint inspection after the 10-day deadline because the analyst might be on vacation, and the supervisor might not reassign the complaint to another analyst."[19] It is critical to the health and safety of

[16] Widom, CS; Maxfield, MG. *An Update on the "Cycle of Violence."* U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, February 2001. www.ncjrs.gov/pdffiles1/nij/184894.pdf
[17] Fang, X; Brown, DS; Florence, CS; Mercy, JA. "The economic burden of child maltreatment in the United States and implications for prevention." *Child Abuse & Neglect*, Vol 36, Issue 2, 2012. https://www.ncbi.nlm.nih.gov/pubmed/22300910
[18] Please see Appendix G for the full LPA job description.
[19] OIG Report, 11.

foster youth that CCLD have enough qualified staff to handle the high volume of cases and manage investigations appropriately while staff are on vacation.

Additionally, in our interviews, both law enforcement and advocacy groups pointed out that their county child welfare departments were understaffed and lacked the resources to ensure that LPAs conduct successful investigations. A recent Humboldt County Civil Grand Jury report regarding the county's response to the needs of its "at-risk" children found that the county's Child Welfare Services (CWS) had staffing issues, including a high turnover rate, heavy caseloads, and a lack of training, that contributed to problematic case handling.[20] Because the complaint investigation process requires strong collaboration between various bodies (see the next section for more details on collaboration), we view these bodies as a resource to CCLD. When county CWS agencies are understaffed, CCLD's ability to carry out their roles and responsibilities in the investigation process is limited.

Staffing Recommendations

Allocate more funds to CCLD to hire more staff, particularly those with the skills, expertise, and experience needed to conduct youth-centered, trauma-informed investigations

Guiding Questions:

- Where do CCLD funds come from?
- How is the allocation of funds for CCLD decided?
- Who designs the CCLD overall budget and the staffing budget?
- How are budget allocation decisions within CCLD made?
- What percentage of LPA staff time is dedicated to investigating a complaint?
- How many cases, on average, is an LPA responsible for annually? How many cases, on average, is an IB investigator responsible for annually?
- What is a realistic caseload?
- What is the LPAs' backlog compared to the IB backlog? If the backlogs are even, or if the IB's backlog is longer than the LPAs, consider reallocating funds from LPA staffing to Investigations Branch staffing, so that high priority cases face relatively shorter backlog.

[20] *Responding in Time to Help Our "At-Risk" Children*. Humboldt County Civil Grand Jury, June 2017. humboldtgov.org/DocumentCenter/View/59737

Allocate additional funds to county welfare agencies so that these agencies have the resources necessary to be good partners to CCLD during investigations
Guiding Questions:

- Where do county welfare agency funds come from?
- How is the allocation of funds for county welfare agencies decided?
- Who designs the county welfare agencies' overall budgets and the staffing budgets?
- How are budget allocation decisions within county welfare agencies decided?

Develop a more efficient internal system within CCLD for transferring cases when an LPA is on vacation, or when there is staff turnover
Guiding Questions:

- What is the current process for transferring cases when an LPA is on vacation, or there is staff turnover?
- Is the process for transferring cases documented?
- Is the process for transferring cases included in the trainings?
- Is there an opportunity for staff to provide case notes and key facts about the case, in the event a case is transferred?

Required Training is Infrequent and Inadequate

Our efforts also uncovered insufficient training, both in terms of the content covered in trainings and the frequency of such trainings, as a key factor in the timeliness of investigations. The investigation process relies heavily on multiple actors from various entities carrying out different tasks. As such, a lack of awareness regarding the rules and regulations, including the "who, what, why, and how," can seriously delay an investigation.

The OIG report found that CCLD did not require its analysts and supervisors to take periodic mandatory complaint investigation trainings. Given the sensitive nature of these cases, and the complexity of the investigation process, it is crucial that staff regularly attend trainings. The report recommended that CCLD "provide analysts and their supervisors periodic mandatory complaint investigation training to reinforce their knowledge of the laws, regulations, policies and procedures, and best practices related to complaint investigations." CDSS responded by saying, "…in 2015, the Community Care Licensing Division, Children's Residential Program (CRP) required all regional office licensing staff to attend training on the complaint investigation process. Currently, the training materials as well as the overall investigations process are being updated for the Community Care Licensing Program to employ more effective, and

standardized investigation and documentation principles. The CRP plans to implement the updated process and require training of all its regional office licensing staff by 2nd quarter 2018."[21] Though a step in the right direction, the vagueness of this response is concerning.

The report also stated that only Investigation Branch investigators receive specialized training on interviewing and conducting high priority investigations. These trainings provide investigators with the tools necessary to obtain more information regarding an allegation and make an accurate determination.[22] Although not ideal, some high priority cases are re-routed back to LPA staff from the Investigations Branch; in these situations, LPAs should be equipped with as much training as possible to handle these cases sensitively and accurately.

Additionally, representatives from advocacy groups and nonprofits serving foster youth discussed the difference in investigative trainings across counties. Discrepancies can range from calls of complaints that were erroneously screened out or were not properly screened to not keeping accurate record or knowing the definitions of "unfounded," "unsubstantiated," or "substantiated." For example, one interviewee recounted two cases with similar facts that had different outcomes. Both involved a child who was emotionally disturbed and who refused to get in the car seat. The parent in both cases decided to let the child ride outside of the car seat because their home is close by. However, in one case where the parent was a foster mother, the investigation found substantiated neglect, and in another where the parent was the foster father, the neglect was unfounded. This inconsistency is neither fair nor acceptable, and could be rectified through better training.

Training Recommendations

Develop new comprehensive training content and mandate regular attendance for all CCLD staff

Guiding Questions:

- Who is in charge of developing, delivering, and continuing to improve the trainings?
- How often should staff be required to attend trainings?
- Does the content incorporate information from other sectors (e.g. law enforcement and Child Welfare Services (CWS)?

[21] OIG Report, 20.
[22] OIG Report, 10.

- Does the content highlight and distinguish between legal requirements, guidelines, and best practices?
- Does the content provide detailed standard operating procedures to ensure accurate and consistent investigations?
- Does the training incorporate adult learning best practices?
- Are the trainings offered and required often enough to ensure consistency across all investigations?
- Is the effectiveness of the trainings measured and monitored?
- Is there an opportunity for attendees to provide feedback on the training content and delivery?

Provide the "specialized training" that the Investigations Branch staff receive to all LPAs

Guiding Questions:

- How many high priority cases are LPAs currently handling, due to the Investigation Branch's backlog?
- What makes the Investigation Branch staff more qualified to handle high priority cases?
- Can LPAs take on certain aspects of the high priority investigations? If so, which aspects?

Lacking Appropriate Technological Tools

Like many government agencies, CCLD lacks the technological tools needed to support the duties of the job. The OIG Report detailed two circumstances in which technological glitches directly impeded investigations' timeliness. In one situation, such a glitch resulted in the complaint not being investigated:

> *For one complaint, the licensing division did not accurately record a priority II complaint alleging physical abuse/corporal punishment of a child and a personal rights violation against a certified family home. As a result, the licensing division did not investigate this complaint. The licensing division's policies and procedures require that recordkeeping and reports communicate information accurately, concisely, and completely and that these documents verify the analyst's accountability (Reference Material for Office Functions § 2-1000). Additionally, State law requires that Social Services complete all complaint investigations and place a note of final determination in the facility's file (Health and Safety Code § 1534.1(c)). The complaint was opened against an*

> *incorrect foster family agency. The complaint should have been opened against the foster family agency that was responsible for the certified family home when the allegations occurred rather than when the complaint was reported. Because the licensing division lacked internal controls to record and investigate complaints when a complaint's facility information was incorrect and the complaint needed to be re-recorded, the complaint was not reopened under the appropriate foster family agency and thus was not investigated.*[23]

In two other situations, technological glitches led to staff's misunderstanding regarding on-site inspection deadlines:

> *For two of these five complaints (for which the inspections were not conducted or they were conducted late), the receipt dates listed in the complaint documents were inaccurate. The complaints were received 4 to 5 days before they were recorded in the FAS. As a result, the FAS showed that the onsite inspections were due later than if the actual received dates had been used.* [24]

A licensing division official informed the OIG auditors that CDSS was in the midst of building a new complaint system, called The Certification and Licensing System (CALS). The OIG auditors recommended that DSS ensure that the new complaint system includes functionality to (1) create alerts to track 10-day inspections of both foster family agencies and certified family homes and to ensure clearance of POC deficiencies, (2) allow analysts or supervisors to enter or revise complaint receipt dates, and (3) indicate when a referral to the Investigations Branch has been made. In response to this, CDSS stated that by early 2019, the CALS system will be implemented and will include the functionality recommended.

Technology Recommendations

Ensure the development of the new CALS system is on track to be implemented in early 2019

Guiding Questions:

- What, if anything, is causing delays in the planned implementation?

[23] OIG Report, 7.
[24] OIG Report, 11.

- Who, if anyone, is responsible for potential delays in the planned implementation?
- Who is holding CCLD accountable for reaching the early 2019 implementation date? How are they being held accountable?
- How will the new system being monitored for efficiency and effectiveness after its implementation?
- How often can functionality updates be made to the system after its implementation?
- How costly are future functionality updates after its implementation?

Ensure the development of the new CALS system includes robust feedback from staff who use it

Guiding Questions:

- Have staff had adequate opportunities to provide feedback regarding potential new CALS functionality? E.g.:
    - What do staff find most frustrating about the current technology?
    - Has the technology ever caused staff to make a mistake during an investigation?
    - What technological glitches have staff observed with the complaint system?
    - Where are their opportunities for automation?

Poor Coordination Between Agencies Involved in Investigations

The public agencies at the state, county, and local levels that are responsible for carrying out various aspects of investigations into abuse and neglect in the foster care system do not have adequate and well-defined processes for coordinating their investigative activities and sharing relevant information. This lack of coordination can result in miscommunication regarding a single case and inconsistencies in procedures and expectations across different localities, which ultimately affects the ability of CCLD to reliably complete its investigations.

Objectives Differ Among Agencies Involved in Investigations

The goals of each agency expected to coordinate during an investigation may differ in small but significant ways, and in some cases, the needs of two entities investigating a case may even conflict. A given case may involve the efforts of multiple public agencies: 1) law enforcement, operating at the local or the county level, which seeks to

investigate crime and arrest the perpetrator; 2) Child Welfare Services (CWS), operating at the county level, which aims to reunify the family; 3) The OFCO, operating as an independent agency within CDSS, which acts on behalf of and as a voice for foster youth; 4) and CCLD, which seeks to license and oversee the safety of homes for foster children. Although each entity has a common interest in protecting foster children from harm, these agencies are often acting independently and stakeholders interviewed mentioned numerous occasions when the actions of another agency conflicted with their own needs to conduct an investigation.

For example, an OFCO staff detailed a case in which they conducted a site visit jointly with a CCLD LPA in order to investigate the same complaint. Both representatives came to different conclusions, however, with only the OFCO staff determining that the complaint was substantiated. Although the OFCO exists to provide a youth-focused perspective, only CCLD has the authority to enforce corrective action.

Inter-agency Roles and Responsibilities Unclear

The OIG report indicated that in several instances, CCLD did not adequately cross-report complaints to those entities that are responsible for immediate protection of the child – CWS and law enforcement – as is required by state law.[25] LPAs are mandated to report instances of child abuse to the appropriate authorities and, while it is unclear why these particular cases were not cross-reported, this finding points to a serious oversight of necessary coordination across agencies.

In conversations with advocacy organizations, CCLD administrators, and a law enforcement officer, the role of law enforcement during an investigation was a common point of contention. A law enforcement officer described situations in which CWS contacted the victim, the suspect, and other children in the home without first alerting law enforcement, which jeopardized the criminal investigation. A lack of coordination between law enforcement and CWS hinders both agencies' ability to fulfill their own duties, and advocacy organization representatives highlighted that this can have negative consequences for the children involved. For example, an advocacy stakeholder recounted an instance in which CWS and a law enforcement officer responded to a report of child abuse, and law enforcement decided to put the child into foster care until the following week when the investigation could be continued. CWS held off an investigation in order to allow law enforcement to conduct its own investigation, only to find that the law enforcement officer was on leave the following week. Not only did this lack of coordination lead to a delayed investigation into the case, but it prolonged the

[25] OIG Report, 10.

amount of time the child remained in foster care, causing undue distress to both the child and the child's biological mother.

CCLD administrators pointed to law enforcement as a contributing factor to delayed CCLD investigations. Similar to CWS involvement, they noted that law enforcement sometimes asks CCLD to hold off on investigating while a criminal investigation is underway. It is unclear how many of the delayed investigations detailed in the OIG report were due to law enforcement involvement.

Differences by Jurisdiction Hinder One-Size-Fits-All Approach

State-level stakeholders, including CCLD administrators and a representative of welfare directors from multiple California counties, noted difficulties when coordinating investigations due to the localized and siloed nature of CWS and law enforcement operations. Issues arise, for instance, because community care facilities often house foster children who come from different counties, but there is no clear system to alerting the child's home county if a child is moved to a new region or facility. This hinders the ability of county systems to accurately track the whereabouts of foster children. A lack of county-to-county notification may be contributing to CCLD investigation delays, as evidenced by both case reports and CCLD comments that note an LPA's inability to track down the victim of a complaint for an interview.

CCLD administrators also highlighted that CWS and law enforcement protocols are specific to each county, which creates a barrier for CCLD to collaborate with each entity effectively. A CCLD administrator cited that their staff are expected to coordinate with CWS and law enforcement in their investigations, but it is unclear to what degree LPAs receive specific training to understand the local policies and procedures of the entities with which they are expected to coordinate.

While some of these collaborative failures relate specifically to communication between CWS and law enforcement alone, these findings exemplify major issues in the state system for investigating abuse and neglect in foster care that creates confusion, disagreement, and miscommunication. CCLD relies upon evidence and support from these agencies, and shortcomings in the collaborative capacity across all entities involved emerged as a major contributor to the problems identified by the OIG.

Examples of Success

State and county entities have succeeded at identifying systems for sharing key information across agencies and collaborating across agencies to complete investigations.

- In Texas, the state agency responsible for assessing all reports of abuse and neglect documents every detail of the investigation into a single, web-based system that allows staff across the state who are involved in the investigation to access the full details of an ongoing investigation.[26]
- In Alameda County, California, the Child Abuse Listening, Interviewing, and Coordination Center (CALICO) brings together law enforcement, CWS, state licensing investigators, and agencies involved in supporting the well-being of children to conduct interviews and provide services for abused children in a child-centered facility. Alameda County uses CALICO to coordinate investigations of child abuse while causing as little re-traumatization as possible by interviewing the child victims one time and allowing officials from each agency to rely on the information from that single interview.[27]

Recommendations for Coordinating Across Agencies

Ensure that legal requirements for cross-reporting are followed and mandate cross-reporting to any agencies that will be involved in the investigation process

Establish collaborative investigation processes to facilitate coordination of multiple investigations while prioritizing the well-being of child victims during investigations

Clearly define the roles of each agency involved in an investigation
Guiding questions:

- Which components of an investigation are being duplicated across agencies?
- What are the strengths of each agency in the investigative process?
- How can CCLD regional offices work with local agencies to establish procedural agreements?
- Are the processes of each agency child-centered?

Lack of Clarity and Accountability in CCLD Policies and Procedures

Within CCLD, there is a lack of clarity around the policies and procedures for responding to a complaint of foster child abuse and neglect. This may lead to confusion,

[26] *Texas Did Not Always Ensure That Allegations and Referrals of Abuse and Neglect of Children Eligible for Title IV-E Foster Care Payments Were Recorded and Investigated in Accordance with Federal and State Requirements.* Department of Health and Human Services Office of Inspector General, May 2017. oig.hhs.gov/oas/reports/region6/61500049.pdf
[27] Calico Center, 2017. http://www.calicocenter.org

and even disregard, of the guidelines mapped out in CCLD manuals, contributing to inconsistent findings and delayed investigations as staff try to understand their own internal protocols.

IB Can Reject Referrals for Severe Cases

The OIG report cited that when LPAs refer priority I or II complaints to the IB, it can do one of three things:[28]

1. Accept the investigation and investigate the complaint in its entirety,
2. Accept the investigation on assignment only and complete only specific tasks related to the investigation, or
3. Reject the investigation on the basis of available resources and other factors and return it to the regional licensing office to investigate.

Based on CCLD's *Reference Material for Enforcement Action*, IB will accept requests for investigations when the investigator "can reasonably expect to start the case within ten working days and complete the case with 90 (calendar) days"[29] and will accept requests for an investigative assignment when the investigator "can reasonably expect to complete the assignment within any required time limits." Due to the severity of complaints on which IB investigators work, the limits of IB's resources, and the necessity of completing a case in a timely manner, it is understandable that investigators have set guidelines to accept cases. However, it is unclear how investigators determine whether they can "reasonably expect" to finish a case within the suggested timelines. The language in the manual suggests that it is a unilateral decision by the investigator. Further, the manual cites that when LPAs "refer more cases than the Investigations Branch can reasonably complete in a timely manner, Investigations Branch will accept the higher priority case(s)."[30] It is unclear what happens to the cases that were already in the queue to be investigated but we presume that those cases are pushed farther down in priority, thus delaying investigations of priority I or II complaints.

Once a referral is rejected from IB, the investigation procedure for that complaint becomes more unclear. Evidence was not found to suggest whether LPAs are provided with a documented rationale for the IB referral rejection, and whether the LPA has the authority to appeal the decision. If law enforcement is conducting a criminal investigation of the allegation, LPAs are instructed to coordinate plans in order to avoid

[28] OIG Report, 10.
[29] *Reference Material for Enforcement Actions*, Section 1-0630. California Department of Social Services, Community Care Licensing Division, http://www.ccld.ca.gov/res/pdf/ENFORCEMENT.pdf
[30] Ibid.

jeopardizing the criminal investigation.[31] This procedure is corroborated in our interviews. However, there is no guidance on what an LPA should do in situations where the criminal investigation appears to be stagnant to those external to the investigation. Through our interviews, we learned that LPAs tend to defer to law enforcement agencies when both are investigating high-priority complaints. And while it is important to ensure criminal investigations are successful, LPA's deference may contribute to delayed licensing investigations. Indeed, we cannot find any evidence that law enforcement agencies have a similar general protocol to make sure CCLD is able to conduct their own investigations. This issue may relate to the need for better coordination between agencies.

LPAs are not provided the same level of training as IB investigators to investigate complaints, yet LPAs can be required to perform these investigations for some especially severe complaints. LPAs are required to assume primary responsibility for the investigation when IB and law enforcement agencies are unable to investigate priority I or II complaints.[32] Because LPAs are tasked to oversee the safety of facilities and law enforcement's mission is to investigate crimes and arrest the perpetrator, it is possible that a high-priority complaint may involve the former but not the latter.[33] Given the complex and sensitive nature surrounding these allegations, conducting investigations without the proper training can significantly jeopardize the length of an investigation and the validity of its findings. Indeed, the OIG report noted that, "because IB investigators receive specialized training on interviewing and conducting investigations of a more sensitive nature, they may be able to obtain more information regarding an allegation than an analyst can. Having an analyst instead of an investigator investigate a high-priority complaint can possibly lead to an incorrect determination on an allegation, which could place children's health and safety at risk."[34] It is unclear how LPAs are supported with this responsibility.

LPA Qualifications and Preparation is Unspecific

As we were unable to speak directly with representatives from CDSS, we must rely on publicly available documents to infer whether LPAs have a clear understanding about their responsibility to investigate high-priority allegations and to evaluate whether they were provided the best resources to succeed. An examination of an LPA's job description and the evaluator manuals suggest they are not. The CDSS position

[31] *Reference Material for Complaints*, Section 3-2602.
[32] Ibid, Section 3-2010.
[33] Further examples and explanations of priority I and II complaints that involve CCLD but not law enforcement will be discussed in "Problems with Timeliness of Investigations Beyond CCLD."
[34] OIG Report, 15.

description for an LPA describes requirements to conduct routine technical work as well as "respond to complaints, appeals, and inquires; and conduct investigations."[35] The only qualification that relates to the complexities of investigating high-priority complaints is the ability to "communicate with people of diverse cultures, ethnicity, backgrounds, and lifestyles to complete assigned job tasks."[36]

The evaluator manuals provided to LPAs once hired do not provide much guidance for navigating investigations of complex complaints, especially those that involve minors. Section 3-2610 of the manual states that "because of the sensitivity of abuse investigations, a gender-appropriate co-worker should normally accompany the lead analyst to witness and conduct the interviews." This guideline misses the fact that children of different ages have drastically different needs, especially for those who are transgender or gender non-conforming. It is unclear how the LPA would determine the appropriate gender of the victim, and thus the accompanying co-worker, except perhaps by making inferences based on observable, heteronormative cues. The manuals also have explicit guidelines for contacting the parents and obtaining their permission before interviewing children who are enrolled in a daycare facility with a priority I or II complaint.[37] It is unclear why a daycare facility is explicit addressed, whether this policy applies to foster children and, if so, whether the LPA should contact the foster parent or the biological parent.

Lack of clarity in policies and procedures is related to the other two major problems identified: lack of resources and poor coordination across agencies. Given an LPA's large workload and diverse responsibilities, it is unsurprising that they may face barriers to understanding how to navigate every step of the complaint. Regular mandatory trainings of analysts and supervisors are crucial to ensure that each staff person knows the protocol for highly complex investigations. Investigations rely on the actions of multiple agencies to be completed in a timely manner. If LPAs are unclear about procedures and protocols within their department, they are less likely to be prepared to coordinate with other agencies when investigating a case. For example, in investigations where law enforcement is involved and the agency has little relationship with CCLD, LPAs who are unclear about their responsibilities to conduct their own facility investigation may be less likely to explain what they need to succeed and justify the need to collaborate. In addition, IB experiences the effects of under-resourcing, leading investigators to delay priority I and II complaints in line to be investigated, or rejecting referrals completely.

[35] Appendix G.
[36] Ibid.
[37] *Reference Material for Complaints*, Section 3-2610.

Agency Guidelines Are Not Legally Enforceable

Internal policies that serve to guide CCLD investigations timelines are not legally mandated and thus cannot be enforced by an outside entity. CCLD's 90-day goal for completing investigations serves as an internal suggestion, and it is unclear whether and how LPAs and IB investigators are held accountable for the timelines of their investigations. Thus, any improvements or clarifications in the evaluator manuals, job description, and other processes may not be enough to improve the likelihood of timely investigations. This issue may be solved legislatively, such as through AB 2323.[38]

Recommendations to Improve Clarity

Review and update evaluator manuals with the input of CDSS staff and law enforcement officials to ensure that it is comprehensive and acknowledges all the different paths a complaint can take

Guiding Questions:

- Do/should an investigator provide reasons for rejecting a referral or only accept it on assignment?
- Can LPAs appeal if there is reason to suggest a case should be investigated by IB and not LPAs?
- Can LPAs work with investigators in cases where investigators accept cases on assignment to alleviate their workload?
- How can LPAs conduct their own investigations without jeopardizing the criminal investigation?

Ensure that LPAs understand the complexity of investigations they have to conduct before being hired. Once hired, provide LPAs with trauma-informed, youth-centered investigations training and resources to help them succeed

Guiding Questions:

- How can the job description and interview process be modified to let potential candidates know they may need to conduct investigations of high-priority complaints?
- How can LPAs balance these investigations with the multidisciplinary tasks LPAs for which they are responsible?

[38] More analysis of AB 2323 will be discussed in "Recommendations for AB 2323 Implementation."

- What does success look like when ensuring that LPAs are properly trained and supported? How can it be measured so that supervisors know they are on the right track?

Problems with Timeliness of Investigations Beyond CCLD

Through our interviews with stakeholders, we discovered several other factors that may contribute to delayed investigations, but may not be directly related to CCLD. We felt it pertinent to address them in this report, as they point to larger issues within the foster care system as a whole.

Foster Youth May Recant from Complaint or Not Report Abuse At All

From the perspective of law enforcement agencies, a victim must agree to be a victim before there can be a criminal case. If victims recant from a complaint, an investigation is more likely to be determined unfounded or unsubstantiated. Instances in which law enforcement agencies are not involved in an investigation may still involve CCLD to investigate whether the facility is safe for foster children. In extreme cases, the abuse may not be reported in the first place. In interviews with stakeholders, we learned that, although foster children may be aware of what abuse entails from past experiences, they may be reluctant to formally report the abuse. Interviewees who were former foster youth discussed their own personal preference to stay in potentially abusive situations because the alternative—being placed in a group home, upsetting the dynamic of the home, or being separated from their siblings—was worse.

Investigation Process Is Not Youth-Focused

The goal of the entire investigations process is to make sure foster children live in safe and healthy conditions. Thus far, we have discussed the process from the perspectives of government officials and law enforcement representatives—adults in general. However, we must consider how foster youth respond to this process and how it may impact investigations. In fact, many subjects in interviews pointed to the lack of focus on the needs of youth as a potential factor in lengthening an investigation. For example, the interview process can affect a victim's willingness to continue working with the multitude of agencies involved. If the interviewer is not adequately trained in trauma-informed interviewing methods or if the victim has a negative experience with the interview process, victims may remove themselves from the investigation (physically, mentally, or emotionally), or recant that they are being abused or neglected. Without accurate information from the victim, an investigation may be more likely to be

determined unsubstantiated. Trauma-informed interviews are especially important for foster children, some of whom may not have the vocabulary to describe their side of the story. Strategies like building rapport with the victim, asking open-ended questions, allowing for silences or hesitation from the victim without moving, and providing socioemotional closure at the end of the interview[39] may better encourage the victim to recall the events and share them with the interviewer.

Interviewees also discussed the lack of information provided to foster youth and the general stigma surrounding foster children hindering the timeliness of investigations. Often, social workers and law enforcement officials who are part of the investigation do not provide any information to the victims, such as the Foster Youth Bill of Rights.[40] As such, foster youth may not know about their right to live in a healthy and safe environment, even if they know they are being abused. Further, interviewees acknowledged the general stigma that foster children are viewed as problematic or as liars. If victims are made to feel this way in their living environment, during the investigation, or in any interaction with social workers, law enforcement officials, or government officials, they may be less likely to share their side of the story.

Finally, interviewees pointed out that, in general, investigations may be delayed because they are often focused on searching for someone at fault, not healing for the foster child. In addition to using trauma-informed interviewing, providing therapeutic services and enacting youth-focused practices may help the victims process the events that they experienced and make it easier for them to share their story. As a result, investigators may have greater success gathering information to complete an investigation in a timely manner. As discussed at the beginning of this report, ACEs that go untreated have significant impact on a foster child's brain development and decreases their likelihood of growing up into healthy, successful adults. When foster youth who have been abused or neglected receive support to help understand that they can both love their family (biological or foster) and be honest about what they have experienced, they can begin the road to recovery and lead a successful life.

[39] Newlin, C; Steele, LC; Chamberlin, A; Anderson, J; Kenniston, J; Russell, A; Stewart, H; Vaughan-Eden, V. *Child Forensic Interviewing: Best Practices*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, September 2015. https://www.ojjdp.gov/pubs/248749.pdf

[40] "Foster Youth Have Rights!" *California Office of Foster Care Ombudsperson*, www.fosteryouthhelp.ca.gov/Rights2.html

Recommendation for Youth-Centered Investigations

Ensure that all investigators are trained to use trauma-informed interviewing techniques, provide appropriate information to victims, and provide therapeutic services to victims

Guiding Questions:

- How can foster youth be encouraged to speak out about their experiences?
- What kinds of therapeutic services do victims of abuse or neglect need?
- What information would be most useful for victims who experienced abuse or neglect?

Potential for Conflict of Interest in CDSS Investigations of Licensed Homes

Interviews with stakeholders revealed that an efficient completion of an investigation may be hindered because of a potential conflict of interest within CCLD and between OFCO. Because CCLD is tasked with licensing, support, *and* investigation of the facilities, interviewees have raised concerns about whether LPAs are able to conduct objective investigations. Further, due to the shortage of foster homes and community care facilities, there is a concern that CCLD may be disincentivized to penalize these facilities because it relies on their continued operation. Indeed, one interviewee suggested that CCLD may hesitate to substantiate a complaint and file a citation if any question remains about the evidence and if doing so would force the facility to close. But without a citation, a facility has no incentive to modify how it operates. Such a conflict of interest compromises the accuracy of an investigation, and complicates an already complex process, raising concerns that it could cause delays in an investigation.

As the agency that acts on behalf of and as a voice for foster children, OFCO may have a conflict of interest in investigating the very department it is a part of, and may lack authority to ensure that investigations are completed in a timely manner. According to the American Bar Association, three effective characteristics of an ombudsperson are independence, confidentiality, and impartiality.[41] However, because the Director of CDSS appoints the Director of OFCO for a 4-year term and its budget is controlled by CDSS, two out of these three characteristics are negated for OFCO: independence and

[41] American Bar Association, Standards for the Establishment and Operation of Ombuds Offices (revised Feb. 2004).

impartiality.[42] In addition, OFCO has no enforcement authority to change the policies and protocols of CCLD, or CDSS as a whole. They can only bring concerns and suggestions to CDSS and ask that policies be reviewed. Nor can OFCO enforce corrective actions when facilities are cited in allegations of abuse or neglect. As a result, one of the only youth-centered government agencies in the state is unable to ensure that foster children are living in healthy environments by improving the guidelines for timely investigations and enforcing operational changes in out-of-home facilities. This conflict of interest has significant impact on the wellbeing of foster children.

Recommendations to Address Conflicts of Interest

Address any potential conflicts of interest within CCLD that may impact objective investigations of out-of-home facilities

Consider separating OFCO from CDSS so that it can be an independent organization from the agency it investigates, have authority to enforce regulations, and improve CDSS investigations policies

Guiding Questions:

- What barriers prevent OFCO from being separated from CDSS?
- How can OFCO better serve as a voice for foster children as its own entity?
- What resources and support does OFCO need in order to be independent, impartial, and confidential?

Recommendations for AB 2323 Implementation

In the 2018 California State Legislative cycle, Assembly Bill 2323 was introduced as a measure to correct some of the issues of timeliness and coordination of investigations that we discuss in this report. The bill requires CCLD and the OFCA to be notified of abuse and neglect within 24 hours of a complaint report, and complete investigations no later than 30 days after receiving the report. The bill also requires coordination of investigations with CWS and law enforcement where appropriate, requires cross-reporting of received reports of abuse or neglect to the OFCO, and standardizes elements of investigations of abuse and neglect for children in out-of-home care. The full text of the bill can be found in Appendix D.

[42]Child, C; Sandefer, I. "CA Foster Care Ombudsman: Needs More Authority , Independence." *National Center for Youth Law*, https://youthlaw.org/publication/ca-foster-care-ombudsman-needs-more-authority-independence/

Evaluating AB 2323

AB 2323 address two main issues in the abuse and neglect investigations process at CCLD: **timeliness of completion of investigations** and **coordination across agencies**.

While the legislation's mandated 30-day completion of CCLD investigations is a significant change from the current, nonbinding 90-day timeline utilized at CCLD, a legally-mandated shorter timeline for completing foster care complaint investigations is precedented. Examining the other states that received OIG audit reports of their investigations of abuse and neglect in foster care in 2017, we found that other state systems have shorter timelines in place and are meeting those timelines more often on average than CCLD in California.[43]

Measuring specific outcomes is crucial to evaluating the impact of AB 2323 on the length and quality of investigations in our state. Below we present recommended performance measures for evaluating the effect of this legislation:

Goal	Measurement of the Effect Pre- & Post-Implementation	Rationale for the Measure
Improved Timeliness	Mean and median length of investigation by priority level	A reduction in average length of investigation is a direct indicator of the bill's success in improving overall timeliness
	# of investigations that take over 30 days by priority level	How close are we to meeting the goal of the legislation?
	# of "unsubstantiated" reports by priority level	Are we improving timeliness at the cost of thorough investigations?

[43] In addition to California, OIG audited the complaints investigation processes in Texas, New York, and Ohio and released reports in 2017. See oig.hhs.gov/oas/reports/region6/61500049.pdf; oig.hhs.gov/oas/reports/region2/21502014.pdf; oig.hhs.gov/oas/reports/region5/51600020.pdf

Better Coordination	Average # of times a child is interviewed by all parties during investigation process	If local CWS, CCLD, law enforcement, and other authorities better coordinate their investigations, the child will not need to be re-interviewed (and re-traumatized) multiple times

Ideally, available public data would include complaints received for children in foster care by: facility/home type, complaint type (priority level), length of the investigation, and determination of the investigation (substantiation). However, California only makes public data on substantiated complaints, and amassing data on the other cases would require manually combing through each public complaint report, which only include the data made publically available for 3 years following the report date. Also, the case reports do not utilize the same prioritization as is used in the internal tracking system, making it more difficult to identify priority I and II cases cases consistently and accurately. This information would facilitate evaluations of whether delayed investigations are happening more often in particular areas, facility types, or for particular types of cases. Such a dataset would also allow observation of time trends for complaints received and substantiation rates by length of the investigations. If AB 2323 becomes law, installing a 30-day investigation timeline, granular data is especially important to evaluate how the new requirements affect real length of investigations and substantiation rates.

AB 2323 Limitations

Currently in California, expectations regarding the time it takes CCLD to complete an abuse or neglect investigation are mere guidelines. Cementing timeliness requirements into law not only signals that timeliness is a priority, but also generates a means through which staff can be held accountable for completing investigations within a reasonable timeframe. Insofar as vague prioritization of staff tasks and lack of accountability are to blame for untimely investigations, we anticipate that AB 2323 may improve the timeliness and coordination of CCLD's investigations of abuse and neglect in licensed foster care facilities.

However, the ultimate success of this legislation will depend on an ability to enforce the changes to investigation timelines and coordination across agencies and buy-in of the stakeholders involved. Additionally, AB 2323 does not address the issue of limited resources, which was a major theme in our interviews with all stakeholders. Finally, we recognize that legislative action is only one vehicle through which we can address the

problem. Given these limitations, we recommend that stakeholders involved in potential implementation and future legislation consider the following guiding questions:

Guiding Questions for Implementation and Evaluation of AB 2323

- How will a legally mandated timeline for CCLD investigations be enforced?
- How will requirements of cross-reporting be enforced?
- Will there be exemptions for particular circumstances that may delay an investigation?
- What, if any, additional resources will be made available to CCLD staff for training and implementation support for new requirements?

Conclusion

CCLD is not completing investigations of abuse and neglect in licensed foster care facilities in a timely manner. In this report, we evaluated potential factors contributing to this problem. We identified three key areas that cause delays in investigations: inadequate resources at CCLD; poor collaboration between CCLD and key stakeholders; and a lack of clarity and accountability within CCLD regarding staff roles and responsibilities. We offered targeted recommendations for improving these issues and mitigating their effects, and included guiding questions to help facilitate their implementation. We hope that our research and analysis helps stakeholders better understand existing barriers to timely investigations, and provides a roadmap for government agencies and advocates to strategically confront them. We also hope that this is a catalyst for further action in the overall effort to improve the health and safety of all foster youth in California.

Appendices

Appendix A — Entities Interviewed

Government Agencies
California Ombudsman for Foster Care

Law Enforcement
Alameda County Sheriff's Office, Special Victims Unit
The Special Victims Unit is responsible for all cases of sexual assault, runaway juveniles, child abuse, and sex crimes (both children and adult).

Non-profit organizations
Advokids
Advokids was founded to respond to the alarming number of children entering foster care, experiencing multiple placements, and lingering in temporary care, often for several years. The co-founders set out to hold the foster care system accountable. They launched a free telephone hotline, created a legal educational website, and began conducting regular legal trainings for attorneys and child welfare professionals.

California Court Appointed Special Advocates (CASA) Association
California CASA Association ensures children in the foster care system have both a voice and the services they need for a stable future, by strengthening California's network of local CASA programs and advocating for progressive child welfare policy and practice.

Cal Youth Connections (CYC)
CYC is a youth-led advocacy organization. CYC provides mentorship and leadership building to foster youth and advocates for child welfare reform.

Children's Best Interest (CBI)
Since 2014, CBI has served as a contracted ombudsman for Contra Costa County

County Welfare Directors Association of California (CWDA)
CWDA is a nonprofit association representing the human service directors from each of California's 58 counties. The Association's mission is to promote a human services system that encourages self-sufficiency of families and communities, and protects vulnerable children and adults from abuse and neglect.

National Center for Lesbian Rights (NCLR)
NCLR's programs focus on employment, immigration, youth, elder law, transgender law, sports, marriage, relationship protections, reproductive rights, and family law create safer homes, safer jobs, and a more just world.

Appendix B — Interview Protocol for Agency Staff

Interview Protocol: Agency Staff
National Center for Youth Law, *Spring 2018*
Timely investigation, coordination, and reporting of abuse and neglect allegations for children in care
California Department of Social Services

Introduction:
We are public policy graduate students at UC Berkeley working with NCYL to identify factors within the California Department of Social Services that contribute to the delay in timely completion of investigations into abuse and neglect complaints against licensed foster-care facilities and homes, as highlighted in the 2017 OIG report. We would like to collaborate with staff within various departments to better understand the factors that keep investigations from being completed within the 90-day time frame as recommended in §3-2325 and §3-2340 in CCLD's *Reference Material for Complaints*.

This interview protocol aims to support the gathering of qualitative information regarding the lifecycle of a complaint within CDSS and opportunities for coordination and cross-reporting across investigative entities. This list is simply a starting guide to be discussed and modified with the agency or individual prior to an interview.

The information acquired from these interviews will be used to inform policies designed to ensure the health and safety of children in foster care facilities, including improving response times and completion rates for abuse and neglect reports.

Any and all identifying information will be held in confidence and not disclosed to anyone other than the NCYL interviewer(s) and their supervisors without the explicit written consent of the person interviewed. We would like to record this call for internal purposes only, and the recordings will not be disclosed to anyone outside of NCYL without explicit written consent of the interviewee. The recording will be deleted at the close of our report. Do you consent to have this conversation recorded?

Individual Information:

1. Name
2. Agency
3. Role
4. Supervisor
5. Years in role

6. Date interviewed
7. Interviewed by

Role background information

1. What is your role at [Agency Name] and how long have you been in that role?
2. What do you do in that role?
3. Did you hold any roles previously in this department or elsewhere within the CDSS?

Interaction with foster youth complaints

1. Do you, in your role, interact directly with foster youth?

2. What is your role in the process of investigating abuse and neglect allegations in foster family and group homes?

3. How many types of abuse and/or neglect complaints do you receive annually? How many staff members are assigned to investigate these complaints?

4. How many complaints do you receive annually in each priority category? Can you provide data on how long it takes to investigate and complete each of these complaints?

5. What is the protocol for investigating a report of abuse and/or neglect once the complaint arrives in your office? Is this protocol always followed? How long has the protocol been in place/when was it last updated?

6. How do you take care in your role to investigate sensitive issues around abuse in working with children?

7. How long does it take for a complaint to be resolved within the system? How long do you think it should take?

8. What are the circumstances that might delay an investigation? What actions are you able and authorized to take to try to mitigate these circumstances?

9. According to the 2017 OIG report, investigations that are not completed in a timely manner can put a child's health and safety at risk. Can you share an example of such risks?

10. What changes would need to be implemented to complete investigations in a timely manner?

11. Do you think the system of reporting abuse and neglect within foster homes and facilities is effective (in terms of general processes as well as electronic management tools)? Why or why not?

12. Are there any *external* factors that keep you from being able to execute the duties of your position? If so, how could these factors be improved?

13. Are there any *internal* factors that keep you from being able to execute the duties of your position? If so, how could these factors be improved?

14. How do you track the status of a complaint within the department? How do the departments communicate on these issues?

15. Can you describe the training you receive regarding investigations policies and procedures, and relevant state law? Do you feel like you receive adequate training regarding investigations policies and procedures, and relevant state laws? Can you describe any training or development opportunities you would like to receive?

16. What are the other agencies or individuals that you interact with during the investigation process?

17. What information do you depend on receiving from these other agencies? Are you able to get the information needed from them in an efficient and timely manner? Can you describe any information sharing issues you have experienced?

18. [For CCLD:] Do you interact with other program offices besides Children's Residential? Is there a process for sharing best practices across offices? What about sharing across other investigating offices? In what ways are you coordinating? In what ways would coordination be helpful?

19. Is there anything you would like to add?

Appendix C — Interview Protocol for Youth Serving Agencies, Current & Former Youth in Foster Care

Interview Protocol: Youth Serving Agencies, Current & Former Youth in Foster Care
National Center for Youth Law, *Spring 2018*
Timely investigation, coordination, and reporting of abuse and neglect allegations for children in care

Introduction:

We are public policy graduate students at UC Berkeley working with NCYL to look at why complaints of abuse and neglect in foster homes may not be investigated in a timely manner. This project came out of a recent Department of Human Services report that found investigations were not completed with the 90-day window recommended by the State of California. We'd like to get first-hand information from young people who were or are currently in foster care, as well as non-profit organizations who work with foster children, about their experiences filing complaints and working with government agencies throughout the investigation process.

This interview protocol provides an outline of questions we'd like to ask to better understand what the complaint process looks like, who is involved in the process, and what can be improved from your perspective. The information you provide will help us design possible solutions to make sure complaints are responded to in a timely manner. Ultimately, we hope to help ensure that children are healthy and safe while they are in foster care.

Any and all identifying information will be held in confidence and not disclosed to anyone other than the NCYL interviewer(s) and their supervisors without the explicit written consent of the person interviewed. We would like to record this call for internal purposes only, and the recordings will not be disclosed to anyone outside of NCYL without explicit written consent of the interviewee.The recording will be deleted at the close of our report. Do you consent to have this conversation recorded?

Individual Information:

1. Name
2. Title and Organization (if applicable)
3. County(ies) in which you lived in foster care (if applicable)
4. Approximate dates you were in foster care (if applicable)

5. Number of foster homes (if applicable)
6. Age
7. Date interviewed
8. Interviewed by

Questions

Youth Serving Agencies

1. What resources do you offer youth who were abused or neglected while living in out-of-home care?
2. Does your organization help foster youth report cases of abuse or neglect? If so:
    a. Was the report for the youth, or someone he/she/they knows?
    b. Where was the report filed?
    c. How quickly did someone respond to the initial report?
    d. Did the alleged victim stay in that foster home after the report was filed?
    e. How many people interviewed the victim?
    f. If applicable, how did the organization support the victim during the investigation process?
    g. To the best of your knowledge, did the victim feel comfortable disclosing information during interviews?
    h. How long did the investigation take?
3. Was there a time when you wanted to report (or help the victim report) a situation of abuse or neglect, but didn't? Why not?
4. What are some best practices you've experienced while assisting youth who were victims of abuse or neglect in out-of-home care?
5. What are some improvements you'd recommend for the investigations process for complaints of abuse and neglect?

Current and Former Foster Youth

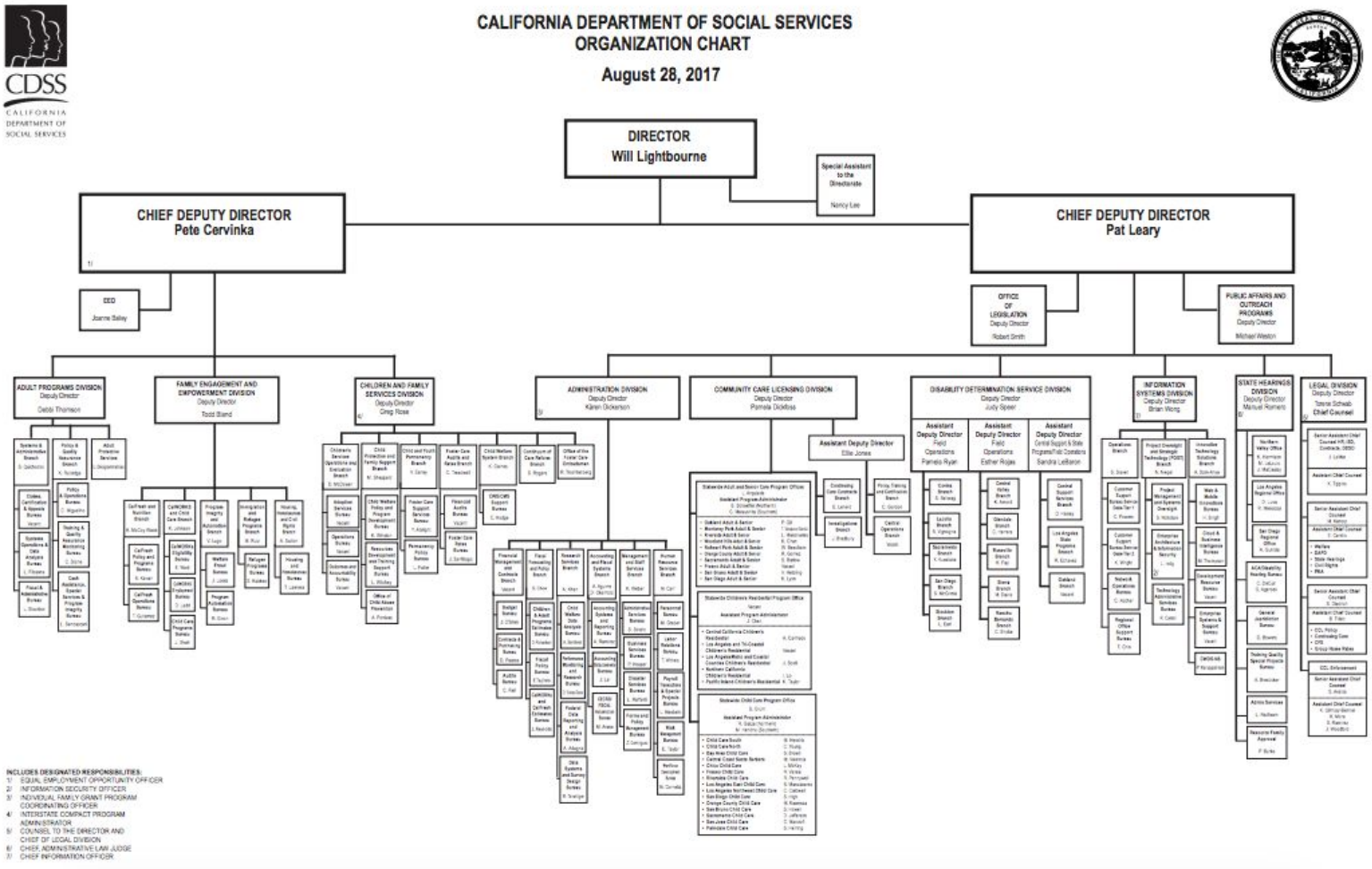
1. Did you know who to contact for help if there was ever a situation of abuse or neglect while living in foster care?
2. Did you ever report a case of abuse or neglect?
    a. If so:
        i. Were you reporting about a situation that involved yourself, or someone else?
        ii. Who did you report it to?
        iii. How quickly did someone respond to your initial report?
        iv. How long did you stay in that foster home after you reported it?
        v. What was the interview process like?
        vi. How did you feel during the interview?

vii. How were you treated during the investigation, by the home, social worker, interviewer?
viii. How long did it take and what was that like?
ix. Did you know the result of the investigation?
x. Did you think the issue was taken care of well?
xi. What did you like about the investigation process?
xii. What did you NOT like about the investigation process?

3. Did you ever live in a home that was being investigated for a case of abuse or neglect reported by someone else?
    a. If so:
        i. Did you stay in foster home after it had been reported? For how long?
        ii. Were you interviewed?
        iii. What was the interview process like?
        iv. How did you feel during the interview?
        v. How were you treated during the investigation, by the home, social worker, interviewer?
        vi. How long did it take and what was that like?
        vii. Did you know the result of the investigation?
        viii. Did you think the issue was taken care of well?
        ix. What did you like about the investigation process?
        x. What did you NOT like about the investigation process?
4. Was there ever a time you wanted to report a situation of abuse and/or neglect, but for some reason you didn't? If so, what made you decide not to?
    a. Who, if any, did you tell about the situation instead?
    b. What happened after you told that person/ those people?
5. Do you have any other comments about how reports of abuse and neglect in the foster care system are handled?
6. What do you think should happen when a child or youth has been treated poorly or abused while in foster care? What would make the process better or easier for youth? How would you improve the system?

Appendix D — California Department of Social Services Organization Chart

August 28, 2017



Appendix E — AB 2323

Introduced by Assembly Member Rubio
February 13, 2018

An act to amend Section 11167.5 of, and to add Section 11166.09 to, the Penal Code, relating to child abuse or neglect.

LEGISLATIVE COUNSEL'S DIGEST

AB 2323, as amended, Rubio. Child abuse or neglect: foster children.

Existing law, the Child Abuse and Neglect Reporting Act, establishes procedures for the reporting and investigation suspected child abuse or neglect. The act requires certain professionals, including specified health practitioners and social workers, known as “mandated reporters,” to report known or suspected child abuse or neglect to a local law enforcement agency or a county welfare or probation department, as specified. Existing law states the Legislature’s intent that those receiving agencies in each county develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected child abuse or neglect cases, and requires the local law enforcement agency to report investigations of suspected child abuse or neglect to the county welfare or probation department within 36 hours after starting its investigation. Existing law requires the receiving agencies to, within 24 hours of receiving a report of abuse alleged to have occurred in facilities licensed to care for children by the State Department of Social Services, notify the licensing office with jurisdiction over that facility. Existing law makes reports of child abuse or neglect confidential and only authorizes the disclosure of the reports to certain individuals or entities.

Existing law generally provides for the placement of children in foster care, and provides for the licensure and regulation by the State Department of Social Services of certain community care facilities that provide care for foster children, including short-term residential therapeutic programs and transitional housing placement providers.

This bill would, in cases in which a receiving agency *when a receiving entity* receives a report *reported allegation* of child abuse or neglect that involves a child in foster care in which the *alleged* abuse or neglect occurred in a community care facility, require the receiving agencies *entity* to coordinate investigation efforts with the licensing agency, as specified, and notify the Office of the State Foster Care Ombudsperson within 24

hours of receiving the report, and *would* require an investigation conducted by the receiving agency *entity* or the licensing agency to be completed within 30 days of the receipt of the initial report. *no later than 30 days after the initial report was received by the entity.* The bill would also add the Office of the State Foster Care Ombudsperson, as specified, to the list of individuals and entities to which reports may be disclosed. By imposing *new* duties on local officials, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

DIGEST KEY
Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

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BILL TEXT
THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:
SECTION 1.
Section 11166.09 is added to the Penal Code, to read:

11166.09.
All of the following shall apply in cases in which an agency *when an entity* specified in Section 11165.9 receives a report *reported allegation* of child abuse or neglect pursuant to Section 11166 that involves a child in foster care in which the *alleged*

abuse or neglect occurred in a community care facility, as defined in Section 1502 of the Health and Safety Code:

(a) The agency *entity* shall, within 24 hours, notify the licensing agency pursuant to Section 11166.1. The agency *11166.1 and* shall coordinate efforts with the licensing agency to provide the most immediate and appropriate response warranted to investigate the mandated report. The agency *reported allegation. The entity* and the licensing agency may collaborate to develop protocols to implement this subdivision.

(b) The agency *entity* shall, within 24 hours, notify the Office of the State Foster Care Ombudsperson. *Ombudsperson for purposes of carrying out the duties described in subdivision (a) of Section 16164 of the Welfare and Institutions Code.* Upon completion of the investigation, the agency *entity* and the licensing agency shall send a copy of its investigation report and any other pertinent materials to the Office of the State Foster Care Ombudsperson.

(c) (1) An investigation of the report *reported allegation* conducted by the agency *entity* or the licensing agency shall include, but not be limited to, all of the following:

(A) A face-to-face interview with the suspected victim of child abuse or neglect.

(B) A face-to-face interview with any other children *child who is believed by the investigator to have knowledge of the alleged incident of child abuse or neglect, and who was* residing in the community care facility at the time of the reported incident *alleged incident of* child abuse or neglect.

(C) A face-to-face interview with any adults residing in, or any staff present at, the community care facility at the time of the reported *alleged* incident of child abuse or neglect.

(D) An investigator shall, to the best of his or her ability, maintain the privacy of all minors and nonminor dependents involved in the investigation.

(2) An interview with the suspected victim of child abuse or neglect and any other children shall be conducted separate and apart from the suspected offender.

(d) An investigation conducted by the agency *entity* or the licensing agency shall be completed within 30 days of the receipt of the initial report. *no later than 30 days after the initial report was received by the entity.*

SEC. 2.

Section 11167.5 of the Penal Code is amended to read:

11167.5.

(a) The reports required by Sections 11166 and 11166.2, or authorized by Section 11166.05, and child abuse or neglect investigative reports that result in a summary report being filed with the Department of Justice pursuant to subdivision (a) of Section 11169 shall be confidential and may be disclosed only as provided in subdivision (b). A violation of the confidentiality provided by this article is a misdemeanor punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars ($500), or by both that imprisonment and fine.

(b) Reports of suspected child abuse or neglect and information contained therein may be disclosed only to the following:

(1) Persons or agencies to whom disclosure of the identity of the reporting party is permitted under Section 11167.

(2) Persons or agencies to whom disclosure of information is permitted under subdivision (b) of Section 11170 or subdivision (a) of Section 11170.5.

(3) Persons or agencies with whom investigations of child abuse or neglect are coordinated under the regulations promulgated under Section 11174.

(4) Multidisciplinary personnel teams, as defined in subdivision (d) of Section 18951 of the Welfare and Institutions Code.

(5) Persons or agencies responsible for the licensing of facilities that care for children, as specified in Section 11165.7.

(6) The State Department of Social Services or any county, as specified in paragraph (4) of subdivision (b) of Section 11170, when an individual has applied for a license to operate a community care facility or child day care facility, or for a certificate of approval to operate a certified family home or resource family home, or for employment or presence in a licensed facility, certified family home, or resource family home, or when a complaint alleges child abuse or neglect by a licensee or employee of, or individual approved to be present in, a licensed facility, certified family home, or resource family home.

(7) Hospital scan teams. As used in this paragraph, “hospital scan team” means a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of health care professionals and representatives of law enforcement and child protective services, the members of which are engaged in the identification of

child abuse or neglect. The disclosure authorized by this section includes disclosure among all hospital scan teams.

(8) Coroners and medical examiners when conducting a post mortem examination of a child.

(9) The Board of Parole Hearings, which may subpoena an employee of a county welfare department who can provide relevant evidence and reports that both (A) are not unfounded, pursuant to Section 11165.12, and (B) concern only the current incidents upon which parole revocation proceedings are pending against a parolee charged with child abuse or neglect. The reports and information shall be confidential pursuant to subdivision (d) of Section 11167.

(10) Personnel from an agency responsible for making a placement of a child pursuant to Section 361.3 of, and Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of, the Welfare and Institutions Code.

(11) Persons who have been identified by the Department of Justice as listed in the Child Abuse Central Index pursuant to paragraph (7) of subdivision (b) of Section 11170 or subdivision (c) of Section 11170, or persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided in subdivision (f) of Section 11170. Disclosure under this paragraph is required notwithstanding the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code. This paragraph shall *does* not preclude a submitting agency prior to disclosure from redacting any information necessary to maintain confidentiality as required by law.

(12) Out-of-state law enforcement agencies conducting an investigation of child abuse or neglect only when an agency makes the request for reports of suspected child abuse or neglect in writing and on official letterhead, or as designated by the Department of Justice, identifying the suspected abuser or victim by name and date of birth or approximate age. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written request shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports is to be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the safeguards in place to prevent unlawful disclosure provided by the requesting state or the applicable interstate compact provision.

(13) Out-of-state agencies responsible for approving prospective foster or adoptive parents for placement of a child only when the agency makes the request in compliance

with the Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248). The request shall also cite the safeguards in place to prevent unlawful disclosure provided by the requesting state or the applicable interstate compact provision and indicate that the requesting state shall maintain continual compliance with the requirement in paragraph (20) of subdivision (a) of Section 671 of Title 42 of the United States Code that requires the state have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the state and prevent the information from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases.

(14) Each chairperson of a county child death review team, or his or her designee, to whom disclosure of information is permitted under this article, relating to the death of one or more children and any prior child abuse or neglect investigation reports maintained involving the same victim, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams.

(15) The Office of the State Foster Care Ombudsperson when the reported incident *allegation* of child abuse or neglect involves a child in foster care and occurred in a community care facility, as defined in Section 1502 of the Health and Safety Code.

(c) Authorized persons within county health departments shall be permitted to receive copies of any reports made by health practitioners, as defined in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7, and pursuant to Section 11165.13, and copies of assessments completed pursuant to Sections 123600 and 123605 of the Health and Safety Code, to the extent permitted by federal law. Any information received pursuant to this subdivision is protected by subdivision (e).

(d) This section does not require the Department of Justice to disclose information contained in records maintained under Section 11170 or under the regulations promulgated pursuant to Section 11174, except as otherwise provided in this article.

(e) This section does not allow disclosure of any reports or records relevant to the reports of child abuse or neglect if the disclosure would be prohibited by any other state or federal law applicable to the reports or records relevant to the reports of child abuse or neglect.

SEC. 3.
If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall

be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 3.

To the extent that this act has an overall effect of increasing certain costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

Appendix F — Case Examples of Delayed Investigations of Abuse and Neglect in Foster Care

Substantiated Cases of Abuse Completed in an Untimely Manner

In **LA County**, a child was sexually and physically assaulted by another child at the facility, and staff failed to protect the child from such harm. The investigation took **229 days (over 7 months)** to complete.
(Le Roy Boys' Home, Complaint received 03/09/2017, visit 10/12/2017, completed 10/24/2017)

In **San Diego County**, a complaint of physical abuse was investigated that included a foster parent causing a foster child to sustain a fracture and bruising. The investigation took **153 days (5 months)** to complete.
(Angels Foster Family Agency, 374603866, Complaint received 9/28/2017, Completed 2/28/2018)

Also in **San Diego County**, foster parents failed to seek appropriate follow-up medical care for a child who had been hospitalized for a fracture and required weekly appointments with an orthopedist. The investigation took **163 days (over 5 months)** to complete.
(Walden Family Services, 374603904, Complaint received 7/11/2016, Completed 12/21/2016)

In **Fresno County**, a foster parent allowed a foster child access to psychotropic medications that resulted in the child's hospitalization. The investigation took **220 days (over 7 months)** to complete.
(Abrazo Foster Family Agency, 107206556, Complaint received 5/30/2017, Completed 1/5/2018)
The same facility faced a repeat violation 2 years earlier related to a case in which foster children had access to medication that was not prescribed to them. This investigation took **156 days (over 5 months)** to complete.
(Complaint received 11/4/2015, Completed 4/8/2015)

In **Orange County**, a child was sexually abused by the foster parent and the child was provided with alcohol by the foster parent to the point of becoming intoxicated. The investigation took **137 days (over 4 months)** to complete.
(Florence Crittenton Services of Orange County, Inc, 306099612, Complaint received 9/23/2016, Completed 2/7/17)

In **Sacramento County**, a staff member called his friends to the facility to physically fight with the foster child, and the child suffered from a concussion. While this facility is now on probation, the investigation took **183 days (6 months)** to complete.

(The Sherman Group Home, Inc, 347000064, Complaint received 6/23/16, Completed 12/23/16)

Examples of Inconclusive Cases of Abuse Completed in an Untimely Manner

Note about inconclusive cases: Most cases deemed inconclusive note that there was not adequate evidence or information to make a determination whether or not the allegation is substantiated. We believe that these cases are important to highlight because an untimely response to an allegation will likely contribute to the difficulty in obtaining enough information to substantiate these claims, especially in cases of physical or sexual abuse when physical evidence is only present soon after the event has occurred.

In **LA county**, an investigation took **220 days (over 7 months)** from receipt of the complaint to close of the investigation. The allegation was that a child was raped at the facility by a handyman.
(Delilu Achievement Home, Deliann-Lucille Corporation, 198208930, Complaint received 11/01/2016, Visit conducted 06/09/2017, Completed 06/19/2017)

In **Alameda County**, one facility received 3 complaints of sexual and physical abuse in the span of a month and a half, including inappropriate touching, forced sexual activity, and physical abuse resulting in injury. These investigations took **132 days (over 4 months), 184 days (6 months), and 272 days (almost 9 months)** to complete.
(Alternative Family Services Complaint 1 received 9/15/2016, visit 5/25/2017, completed 6/14/2017; Complaint 2 received 10/26/2016, visit 3/9/2017, completed 4/28/2017; Complaint 3 received 10/28/2016, visit 2/23/2017, completed 3/8/2017)

In **Santa Clara County**, a complaint was received that a child had been raped by another child at the foster home. The investigation concluded that the claim was unsubstantiated, although the investigation remained open for **269 days (almost 9 months).** *(Corbett Group Home #3, 435202506, Complaint received 5/23/17, Completed 2/16/18)*

In **San Diego County**, a complaint was received that a child had been inappropriately touched by the foster father. The foster father was never interviewed. The allegation was deemed inconclusive and the investigation took **126 days (over 4 months)** to complete.
(Toward Maximum Independence, Inc., 370603102, Complaint received 4/8/2016, Completed 8/12/2016)

Appendix G — Licensing Program Analyst Job Description

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

Licensing Program Analyst

A699 – 8223 – 4PB34

Department(s): Department of Social Services
Opening Date: February 6 , 2015
Final Filing Date: Continuous
Type of Examination: Departmental Open
Salary: Monthly Ranged Salary: $3,108.00 - $5,801.00

EQUAL EMPLOYMENT OPPORTUNITY

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

DRUG-FREE STATEMENT

It is an objective of the State of California to achieve a drug-free State work place. Any applicant for State employment will be expected to behave in accordance with this objective, because the use of illegal drugs is inconsistent with the law of the State, the rules governing civil service, and the special trust placed in public servants.

WHO SHOULD APPLY?

Applicants who meet the Minimum Qualifications as stated on this bulletin may apply for and take this Training and Experience Evaluation at any time.

Once you have taken the Training and Experience Evaluation, you may not retake it for twelve (12) months.

SPECIAL TESTING ARRANGEMENTS

If you have a disability and need special assistance or special testing arrangements, contact:

California Department of Human Resources
Examination and Selection Services Section
1-866-844-8671
California Relay Service (7-1-1)
Telecommunications Device for the Deaf (TTY) (916) 654-6336

TTY is a telecommunications device that is reachable only from phones equipped with a TTY
device.

ELIGIBLE LIST INFORMATION

An open, merged eligible list will be established by the California Department of Human Resources for use by California Department of Social Services. The names of successful competitors will be merged onto the eligible list in order of final score regardless of test date. Eligibility expires twelve (12) months after it is established. Competitors must then retake the Training and Experience Evaluation to reestablish eligibility.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

NOTE: All applicants must meet the education and/or experience requirements as stated on this examination bulletin as of the date the test is taken.

MINIMUM QUALIFICATIONS

Licensing Program Analyst

Possession of a valid driver license of the appropriate class issued by the Department of Motor Vehicles. Applicants who do not possess a license will be admitted to the examination but must secure the license prior to appointment.

AND EITHER 1

Education: Equivalent to graduation from college with any major, but preferably with specialization in public or business administration, accounting, economics, political or social science, or law. (Registration as a senior in a recognized institution will admit applicants to the examination, but they must produce evidence of graduation or its equivalent before they can be considered eligible for appointment.) (Work experience in the California state service may be substituted for the required education on a year-for-year basis by applicants who have at least six semester hours of college level training in public or business administration, accounting, economics, political science, statistics, or law.)

OR 2

Experience: Six (6) months of experience in the California state service performing the duties of a Personnel Technician 1, Range B; Budget Technician 1, Range B; Management Services Technician, Range B; or Occupational Technician (General), Range B.

OR 3

Experience: One (1) year of experience in the California state service performing the duties of a class at a level of responsibility equivalent to a Program Technician 2, Office Services Supervisor 1, or Office Technician.

AND

Education: Twelve (12) semester or eighteen (18) quarter units of college courses in Public or Business Administration, Accounting, Economics, Political or Social Science, English, Speech, Statistics, Law, or a closely related area.

POSITION DESCRIPTION

This is the entry, training, and full journey level of the series. Under supervision, incumbents may perform the more routine technical work associated with the licensing and evaluation of community care facilities; respond to complaints, appeals, and inquiries; and conduct investigations. Incumbents may be required to independently conduct the more complex and sensitive evaluations and investigations; may be responsible for implementing and coordinating orientation and training for license applicants, members of organized associations, or other staff; may serve as members of task forces or study teams to analyze divisional organization policies and intra-divisional administrative problems; and may act in a lead capacity over a small group of Licensing Program Analysts.

EXAMINATION INFORMATION

TRAINING AND EXPERIENCE EVALUATION – Weighted 100%

The examination will consist solely of a Training and Experience Evaluation. To obtain a position on the eligible list, a minimum score of 70% must be received. An applicant will receive his/her score upon completion of the Training and Experience Evaluation process.

Click here to preview the Training and Experience Evaluation.

KNOWLEDGE AND ABILITIES

Knowledge of:

1. Time management techniques to provide for efficient prioritization and completion of projects and assignments.
2. Personal computers and laptops in order to input data, write reports, conduct research, create necessary documents, and verify criminal record clearance.
3. Various computer software programs, including Word, PowerPoint, Outlook, and Excel in order to complete job duties.
4. Proper grammar, spelling, and punctuation to comprehend and produce complex written documents.
5. Effective communication techniques to ensure clear and concise communication of information.

Ability to:

1. Be flexible to changes in priorities, assignment, and other interruptions, which may impact pre-established timelines and courses of action for completing projects and assignments.
2. Work on multiple projects and assignments simultaneously and ensure timely completion of work.
3. Complete work under critical timelines to meet project objectives and deadlines.
4. Prioritize assignments in order of importance to effectively meet deadlines without

sacrificing the quality of work.

5. Use spreadsheet software (e.g., Microsoft Excel) to prepare spreadsheet summaries and reports.
6. Effectively analyze and respond to a variety of unique or unexpected situations.
7. Analyze details in order to produce work in an accurate and thorough manner.
8. Apply complex rules, policies, procedures, and regulations to information/situation and arrive at logical, objective conclusions.
9. Independently write non-technical documents such as letters, memos or other correspondence in order to communicate with other departmental staff, other agencies, or the general public using correct grammar, spelling, and syntax.
10. Independently write investigative and evaluation reports in order to communicate findings and complete assignments.
11. Extract relevant facts and information from written documents in order to perform effective case management, solve problems, or summarize information as required to complete assigned tasks.
12. Read and understand written documents of varying complexity including departmental policy manuals and guides, instructional guides, written correspondence, State and Federal regulations, and investigative reports.
13. Read, comprehend and apply legal statutes, rules, and regulations that apply to licensed or unlicensed facilities.
14. Orally communicate complex and technical information to individuals with a varying level of technical ability.
15. Communicate with people of diverse cultures, ethnicity, backgrounds, and lifestyles to complete assigned job tasks.
16. Effectively and professionally communicate during inspections, investigations, onsite consultations, meetings, hearings, and when representing the Department.

ADDITIONAL DESIRABLE QUALIFICATIONS

Demonstrated ability to act independently with open-mindedness, flexibility, and tact; willingness to travel to various facilities; and the ability to act effectively under pressure.

ADDITIONAL INFORMATION

If you are successful in this examination, you will be required to complete a background investigation form, a finger print clearance form and provide a Department of Motor Vehicle driving record print out. You must disclose information on arrests regardless of conviction, felony and nonfelony convictions, and driving violations. The hiring agency uses the information obtained on this document to conduct a background investigation to determine your suitability to become a Licensing Program Analyst.

VETERANS' PREFERENCE

Veterans' Preference will be granted for this examination. Effective January 1, 2014, in accordance with Government Codes 18973.1 and 18973.5, whenever any veteran, widow or widower of a veteran, or spouse of a 100 percent-disabled veteran achieves a passing score on an open examination, he or she shall be ranked in the top rank of the resulting eligibility list. This section shall not apply to any veteran who has been dishonorably discharged or released.

CONTACT INFORMATION

If you have any ***technical*** questions concerning this examination bulletin, please contact:

California Department of Human Resources
Attn: Examination Services
1515 S Street
Sacramento, CA 95811
Phone: 1-866-844-8671
California Relay Service: 1-800-735-2929 (TTY), 1-800-735-2922 (Voice)

If you have any ***administrative*** questions concerning this examination bulletin, please contact:

California Department of Social Services
P.O. Box 944243
Sacramento, CA 94244-2430
Phone: 916 – 657-1762

TTY is a Telecommunications Device for the Deaf, and is reachable only from phones equipped with a TTY Device.

GENERAL INFORMATION

Applications are available at www.jobs.ca.gov and local offices of the Employment Development Department.

If you meet the requirements stated on this examination bulletin, you may take this examination, which is competitive. Possession of the entrance requirements does not assure a place on the eligible list. Your performance in the examination described on this bulletin will be rated against a predetermined job-related rating, and all candidates who pass will be ranked according to their scores.

The California Department of Human Resources reserves the right to revise the examination plan to better meet the needs of the service, should the circumstances under which this examination was planned change. Such revision will be in accordance with civil service laws and rules, and all competitors will be notified.

Candidates needing special testing arrangements due to a disability must mark the appropriate box on the application and contact the testing department.

Hiring Interview Scope: In a hiring interview, in addition to the scope described in this bulletin, the panel will consider education, experience, personal development, personal traits, and fitness. In appraising experience, more weight may be given to the breadth and recency of pertinent experience, and evidence of the candidate's ability to accept and fulfill increasing responsibilities than to the length of his/her experience. Evaluation of a candidate's personal development will include consideration of his/her recognition of his/her own training needs; his/her plans for self-development; and the progress he/she has made in his/her efforts toward self-development. For more information, you may refer to the Licensing Program Series classification specification.

General Qualifications: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, the ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history, and fingerprinting may be required.

Eligible Lists: Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, and 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

Veterans' Preference: Effective January 1, 2014, in accordance with Government Codes 18973.1 and 18973.5, Veterans' Preference will be awarded as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for Veterans' Preference. 2) An entrance examination is defined, under the law, as any open competitive examination. And 3) Veterans' Preference is not granted once a person achieves permanent civil service status.

Veteran status is verified by the California Department of Human Resources (CalHR). Directions to apply for Veterans' Preference are on the Veterans' Preference Application (Std. Form 1093), which is available at CalHR's Veterans' Information Webpage and the Department of Veterans Affairs.

Bulletin Revision Date: April 14, 2016

Suggested Resources to Have Available when Beginning the Evaluation

Employment History: Job Titles, organization names and addresses, name of supervisors or persons who can verify your job responsibilities, and phone numbers of persons listed above.

Education: School name and address, degree(s) earned, dates attended, courses taken (verifiable on a transcript), person or office who can verify education, and phone numbers of persons listed above.

Training: Class titles, certifications received, name of person(s) who can verify your training and his/her contact information.

Filing Instructions

Final Filing Date: Continuous

Where to Apply: Click the link at the bottom of this bulletin.

Taking the Exam

When you click the link below, you will be directed to the Training and Experience Evaluation. At the end of the Training and Experience Evaluation, it will be instantly scored.

Click here to go to the Training and Experience Evaluation.