



South Carolina Department of Social Services

Work Aid 3.3: Initial Contact

Supplemental to DSS Policy: Chapter 3: Investigations

A. Upon Receipt of Report	1. Review all information received in the intake report including allegations, family demographics, any CWS history, background check results, and all other background information provided in intake dictation (check intake linked file tab as well). Review the intake folder to ensure all proper documents are in the folder. Based on the intake address, attempt to locate all possible schools zoned for the address if the intake includes school-age children. 2. Complete Pre-Initial Contact Supervisory Case Consultation as outlined in Investigation Work Aid 3.1: Case Consultations. 3. Assess if the family needs interpreter and translator services and arrange for an interpreter as needed. Obtain the DSS Form 2664: Accommodation Assessment Form and complete it with the family and the interpreter and include it in the case file. 4. Plan for Initial Contact with all family members listed in the intake. Assess if law enforcement support is needed for the Initial Contact due to worker safety concerns or any allegations that contain sexual abuse or severe physical abuse.
B. Initiating an Investigation Within Two Business Days or Within the Assigned Response Time	1. Make face-to-face contact with all alleged victim children within the assigned response timeframe. 2. Make concerted efforts to make face-to-face contact with the following individuals within two business days or within the assigned response time: a. Children or youth who are alleged to be in the household where the abuse or neglect is occurring, but are not identified as victim children; b. Children or youth who are alleged to be returning to the household of abuse or neglect, for details see section D below; c. Biological or adoptive children or youth who live outside of the offending household and are not identified as victim children; d. Alleged perpetrators; e. Other individuals listed as recipients on the case or Intake; and f. Other household members. 3. When making face-to-face contact: a. identify the individuals by the name on the intake,

	b. read the allegations to the parent or caregiver, c. make all efforts to prevent child from hearing the allegations, and d. be sure not to disclose the reporter or direct child disclosures. Note: Case managers should not read allegations to any child. 4. Write down statements from children, youth, and parents; collect demographic information from parents; 5. Provide parents with all documents which need signatures such as authorization for release of information forms for records requests. 6. Provide parent or caregiver with the following documents: a. DSS Brochure 3034: Child Welfare Services – A Guide for Parents b. DSS Booklet 30230: Child Welfare Services – What Parents Should Know About Court; c. DSS Brochure 2416: Know Your Rights and d. DSS Flyer 1831: The A, B, C's of Safe Sleep and DSS Card 1832 Follow the ABCs of Safe Sleep if children under 12 months reside in the home or if the parents are expecting a child. e. Conduct interviews as outlined in Investigation Policy Work Aid 3.4: Conducting Interviews to assess for all typologies and areas of family functioning and utilize items outlined in the Family Assessment and Support (FAST) Tool to determine if the children and youth are safe.
C. Home Visit Assessment	1. A home visit shall be completed within two business days of receipt of an accepted intake report when possible. If not possible, a reason must be documented in CAPSS and approved by the team leader. 2. Assess the surroundings before approaching the home to identify any potential safety concerns, noting outside animals that are not restrained, large groups of people, condition of the property, etc. If the situation appears to be unsafe to the case manager, go to a safe location and contact law enforcement for assistance. If there are allegations or concerns of severe physical abuse or neglect, the case manager contacts team leader via telephone to have a case consultation to determine the need for a medical assessment. 3. Conduct a walkthrough of the home, assessing sleeping arrangements, the overall condition of the home, and any potential safety threats. 4. Use a work phone camera or work-issued camera to take pictures of the home and children or youth. If the alleged victim child or youth has physical injuries or other observable conditions (i.e. rash, malnourished etc.), the case manager will directly observe first hand, take a photo using their agency-issued cell phone, and provide a written description of observed conditions and injuries in CAPSS. At a minimum, the documentation describes details of location, color,

	length, shape, and size of any injury or observable condition. 5. Pictures of the genitalia should not be taken; such injuries should be documented by medical professionals (refer to Work Aid 3.4: Conducting Interviews).
D. Children or Youth at Risk	1. Children or youth who are at risk but will not be returning to the home in the next 24 hours should be seen within 72 hours if assigned a 0 - 2 hour or a 2 - 24 hour response time. 2. Children or youth who are at risk but will not be returning to the home in the next two business days should be seen within three business days if assigned a 24 hour - 2 business day response time.
E. Concerted Efforts to Locate	If successful Initial Contact is not made within two business days, conduct concerted efforts to locate the family as outlined in Investigation Work Aid 3.2: Concerted Efforts to Locate Families and conduct a case consultation.