

SAMPLE

October 19, 2016

County: _____

Address/Contact Information: _____

Complaint ID Number: _____

FOR COUNTY USE ONLY	
<input type="checkbox"/> Amended: _____	(Date Of Original Report)

COMPLAINT INVESTIGATION REPORT

Purpose of Form: This is an official report of an unannounced visit/investigation of a complaint received in our office on _____ and conducted by _____ (Date received in office)

(Print Name and Title)

It is the intent of the RFA worker to conduct all interactions and communications with the caregiver with courtesy and respect and to be minimally disruptive to the caregivers and the children in their care while also ensuring that the Resource Family and home is a safe and nurturing placement.

RF NAME:	RF ID:	CAPACITY:	CENSUS:
ADDRESS (STREET, CITY, STATE, ZIP CODE):			TELEPHONE NUMBER:

Met with _____ on _____ from _____ to _____ Announced
(Print Name) (Date) (Start Time) (End Time) Unannounced

ALLEGATION(S): (Use separate 9099's if additional space is needed.)

INVESTIGATION FINDINGS: (Use separate 9099's if additional space is needed.)

- Substantiated (Public)
 - Inconclusive (Public)
 - Unfounded (Confidential)
 - Needs Further Investigation
- Estimated days for completion: _____

USE RFA 9099(C) TO DOCUMENT SUBSTANTIATED ALLEGATION(S).

I acknowledge receipt of this report and understand my appeal rights as explained on the following page of this form.*

RF PRINTED NAME:	RF SIGNATURE:	DATE:	TELEPHONE NUMBER:
RF WORKER PRINTED NAME:	RF WORKER SIGNATURE:	DATE:	TELEPHONE NUMBER:
RF WORKER SUPERVISOR PRINTED NAME:			TELEPHONE NUMBER:

RFA Worker: Check this box if a Resource Family Caregiver parent was not available to sign the report. Immediately mail the report by Certified Mail to the RF address of record.

SAMPLE**October 19, 2016**

INSTRUCTIONS

COMPLAINT INVESTIGATION REPORT – Complaint visits are made to Resource Families to investigate allegations made concerning the family. If multiple visits are needed to complete a complaint investigation, each individual visit to the home is recorded as a complaint visit, RFA 9099. California law requires an investigation be conducted within 10 calendar days of receipt of a complaint. This report is a record for the Resource Family and the County. Based on the investigation finding(s), this report may be public or confidential. Therefore, care must be taken not to disclose personal or confidential information on a public document. Inquiries concerning the location, maintenance and content of these reports may be directed to the Resource Family Worker or office whose address and telephone number are listed on the front.

CENSUS – The number of children or nonminor dependents a Resource Family has under their care at the time of the visit.

RESOLUTIONS – One of the following resolution codes are checked by the Resource Family Worker:

Substantiated: Means that the investigation concluded that based on a preponderance of the evidence, meaning that it is more likely than not, the allegation in a complaint occurred.

Unfounded: Means that the investigation concluded that the allegation in the complaint is false, meaning that there is no credible evidence that the allegation in the complaint occurred.

Inconclusive: Means that the investigation concluded that the allegation in a complaint is not substantiated or unfounded.

Needs Further Investigation: This box should be checked if a determination cannot be reached at the conclusion of the Resource Family visit. A follow-up visit to conclude the investigation will be made within the specified days of completion.

DEFICIENCIES – are a nonconformance with Written Directives or any applicable laws. Resource Families must be notified in writing of all Written Directives or any applicable law deficiencies. Deficiencies related to a complaint investigation are only issued for a complaint finding of substantiated and documented on the RFA 9099C.

CORRECTIVE ACTION PLAN – The Corrective Action Plan (CAP) is a plan developed jointly by the Resource Family and the County which describes how the Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. It is incumbent that the County or Department establishes the time limit for the CAP. In order to set the time limit, the County must take into consideration the seriousness of the deficiency, the number of children, or non-minor dependents in care involved, and the availability of resources and support. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The Resource Family who encounters problems beyond his/her control in completing the corrections within the specified timeframe may request and be granted an extension of the correction due date by the County. The CAP for substantiated complaints will be documented on the RFA 9099C.

APPEAL RIGHTS – The Resource Family has a right, without prejudice, to discuss any disagreement in this report with the County concerning the proper application of the Written Directives or any applicable laws. When visiting a Resource Family during the course of an investigation, the County shall ensure that the Resource Family is aware of their rights and responsibilities during the investigation process, including appeal rights for any actions which may result.

APPEAL REVIEW – The County has a duty to review the facts presented without prejudice. Upon review of the facts and in accordance with Written Directives or applicable law, the County may amend any portion of the action taken, or may dismiss the violation. Levels of appeal are provided by the County.