

Investigation Narrative Format

The Investigation Narrative for a child abuse and/or neglect investigation will be completed pursuant to the format detailed below using autotext code **INVNAR**.

Note: Further guidelines regarding completion of the Investigation Narrative are addressed in the “CWS/CMS Referral Documentation” Policy section of CFS P&P [Abuse Investigations—Findings, Documentation, and Cross-Reporting \(A-0305\)](#).

Guidelines for completing each section of the Investigation Narrative are in *blue and/or italics*. Populating text shown in parenthesis will be modified as appropriate.

ALLEGATIONS

Specify each allegation investigated. Include information regarding the alleged perpetrator (Name and DOB), child on behalf of whom allegation was investigated (Name and DOB), and outcome (i.e., unfounded, inconclusive, substantiated). Specify relationship of the alleged perpetrator to the alleged victim. Include the Name and DOB of any parent/legal guardian not involved in the allegation(s). If child taken into custody, indicate with whom the child resides. Indicate Name of SSW completing investigation. As applicable, provide the Companion-to-Case (C/C) referral name and 19 digit #.

*If referring for Voluntary Family Services (VFS), insert mandatory candidacy language here, using autotext code **VFSNAR**.*

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SCREENER NARRATIVE

Redact any identifying information regarding the reporting party, pursuant to Penal Code 11167, when incorporating the Screener Narrative into the Investigation Narrative.

The following is a summary of the original allegations reported to the Child Abuse Registry.

Copy and paste the screener narrative here

LANGUAGE / CIVIL RIGHTS

Indicate primary language of parent/legal guardian(s) and child, and whether any language services were offered/provided (e.g., Spanish speaking Senior Social Worker Jane Doe conducted the interviews). If unable to establish a client's preferred language of communication, document reason. Indicate whether parent/legal guardian was provided a Civil Rights pamphlet (language) and advised of the child abuse laws. Indicate whether parents and/or perpetrator were informed of the cross-report to the DOJ and to CACI, and informed of the grievance procedures, as indicated.

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The family and alleged perpetrator were provided with information on the allegations and disposition of the referral.

Include the following statement only if the allegation(s) is/are substantiated and reportable to CACI.

Information on the Grievance procedures and the Department of Justice (DOJ) advisement and Child Abuse Central Index (CACI) was provided as the allegations were Substantiated.

RESPONSE LEVEL

This referral was received by the Orange County Child Abuse Registry on (Date), and assigned to Emergency Response Senior Social Worker (Last Name) as a 10-Day/Immediate/See-By/On-Call response.

PRIOR CHILD ABUSE REFERRALS

Summarize each prior contact (i.e., child abuse referrals). Summary need only include date, allegation(s), victim(s), perpetrator(s) and finding(s). Each summary should be no longer than a couple of brief sentences. Do not include any identifying information regarding the reporting party on prior child abuse referrals. Identify county only if not an Orange County referral.

SSW (Name) has reviewed and considered the following priors:
If no priors, indicate that there are no prior referrals for this family.

Delete the blue type above and box below and start typing here

Foster Care Investigations (FCI): Summarize prior child abuse referrals of the alleged perpetrator. Include Quality of Care reports and Community Care Licensing (CCL) findings/outcomes, if known and relevant to the investigation.

SCHOOL INFORMATION

Complete section only if child(ren) taken into custody, filing a non-custody petition, or if referring for voluntary family services. Indicate school of attendance/enrollment (include city) for each school age child or that the child is not of school age. Identify if the child is in special education, has an Individualized Education Program (IEP), or has a 504 Plan.

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WARRANTS

Specify if a warrant was requested and the outcome. Indicate “Not Applicable” if no warrant was requested.

On (Date), Senior Social Worker (Name) requested an investigatory (school/home) warrant based on the following concerns:

1. (List exigent circumstances)
2. One or more home visits were attempted and have been unsuccessful in contacting the family. *Document date(s) of each attempt.*
3. Prior history indicates domestic violence or weapons in the home.
4. There is probable cause to believe a school interview is necessary to ensure the safety and protection of the child due to (rationale for warrant request/specific safety concerns).

The warrant (was/was not) issued by Orange County Juvenile Court.

LIST OF FAMILY MEMBERS / FAMILY COMPOSITION

List and identify all family members interviewed throughout investigation (e.g., child, parents, relatives) as well as other known family members who were not interviewed. Specify relationship to child (if any). Indicate which child resides with whom and any custody arrangements. Provide contact information, as available (Example: Maternal Aunt - Jane Doe, [714] 123-4567). Note reason(s) for lack of contact with any family member(s) in bold. Indicate which family members are willing to be part of a Safety Network, if needed.

Example:

- Adam, Aleesha, Ali, Arran, Ashanti and Ardan – Children
- Ardan Tasi Sr. – Father of Ardan, Ashanti and Arran (Safety Network)
- John Dime – Father of Adam and Aleesha, 562-771-5968
- Jimmy Dread – Father of Ali, whereabouts unknown
- Ashley Cutman – Mother, 714-635-7521 (Safety Network)

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MILITARY STATUS

Check one box indicating the military status for each person.

- With an Active or Veteran family member, the following are considered **Dependents**: spouse, adopted child, biological child, step-child, (children must be unmarried, under age 18 or under 23 if attending school full-time).

Children First name, Last name	Dependent of Active/Veteran	Active	Veteran	No involvement	Unknown
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Parent/Caretaker First name, Last name	Dependent of Active/Veteran	Active	Veteran	No involvement	Unknown
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COLLATERAL CONTACTS

List and identify all collateral contacts, witnesses, suspects and interested parties interviewed/consulted throughout investigation. Indicate professional capacity/agency affiliation (e.g., Officer John Doe – Anaheim Police Department) and provide contact information, as available. **Note reason(s) for lack of contact with a Collateral Contact that has knowledge of the condition of the child in bold. Indicate which Collateral Contacts are willing to be part of a Safety Network, if needed.**

Example:

- Mike Johnson – City Hospital Social Worker, 949-905-5900
- Officer Franz – City Police Officer, Badge 006
- Officer Bergen – City Police Officer
- Brianna Wood – Senior Social Services Supervisor
- Gina Hightower and Yolanda Crawford – Father's (Ardan Tasi Sr.) Church Friends, 631 Specter Ave., Garden Grove, CA, 714-854-2200, (Safety Network)

- Terrence Side – Mother’s Neighbor, 949-255-5111 (Safety Network)

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RELATIVES / NON-RELATIVE EXTENDED FAMILY MEMBERS (NREFMs)

Complete section only if child(ren) taken into custody or filing a non-custody petition. List and identify any known relatives and NREFMs who may wish to be a part of the child’s life. If no relatives or NREFMs have been identified, indicate “None known at this time.”

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INVESTIGATION FACTS

1st sentence of all contacts. Document all interviews/consults (including collateral contacts) in the order in which they occurred. Note any consultations with assigned Senior Social Services Supervisor (SSSS) (or designee) and/or Program Manager; and for a dependent child, consultations or staffing with the child’s assigned Senior Social Worker (SSW) and/or SSSS. Indicate date, method and location of contact (e.g., home visit, school visit, other location or telephone contact). As applicable, note whether address is confidential. Include identifying information (e.g., age) as appropriate, and language if other than English. Note all attempted contacts, (e.g., address to which letter sent, phone calls). Note reason(s) for lack of contact with the alleged perpetrator in bold.

*Interview each parent individually and in private. When appropriate interview child individually and in private regarding all forms of child abuse (i.e., G/N, P/A, S/A, E/A). Provide quotes/exact statements from those interviewed, as relevant to allegation(s) investigated. Describe the home environment and identify any safety threats in the home. **On P/A document injury, size, color and location.** Indicate location of interview and address if not specified elsewhere in CWS/CMS. If a visit to the child’s home was not completed indicate the reason(s).*

Indicate use of solution focused questions (e.g., scaling, position, coping, exception, preferred future). Note if mapping (i.e., 3 Questions) was completed with the family. Document Harm and Danger Statements discussed with the family and resulting Safety Goals, if any. Note if the Three Houses and/or Safety House Tools were used for interviews with child(ren) and document results.

Example:

On April 7, 2018, SSW Jane Doe conducted a follow-up conversation with the mother at the hospital, located at 50 N. Ana Dr. Anaheim, CA 92805. After interviews with all the involved parties, SSW Jane Doe developed harm and danger statements with the parents. The parents reported that they have unresolved substance abuse issues, that the mother used methamphetamine during her pregnancy and that the parents sought limited prenatal care, resulting in the baby having a positive toxicology test. SSW Jane Doe informed the parents that the Agency was worried that the parents would continue using substances, impacting their ability to meet the baby’s basic needs and resulting in the baby being hurt or injured.

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Note each of the following in documenting the interview with the child:

On **(Date)**, the assigned SSW met with the child, at **(Name of School)**.

1. The response to the child's school was conducted without law enforcement:

☐ Yes ☐ No

If no, please explain:

2. The child was informed that he/she could refuse to be interviewed or could stop the interview at any time:

☐ Yes ☐ No

If no, please explain:

3. The school interview was limited to 30 minutes in duration:

☐ Yes ☐ No

If not, please explain the information gathered during the interview that suggested imminent risk to the child and the need for further questioning to make a determination:

POLICE REPORTS

Identify any police reports obtained/reviewed during investigation. If police report was not made available to investigating social worker, indicate reason.

No police reports were taken regarding the child abuse investigation.

OR

(Agency/Department) Police Report, dated **(Date)**, DR # **(Indicate Report Number)**, was obtained and reviewed by Senior Social Worker **(Name)**.

The following is a summary of the above referenced police report:

Insert the police report here

MEDICAL / DENTAL INFORMATION

Detail any medical/dental concerns regarding the child. If no concerns are noted, provide a statement regarding the child's health (i.e., "The child is up-to-date on immunizations and receives routine medical and dental care; no health concerns noted"). Document whether or not Alleged Sexual Assault Victimization (ASAV) exam was completed and any findings (if known).

When applicable, indicate date and time child was intubated and/or placed on ventilator, and whether a physician has certified the child is in serious or critical condition.

The (mother/father/legal guardian) reported that the child (is/is not) insured by (Specify health insurance provider, if any) and (is/is not) up to date with all of (his/her) medical and dental exams.

If the child does not have medical insurance, provide parent/legal guardian/caregiver(s) with Medi-Cal application and Information About Medi-Cal (F063-19-947) brochure.

Exception to Medi-Cal Referral: If the child is a dependent of the Juvenile Court, provision of a Medi-Cal application and *Information About Medi-Cal (F063-19-947)* brochure is not required, as medical insurance will have already been obtained.

PUBLIC HEALTH NURSING REPORTS

Copy and Paste any PHN reports obtained/reviewed during investigation.

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PLACEMENT PREVENTION EFFORTS

Indicate services offered/provided (e.g., VFS, CalWORKS, clothing, Regional Center, Basic Needs, etc.), and whether services were accepted/declined. As applicable, document whether a "How We Can Help Our Children Grow" developmental brochure (specify language) was provided.

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Mutual Client with CalWORKS: (Yes/No)

If yes:

Date contact made with CalWORKS social worker/case manager: (Date)

CalWORKS social worker/case manager contact info: (Full Name), (telephone number)

Provide brief synopsis of contact with CalWORKS social worker/case manager, including discussion regarding eligibility for, and supportive services available to, the family.

Foster Care Investigations (FCI): As applicable, note any placement adjustments based on investigation status including placement restrictions, alternate placement decisions and/or administrative leave for the alleged perpetrator/staff, pending the outcome of the investigation.

SAFETY AND RISK ASSESSMENTS (SDM)

A Safety Assessment was conducted and indicated that the child(ren) (was/were/were not) safe in the home.

Safety Threats: (Specify Specific Safety Threats)

Risk Factors: (Specify Risk Factors)

Final Risk Level: (Low/Moderate/High/Very High)

If one or more safety threats are identified, consult supervisor regarding safety assessment, and include the following statement:

A consult was completed with Senior Social Services Supervisor (Full Name) on (Date), regarding the safety assessment.

Note: If the investigation involves a Resource Family Home (RFH) relative/Non-Relative Extended Family Member (NREFM) caregiver or a licensed/certified foster parent, the Substitute Care Provider (SCP) Safety Assessment will be completed.

SAFETY PLAN

If a safety plan was developed, indicate:

- *Name the parent/legal guardian(s) and members of the Safety Network who collaborated on the safety plan*
- *Whether it was developed in collaboration with the parent/legal guardian*
- *Parameters of the safety plan*
- *Whether it was signed by the parent/legal guardian (if not signed, specify reason)*
- *Whether a copy was provided to the parent/legal guardian*

*If the referral is **substantiated**, also document the following:*

WHAT IS WORKING WELL:

- *Household strengths and protective actions/in-home protective interventions mitigating safety threats*

WHAT ARE WE WORRIED ABOUT:

Harm Statement:

- *Who says (or it was reported) + caregiver action/inaction = impact on the child*
- *If no harm exists, provide rationale why there is no harm statement*

Danger Statement:

- *Who is worried + potential caregiver action/inaction = potential future impact on the child*
- *If no danger exists, provide rationale why there is no danger statement*

WHAT NEEDS TO HAPPEN NEXT:

- *Who is part of the network/plan*
- *What will caregiver do differently and for how long*
- *How will we resolve this safety issue (who will do what?)*

Include the following statement, as applicable:

A consult was completed with Senior Social Services Supervisor (Full Name) on (Date), regarding development of the safety plan.

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If safety plan was not developed, indicate the following:

The County of Orange Children and Family Services Safety Plan was not developed or signed by this family as there were no safety threats identified.

Refer to CFS P&P [Structured Decision Making \(D-0311\)](#) to determine the appropriate type of Safety Plan to be completed. Refer to the “SDM Safety Plans” Procedure section in CFS P&P [Abuse Investigations—Protective Interventions \(A-0414\)](#) for further instruction on completing a Safety Plan.

PROTECTIVE CUSTODY

Complete section only if child(ren) taken into custody or filing a non-custody petition.

Select one of the following statements:

The child(ren) (was/were) placed into protective custody due to exigent circumstances with the approval of Program Manager (Full Name). Senior Social Services Supervisor (Name) was consulted during the course of this investigation.

–OR–

The child(ren) (was/were) placed into protective custody by (Name of Law Enforcement Department). Senior Social Services Supervisor (Full Name) was consulted during the course of this investigation.

–OR–

The child(ren) (was/were) placed in protective custody via a warrant granted by the Juvenile Court. Senior Social Services Supervisor (Full Name) was consulted during the course of this investigation.

–OR–

A non- custody petition was filed on behalf of the child(ren) with the approval of Program Manager (Full Name).

Include the following additional statements:

The (mother/father/legal guardian) (signed/did not sign) the *Consent for Medical Care and Physical Examination (F063-28-13)* on behalf of the child(ren).

If the child was admitted to First Step-Orangewood Children and Family Center, document the following, as applicable:

Indicate whether or not a mother/father/legal guardian consented to an OCFC Admission Medical Exam and his/her interest in being present for the child's exam. If the parent/legal guardian was unable or unwilling to consent, indicate the reason(s). Include the following statement and discuss whether an OCFC Admission Medical Exam needs to occur prior to or may be delayed until after the Detention Hearing:

A consult was completed with (Public Health Nurse/First Step-Orangewood Children and Family Center Medical Unit Nurse) (Full Name), on (Date), regarding the child(ren)'s need to have an OCFC Admission Medical Exam completed while temporarily housed at First Step-Orangewood Children and Family Center.

Document the status/efforts to obtain Court authorization for an OCFC Admission Medical Exam, as applicable.

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CHILD AND FAMILY TEAM (CFT) MEETING

As applicable, indicate "No CFT held" or include available CFT information as detailed in the Child and Family Team (CFT) Plan (F063-25-806) and/or CWS/CMS contact narrative provided by the CFT facilitator. If CFT was not held, specify reason (e.g., child not taken into protective custody).

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CHILD / PARENT RIGHTS

Complete section only if child(ren) taken into custody or filing a non-custody petition. Delete statements that do not apply.

Child over 10yrs (was/was not) informed of court date:

Date: (XXX) Time: (XXX) By: (XXX)

Does child want to attend hearing? (Yes/No)

Mother was notified (in person, by phone, in writing) of the Detention hearing scheduled for (Date), including the time and location of the hearing, and was given a *What Happens if Your Child is Taken from Your Home? (JV-050-INFO)* brochure.

Date: (XXX) Time: (XXX) By: (XXX)

Father was notified (in person, by phone, in writing) of the Detention hearing scheduled for (Date), including the time and location of the hearing, and was given a *What Happens if Your Child is Taken from Your Home? (JV-050-INFO)* brochure.

Date: (XXX) Time: (XXX) By: (XXX)

Legal Guardian was notified (in person, by phone, in writing) of the Detention hearing scheduled for (Date), including the time and location of the hearing, and was given a *What Happens if Your Child is Taken from Your Home? (JV-050-INFO)* brochure.

Date: (XXX) Time: (XXX) By: (XXX)

PATERNITY STATEMENTS

Complete section only if child(ren) taken into custody or filing a non-custody petition. Provide exact statements regarding paternity of the child.

Delete the blue type above and start typing here

INDIAN CHILD WELFARE ACT (ICWA) STATEMENTS

Complete section only if child(ren) taken into custody or filing a non-custody petition. Provide exact statements regarding ICWA status of child. Specify affiliation with any Indian tribes, as information is available.

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CONCLUSIONS AND RATIONALE

Indicate outcome of investigation and include rationale for findings. Clearly document a balanced and rigorous assessment, and resulting conclusion.

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For a description of protective interventions, refer to CFS P&P [Abuse Investigations—Protective Interventions \(A-0414\)](#).

Referral was investigated and closed by Senior Social Worker (XXX) on (Date).

Investigation Narrative was reviewed and approved by Senior Social Services Supervisor (XXX) on (Date).