

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection **DATE:** 08/25/2016
STREET ADDRESS: 1933 S. Broadway Blvd., 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER: Referral Response Assignment CPH **CASELOAD ID :** Evaluated Out **TELEPHONE:** (213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] **REFERRAL NUMBER:** [REDACTED]
 EVALUATE OUT
 IMMEDIATE
 3 DAY
 5 DAY
 10 DAY
 N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	CSW II	08/25/2016	09:04am
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:
 CHILD FATALITY REPORT/MEDIA ALERT
 Evaluate Out: Secondary report to [REDACTED] IR-Metro North, Child Fatality referral # [REDACTED] dated 8/22/16, which is assigned to Metro North Office CSW [REDACTED]
LAW ENFORCEMENT AGENCY [REDACTED] **POLICE REPORT NUMBER** [REDACTED]

HOME ADDRESS

HOME ADDRESS	PHONE NUMBER
[REDACTED]	[REDACTED]
ADDRESS COMMENTS Verified by RAVS	

CURRENT LOCATION OF CHILD(REN)
 [REDACTED] aka [REDACTED] (deceased) remains are currently with the Los Angeles County Department of Medical Examiner-Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

VICTIM INFORMATION

NAME	AKA (if applicable)				SOCIAL SECURITY #
[REDACTED]	[REDACTED]				[REDACTED]
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE
[REDACTED]	17	Year (s)	F	[REDACTED]	[REDACTED]
ICWA ELIGIBILITY					
[REDACTED]					

SCHOOL/DAYCARE NAME
 [REDACTED]

SCHOOL/DAYCARE ADDRESS
 [REDACTED]

ABUSE CATEGORY (See Screener Narrative Attached)	ALLEGED PERPETRATOR NAME	
At Risk, sibling abused	[REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #
[REDACTED]	[REDACTED]	[REDACTED]

CHILD(RENS) NAME (S)

CHILD I.D. #

██████████ ██████████
 ██████████ ██████████
 ██████████ ██████████

██████████
 ██████████
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VICTIM INFORMATION

NAME ██████████ ██████████ ██████████				AKA (if applicable) ██████████ ██████████			SOCIAL SECURITY # ██████████
DOB ██████████	AGE 11	AGE CODE Year (s)	SEX M	ETHNICITY ██████████	LANGUAGE ██████████	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) Physical Abuse Severe Neglect	ALLEGED PERPETRATOR NAME ██████████ ██████████ ██████████ ██████████	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

VICTIM INFORMATION

NAME ██████████ ██████████				AKA (if applicable)			SOCIAL SECURITY # ██████████
DOB ██████████	AGE 14	AGE CODE Year (s)	SEX M	ETHNICITY ██████████	LANGUAGE ██████████	ICWA ELIGIBILITY █	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused	ALLEGED PERPETRATOR NAME ██████████ ██████████	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

OTHERS IN THE HOME

NAME ██████████ ██████████				AKA (if applicable)			SOCIAL SECURITY #
SEX F	DATE OF BIRTH/AGE ██████████	LANGUAGE ██████████			WORK PHONE		
ROLE Mother (Birth)	FOR/TO ██████████ ██████████						
Mother (Birth)	██████████ ██████████						
Mother (Birth)	██████████ ██████████						
CASE WORKER NAME	PHONE #			CASELOAD #			

CHILD(RENS) NAME (S)

CHILD I.D. #

[REDACTED]

[REDACTED]

OTHERS IN THE HOME

NAME [REDACTED]		AKA (if applicable)		SOCIAL SECURITY # [REDACTED]
SEX M	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE		FOR/TO		
Father (Step)		[REDACTED]		
Father (Step)		[REDACTED] D. [REDACTED]		
Father (Step)		[REDACTED]		
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME [REDACTED]		AKA (if applicable)		SOCIAL SECURITY # [REDACTED]
SEX M	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE		FOR/TO		
Father (Birth)		[REDACTED]		
No Relation		[REDACTED]		
Father (Birth)		[REDACTED]		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY ██████████ ██████████ ██████████	OFFICIAL CONTACTED	TITLE
ADDRESS ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY ██████████ ██████████	DATE & TIME OF REPORT 08/25/2016 10:16am	

REFERRAL HISTORY

REFERRAL ID ██████████	CLIENT NAME ██████████ ██████████	REFERRAL ROLE Victim	REFERRAL DATE 03/15/2012
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID ██████████	CLIENT NAME ██████████ ██████████	REFERRAL ROLE Victim	REFERRAL DATE 01/08/2002
ALLEGATION TYPE Caretaker Absence/Incapacity Emotional Abuse Emotional Abuse		ALLEGATION DISPOSITION Unfounded Substantiated Substantiated	

REFERRAL HISTORY

REFERRAL ID ██████████	CLIENT NAME ██████████ ██████████	REFERRAL ROLE Victim	REFERRAL DATE 08/22/2016
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID ██████████	CLIENT NAME ██████████ ██████████	REFERRAL ROLE Victim	REFERRAL DATE 03/19/2012
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID ██████████	CLIENT NAME ██████████ ██████████	REFERRAL ROLE Victim	REFERRAL DATE 09/09/2002
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID ██████████	CLIENT NAME ██████████ ██████████	REFERRAL ROLE Victim	REFERRAL DATE 12/18/2011
ALLEGATION TYPE General Neglect		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	08/22/2016
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse Severe Neglect At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/19/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/22/2016
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/19/2012
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/09/2002
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 12/18/2011
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/07/2009
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 01/08/2002
ALLEGATION TYPE Caretaker Absence/Incapacity Caretaker Absence/Incapacity Emotional Abuse Emotional Abuse Emotional Abuse		ALLEGATION DISPOSITION Unfounded Unfounded Substantiated Substantiated Substantiated	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 08/22/2016
ALLEGATION TYPE Physical Abuse Severe Neglect At Risk, sibling abused At Risk, sibling abused At Risk, sibling abused		ALLEGATION DISPOSITION	

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REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	03/19/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

REPORTER INFORMATION

NAME [REDACTED]		AGENCY OR ORGANIZATION [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED]			PRIMARY PHONE [REDACTED]
			SECONDARY PHONE [REDACTED]
CONTACT DATE [REDACTED]	CONTACT METHOD [REDACTED]	DESCRIPTION [REDACTED]	

- | | | |
|---|---|--|
| <input type="checkbox"/> ANONYMOUS REPORTER | <input checked="" type="checkbox"/> MANDATED REPORTER | <input type="checkbox"/> FAMILY INFORMED |
| <input type="checkbox"/> APPLICATION FOR PETITION | <input type="checkbox"/> CONFIDENTIALITY WAIVED | <input type="checkbox"/> FEEDBACK REQUIRED |

Referral Number: [REDACTED]

Referral Date 08/25/2016

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY REPORT/MEDIA ALERT

This is a referral generated from an emailed report.

Secondary report to [REDACTED] IR-Metro North, Child Fatality referral # [REDACTED] dated 8/22/16, which was cross reported to [REDACTED]

Response Priority:

Evaluate Out

Referral History:

1 referral under investigation that also documents [REDACTED] death, which is assigned to Metro North Office CSW [REDACTED] file [REDACTED]; 6 additional prior referrals – 2002-2012.

Case History:

None Known

Domestic Violence:

None Known

Mental Health Concerns:

None Known

Physical/Developmental/Other Disabilities:

Unknown

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Referral Number:	[REDACTED]
Referral Date	08/25/2016

Medical Problems:

Unknown

Gang Affiliation/Activity:

None Known

Substance Abuse Concerns:

None Known

Location of Incident:

Home Address

[REDACTED]
[REDACTED]

Alleged Perpetrator:

[REDACTED] mother

Reporting Party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Law Enforcement and DCFS representatives: Please do not disclose Reporting Party or Collateral Contact's identity to the family being investigated pursuant to Penal Code §11167(d)

Collateral Contact:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Referral Number:

Referral Date

08/25/2016

and [REDACTED] death was pronounced without medical intervention at 2:44pm by Paramedics [REDACTED]

[REDACTED] autopsy was scheduled to be performed on 8/25. Cause of death is yet to be determined. Apparent mode of death is homicide. The coroner case number is [REDACTED]. [REDACTED] is investigating [REDACTED] death. The DR number is [REDACTED]. Per the reporting party, [REDACTED] weighed 34 pounds and appeared to be the size of a 5 year old. [REDACTED] appeared emaciated, was not to have pressure sores, and was observed with facial trauma, head trauma, and loop and linear shaped scars throughout both of his thighs. Per the reporting party, [REDACTED] was taken into police custody. According to the reporting party, [REDACTED] medical history is unknown and he possibly had behavioral problems.

This report reflects all pertinent information provided by the caller.

NARRATIVE NOTES:

[REDACTED] was initially identified as "[REDACTED] Doe". His identity has been confirmed by the Coroner's Office.

NAME OF AGENCY: Department of Children and Family Services cv Bureau of Operations **DATE:** 08/25/2016
STREET ADDRESS: 1933 S. Broadway Blvd.
CITY AND ZIP CODE: Los Angeles, California 90007 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER : **CASELOAD ID :** **TELEPHONE**

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: IR-Metro North **REFERRAL NUMBER:**
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY 10 DAY N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
	CSW II	08/22/2016	04:02pm
CASELOAD #	PHONE NUMBER	LOCATION	
	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:
 CHILD FATALITY REPORT/MEDIA ALERT
 Mapped to Metro North Office.
 speaking family.

NOTE: At this time, the information being reported is preliminary and is subject to change. The name of the deceased child was provided as " " and he was reported to be 10-11 years old. Per CWS and LEADER records, mother has an 11 year old named " ". At this time, it is unclear if " " and " " are the same person. Law enforcement will be able to provide more information as it is gathered.

An expedited response has been completed and faxed.

ADDENDUM on 8/25/16: The reported incident has been the subject of media attention, therefore, this report is now also being identified as a Media Alert (, Hotline).
 LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

HOME ADDRESS	PHONE NUMBER

ADDRESS COMMENTS Verified by RAVS

CURRENT LOCATION OF CHILD(REN)

is deceased. His remains are currently at the family's residence and arrival by the Coroner's Office is pending.

The current whereabouts of the siblings are not known.

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]			SOCIAL SECURITY # [REDACTED]
DOB [REDACTED]	AGE 17	AGE CODE Year (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY [REDACTED]	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused	ALLEGED PERPETRATOR NAME [REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]			SOCIAL SECURITY # [REDACTED]
DOB [REDACTED]	AGE 11	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

[REDACTED]

SCHOOL/DAYCARE ADDRESS

[REDACTED]

[REDACTED]

ABUSE CATEGORY (See Screener Narrative Attached) Physical Abuse Severe Neglect At Risk, sibling abused	ALLEGED PERPETRATOR NAME [REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

CHILD(RENS) NAME (S)

CHILD I.D. #

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VICTIM INFORMATION

NAME ██████████ ██████████				AKA (if applicable)			SOCIAL SECURITY # ████████████████████
DOB ██████████	AGE 14	AGE CODE Year (s)	SEX M	ETHNICITY ██████████	LANGUAGE ██████████	ICWA ELIGIBILITY No	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused	ALLEGED PERPETRATOR NAME ██████████ ██████████	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

OTHERS IN THE HOME

NAME ██████████ ██████████			AKA (if applicable)		SOCIAL SECURITY #
SEX F	DATE OF BIRTH/AGE ██████████	LANGUAGE ██████████	WORK PHONE		
ROLE	FOR/TO				
Mother (Birth)	██████████ ██████████				
Mother (Birth)	██████████ ██████████				
Mother (Birth)	██████████ ██████████				
CASE WORKER NAME	PHONE #	CASELOAD #			

OTHERS NOT IN THE HOME

NAME ██████████ ██████████			AKA (if applicable)		SOCIAL SECURITY #
SEX M	DATE OF BIRTH/AGE ██████████	LANGUAGE ██████████	WORK PHONE		
ROLE	FOR/TO				
Father (Birth)	██████████ ██████████				
No Relation	██████████ ██████████				
Father (Birth)	██████████ ██████████				
ADDRESS				PRIMARY PHONE	
CASE WORKER NAME	PHONE #	CASELOAD #			

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

OTHERS NOT IN THE HOME

NAME [REDACTED] M [REDACTED]		AKA (if applicable)		SOCIAL SECURITY # [REDACTED]
SEX M	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE Father (Step)		FOR/TO [REDACTED] [REDACTED]		
Father (Birth)		[REDACTED] [REDACTED]		
Father (Step)		[REDACTED] [REDACTED]		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY [REDACTED]	OFFICIAL CONTACTED	TITLE
ADDRESS [REDACTED]	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY [REDACTED]	DATE & TIME OF REPORT 08/22/2016 04:59pm	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/15/2012
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/19/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/19/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/19/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	03/19/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

[REDACTED]

[REDACTED]

REPORTER INFORMATION

NAME [REDACTED]		AGENCY OR ORGANIZATION [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED]			PRIMARY PHONE [REDACTED]
			SECONDARY PHONE [REDACTED]
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

- | | | |
|---|---|--|
| <input type="checkbox"/> ANONYMOUS REPORTER | <input checked="" type="checkbox"/> MANDATED REPORTER | <input type="checkbox"/> FAMILY INFORMED |
| <input type="checkbox"/> APPLICATION FOR PETITION | <input type="checkbox"/> CONFIDENTIALITY WAIVED | <input type="checkbox"/> FEEDBACK REQUIRED |

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Referral Number:

Referral Date

08/22/2016

SCREENER NARRATIVE

ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY REPORT/MEDIA ALERT

This is a referral generated from a live call.

Response Priority:

Immediate

Referral History:

6 prior referrals – 2002-2012

Case History:

None Known

Domestic Violence:

Unknown

Mental Health Concerns:

Unknown

Physical/Developmental/Other Disabilities:

“██████” was reportedly autistic.

Medical Problems:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Referral Number: [REDACTED]
Referral Date 08/22/2016

Unknown

Gang Affiliation/Activity:

Unknown

Substance Abuse Concerns:

Unknown

Location of Incident:

Home Address

[REDACTED]
[REDACTED]

Alleged Perpetrator:

[REDACTED] mother

Reporting Party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Law Enforcement and DCFS representatives: Please do not disclose Reporting Party or Collateral Contact's identity to the family being investigated pursuant to Penal Code §11167(d)

Collateral Contact:

None Provided

School/Location Information:

[REDACTED] is deceased. His remains are currently at the family's residence and arrival by the Coroner's Office is pending.

██████ ██████
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██████ ██████ ██████
██████ ██████

████████████████████
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████████████████████

Referral Number:	████████████████████
Referral Date	08/22/2016

complete police report number is not currently known, the last four digits of the incident number will be ██████.

This report reflects all pertinent information provided by the caller.

NARRATIVE NOTES:

Per CWS records, mother has four children: ██████ ██████ (11 years), ██████ ██████ (14 years), ██████ ██████ (17 years), and ██████ ██████ (18 years). Based on the information provided by the caller, mother has three surviving siblings, therefore, it is possible that the deceased child's name is actually ██████. This information has not been confirmed by law enforcement, however, ██████ age matches the suspected age of the child who was discovered.

NOTE: Per CWS records, ██████ DOB is ██████. The caller provided ██████ DOB as ██████. ██████ is ██████ father, therefore, it is possible that ██████ is the father of the deceased child.

██████ ██████ has been created as a client based on the information currently being reported by law enforcement. If ██████ and ██████ are determined to be the same person, the clients should be merged.

NAME OF AGENCY: Department of Children and Family Services Bureau of Operations **DATE:** 03/19/2012
STREET ADDRESS: 1933 S. Broadway
CITY AND ZIP CODE: Los Angeles, California 90007 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER : **CASELOAD ID :** **TELEPHONE**
In-box caseload -- 5 Day Respo

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] 5D/MN **REFERRAL NUMBER:** [REDACTED]
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY 10 DAY N/A SECONDARY REPORT

SCREENER INFORMATION

NAME [REDACTED]	TITLE CSW III	DATE 03/19/2012	TIME 04:19pm
CASELOAD # [REDACTED]	PHONE NUMBER (213) 639-4500	LOCATION Child Protection Hotline (CPH)	

ALERTS:

Open ER to Metro North - CSW [REDACTED]
 No cross reporting
 Info and e-mail to CSW [REDACTED]
 LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

[REDACTED]	PHONE NUMBER [REDACTED]
------------	----------------------------

ADDRESS COMMENTS RAVS verified

CURRENT LOCATION OF CHILD(REN)

At the common address

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable)			SOCIAL SECURITY #	
DOB [REDACTED]	AGE 13	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY [REDACTED]		

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused	ALLEGED PERPETRATOR NAME [REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]		SOCIAL SECURITY # [REDACTED]	
DOB [REDACTED]	AGE 12	AGE CODE Year (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY [REDACTED]	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused			ALLEGED PERPETRATOR NAME [REDACTED]				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]		SOCIAL SECURITY # [REDACTED]	
DOB [REDACTED]	AGE 7	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) General Neglect			ALLEGED PERPETRATOR NAME [REDACTED]				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]		SOCIAL SECURITY # [REDACTED]	
DOB [REDACTED]	AGE 10	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY [REDACTED]	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused			ALLEGED PERPETRATOR NAME [REDACTED]				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F	[REDACTED]	[REDACTED]		
ROLE	FOR/TO			
Mother (Birth)	[REDACTED]			
Mother (Birth)	[REDACTED]			
Mother (Birth)	[REDACTED]			
Mother (Birth)	[REDACTED]			
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE	FOR/TO			
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE	
ADDRESS	PHONE NUMBER	BADGE NO.	
CROSS REPORTED BY			DATE & TIME OF REPORT

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	03/15/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REPORTER INFORMATION

NAME		AGENCY OR ORGANIZATION	RELATIONSHIP
[REDACTED]		[REDACTED]	[REDACTED]
ADDRESS			PRIMARY PHONE
[REDACTED]			([REDACTED])
[REDACTED]			SECONDARY PHONE
[REDACTED]			[REDACTED]
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

ANONYMOUS REPORTER

MANDATED REPORTER

FAMILY INFORMED

APPLICATION FOR PETITION

CONFIDENTIALITY WAIVED

FEEDBACK REQUIRED

[REDACTED]

[REDACTED]

Referral Number: [REDACTED]
Referral Date 03/19/2012

SCREENER NARRATIVE

ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:

- 1. PRECIPITATING INCIDENT (Severity, frequency; location and description of injury; history of abuse)**
- 2. CHILD CHARACTERISTICS (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)**
- 3. CARETAKER CHARACTERISTICS (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)**
- 4. FAMILY FACTORS (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)**
- 5. DOMESTIC VIOLENCE/ABUSE FACTORS (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)**

This is a Live Call

Response Priority: 5 Day

Prior DCFS/CPS History: Open ER to Metro North - CSW [REDACTED]

Domestic Violence/Mental Health Issues: Unknown

Physical/Developmental/Other Disability: Special Ed student; Learning disability

Language spoken: Children speak [REDACTED] Mother speaks [REDACTED]

Incident Location: Home of mother ---

[REDACTED]

Perpetrator(s): [REDACTED] [REDACTED] (Mother)

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Referral Number:	[REDACTED]
Referral Date	03/19/2012

Reporting Party: [REDACTED]
[REDACTED]
[REDACTED]

Collateral Contacts: None

School/Location Information: [REDACTED]
[REDACTED]
[REDACTED]

Children Information: [REDACTED] (7) is an alleged victim of general neglect by his mother. [REDACTED] (10), [REDACTED] (12) and [REDACTED] (13) are at risk.

Summary of Incident (Story) - Reporting party states as follows:

[REDACTED] comes to school dirty most of the time. His clothes are unclean. Child is always hungry coming from home. [REDACTED] is seen Monday to Friday at school grabbing all the food he can get. After eating in the cafeteria, child brings the rest of the food into the classroom and begins to eat. R/P is wondering if child eats at home. He is asking CSW to make home assessment.

Supplementary/additional questions to the Reporter: None

Closing remark and Community Response: This referral reflects information provided by the reporting party.

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection **DATE:** 03/15/2012
STREET ADDRESS: 1933 S. Broadway 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER : Referral Response Assignment CPH **CASELOAD ID :** Immediate Response **TELEPHONE:** (213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] ** IR **REFERRAL NUMBER:** [REDACTED]
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY 10 DAY N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	CSW III	03/15/2012	12:52pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:
 Metro North
 Please be advised of an alternate address which is [REDACTED] for this family.
 LAW ENFORCEMENT AGENCY _____ POLICE REPORT NUMBER _____

HOME ADDRESS

[REDACTED]	PHONE NUMBER
[REDACTED]	[REDACTED]
ADDRESS COMMENTS RAVS	

CURRENT LOCATION OF CHILD(REN)

Home Address
 [REDACTED]
 [REDACTED]
 [REDACTED]

VICTIM INFORMATION

NAME	AKA (if applicable)	SOCIAL SECURITY #				
[REDACTED]	[REDACTED]	[REDACTED]				
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
[REDACTED]	13	Year (s)	M	[REDACTED]	[REDACTED]	[REDACTED]

SCHOOL/DAYCARE NAME _____
 SCHOOL/DAYCARE ADDRESS _____

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused	ALLEGED PERPETRATOR NAME
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE) CASELOAD #

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]		SOCIAL SECURITY # [REDACTED]	
DOB [REDACTED]	AGE 12	AGE CODE Year (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY [REDACTED]	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused			ALLEGED PERPETRATOR NAME				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]		SOCIAL SECURITY # [REDACTED]	
DOB [REDACTED]	AGE 7	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) Physical Abuse			ALLEGED PERPETRATOR NAME				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable) [REDACTED]		SOCIAL SECURITY # [REDACTED]	
DOB [REDACTED]	AGE 10	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY [REDACTED]	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused			ALLEGED PERPETRATOR NAME				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F	[REDACTED]	[REDACTED]	[REDACTED]	
ROLE	FOR/TO			
Mother (Birth)	[REDACTED]			
Mother (Birth)	[REDACTED]			
Mother (Birth)	[REDACTED]			
Mother (Birth)	[REDACTED]			
CASE WORKER NAME	PHONE #	CASELOAD #		
[REDACTED]	[REDACTED]	[REDACTED]		

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
M	[REDACTED]	[REDACTED]	[REDACTED]	
ROLE	FOR/TO			
Father (Birth)	[REDACTED]			
Father (Birth)	[REDACTED]			
Unknown	[REDACTED]			
Father (Birth)	[REDACTED]			
CASE WORKER NAME	PHONE #	CASELOAD #		
[REDACTED]	[REDACTED]	[REDACTED]		

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
ROLE	FOR/TO			
[REDACTED]	[REDACTED]			
ADDRESS			PRIMARY PHONE	
[REDACTED]			[REDACTED]	
CASE WORKER NAME	PHONE #	CASELOAD #		
[REDACTED]	[REDACTED]	[REDACTED]		

CHILD(REN) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

COLLATERAL INFORMATION

NAME		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE
ADDRESS	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
ALLEGATION TYPE	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
ALLEGATION TYPE	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
ALLEGATION TYPE	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Victim	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	12/18/2011
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
[REDACTED]	[REDACTED]	Perpetrator	10/07/2009
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

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REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	01/08/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity		Unfounded	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	
Emotional Abuse		Substantiated	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
██████████	██████████ ██████████	Perpetrator	09/09/2002
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Inconclusive	
At Risk, sibling abused		Unfounded	
At Risk, sibling abused		Unfounded	

REPORTER INFORMATION

NAME		AGENCY OR ORGANIZATION	RELATIONSHIP
██████████ ██████████		██████████ ██████████	██████████ ██████████
ADDRESS			PRIMARY PHONE
██████████ ██████████ ██████████			██████████ ██████████
██████████ ██████████ ██████████			SECONDARY PHONE
██████████ ██████████ ██████████ ██████████			
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

ANONYMOUS REPORTER

MANDATED REPORTER

FAMILY INFORMED

APPLICATION FOR PETITION

CONFIDENTIALITY WAIVED

FEEDBACK REQUIRED

Referral Number: [REDACTED]

Referral Date 03/15/2012

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

Screener Narrative**This is a referral generated from:**

Live Call

Response Priority:

5-Day Response

Prior DCFS/CPS History:

The family has had two contacts with DCFS between 2009-2012. No open referrals or cases at this time.

Domestic Violence/Mental Health Issues:

Unknown

Physical/Developmental/Other Disability:

[REDACTED] is in special education with a learning disability

Incident Location:

Home Address

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Perpetrator(s):

Unknown

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 ██████████ ██████████
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Referral Number:

Referral Date

03/15/2012

Reporting party:

████████████████████
 ██████████
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 ██████████
 ██

Collateral Contacts:

None

School/Location Information:

██
 ██
 ██
 ██████████
 ██

Children Information:

██████████ ██████████ Age 7
 ██████████ ██████████ Age 13
 ██████████ ██████████ Age 12
 ██████████ ██████████ Age 10

Summary of Incident (Story):

██████████ was alleged to be a victim of physical abuse. ██████████ ██████████ and ██████████ were alleged to be minors at risk.

██████████ walked in to his class room today with a left black eye. The reporting party asked him how he got it. When he was first asked he said that he fell. Later during the day, he was asked again how he got the black eye and he said that another minor hit him with a ball. He said that his mother put an ice pack on it the other day.

Supplementary/additional questions to the Reporter:

The reporting party felt that the minor's response were inconsistent and suspicious and decided to make a report. The perpetrator is unknown. Nothing was disclosed regarding the other minors in the home

Closing remark and Community Response:

None

FOOTNOTE:

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection **DATE:** 12/18/2011
STREET ADDRESS: 1933 S. Broadway 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER : **CASELOAD ID :** **TELEPHONE**
 [REDACTED] [REDACTED] (213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] 5D by 12-19-11 **REFERRAL NUMBER:** [REDACTED]
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY 10 DAY N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	CSW III	12/18/2011	04:56pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:

Metro North
 RAVS
 LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

[REDACTED] [REDACTED] ADDRESS COMMENTS	PHONE NUMBER [REDACTED]
--	----------------------------

CURRENT LOCATION OF CHILD(REN)

[REDACTED] is at [REDACTED]

VICTIM INFORMATION

NAME		AKA (if applicable)			SOCIAL SECURITY #
[REDACTED]		[REDACTED]			[REDACTED]
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE
	13	Year (s)	M	[REDACTED]	[REDACTED]
SCHOOL/DAYCARE NAME					ICWA ELIGIBILITY
					Not Asked

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused	ALLEGED PERPETRATOR NAME [REDACTED]
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE) CASELOAD #

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable)		SOCIAL SECURITY #	
DOB	AGE 12	AGE CODE Year (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) General Neglect			ALLEGED PERPETRATOR NAME [REDACTED]				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable)		SOCIAL SECURITY #	
DOB	AGE 7	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) General Neglect			ALLEGED PERPETRATOR NAME [REDACTED]				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

VICTIM INFORMATION

NAME [REDACTED]				AKA (if applicable)		SOCIAL SECURITY #	
DOB	AGE 10	AGE CODE Year (s)	SEX M	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) At Risk, sibling abused			ALLEGED PERPETRATOR NAME [REDACTED]				
CASE WORKER NAME (FOR OPEN CASE)			PHONE # (FOR OPEN CASE)		CASELOAD #		

CHILD(RENS) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F		[REDACTED]		
ROLE		FOR/TO		
Mother (Birth)		[REDACTED]		
Mother (Birth)		[REDACTED]		
Mother (Birth)		[REDACTED]		
Mother (Birth)		[REDACTED]		
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
[REDACTED]		[REDACTED]		[REDACTED]
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE		FOR/TO		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
[REDACTED]		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CHILD(REN) NAME (S)

[REDACTED]

CHILD I.D. #

[REDACTED]

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE	
ADDRESS		PHONE NUMBER	BADGE NO.
CROSS REPORTED BY			DATE & TIME OF REPORT

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
ALLEGATION TYPE		ALLEGATION DISPOSITION	

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS		PRIMARY PHONE
		SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

- ANONYMOUS REPORTER
 MANDATED REPORTER
 FAMILY INFORMED
 APPLICATION FOR PETITION
 CONFIDENTIALITY WAIVED
 FEEDBACK REQUIRED

Referral Number:

Referral Date

12/18/2011

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

Screeener Narrative

This Referral is generated From: [Live Cal](#)

Response Priority: 5 Day by 12-19-11, minor is currently in the hospital and is being admitted

Allegation: General Neglect

Prior DCFS/CPS History: none

Domestic Violence/Mental Health Issues: none

Substance Abuse: none

Physical/Developmental/Other Disability: Minor was born premature and has some delays and needs medical and psychological evaluation. Minor has enuresis and encopresis.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Referral Number: [REDACTED]
Referral Date 12/18/2011

Location of Incident:

[REDACTED]
[REDACTED]
[REDACTED]

Perpetrator(s): [REDACTED] [REDACTED] mother

Reporting party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Collateral Contacts: none

School/Location Information: [REDACTED]

Children Information:

Referred Child:

7 year old [REDACTED] [REDACTED] Date of Birth [REDACTED]

12 year old [REDACTED] [REDACTED]

Siblings:

13 year old [REDACTED] [REDACTED]

10 year old [REDACTED] [REDACTED]

Summary of Incident (Story): [REDACTED] is an alleged victim of general neglect by mother. [REDACTED] is an alleged victim of general neglect by mother. Siblings are at risk.

Caller states that 10 year old [REDACTED] is mother's only child born in the USA, the other children were born in Mexico. Mother receives AFDC for [REDACTED] but no services for the other children.

Mother told caller that [REDACTED] was born premature in Mexico and she was advised to leave him in the Hospital a few months. Mother refused to leave him in the Hospital and so left the Hospital with [REDACTED] after 3 days.

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Referral Number:

Referral Date

12/18/2011

Mother said that when she came to the USA she left ██████ and ██████ in Mexico with relatives. ██████ who were living in the home, and told mother to come and get ██████. Mother brought ██████ and ██████ to the USA in 2008.

Mother has not gotten any medical or psychological help for either ██████ or ██████ and she has not applied for services for ██████ because she is afraid of losing her benefits for ██████ since ██████ was not born in the States.

Caller states that ██████ has enuresis and encopresis. Today, 12-18-11, ██████ was in the bathroom washing out his clothes because he wet on himself. Mother heard ██████ scream so she went to the bathroom and found ██████ in the shower with his eyes closed and teeth clinched, screaming. The shower was running cold water. ██████ would not answer when mother spoke to him so she called 911. ██████ was in a state of hypothermia. ██████ was brought to the hospital by paramedics. ██████ is being admitted to determine why he was in a state of hypothermia.

Caller is concerned because mother has failed to get medical exams or psychological care for ██████ and ██████.

Caller said that ██████ sees a psychologist at school but that is all of the care that he has received.

Supplementary/additional questions to the Reporter: None

Closing remark and Community Response: None

FOOTNOTE: Caller had no further information

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection **DATE:** 10/07/2009
STREET ADDRESS: 3075 Wilshire Blvd. 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90010 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER : Referral Response Assignment CPH **CASELOAD ID :** 5 Day Response **TELEPHONE:** (213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] - 5Day **REFERRAL NUMBER:** [REDACTED]
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY 10 DAY N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	CSW	10/07/2009	03:09pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:

MN. Child victim does not have any life threatening injury. Respond within 5 days.
 Hotline SCSW [REDACTED]
 [REDACTED] Speaking
 LAW ENFORCEMENT AGENCY _____ POLICE REPORT NUMBER _____

HOME ADDRESS

HOME ADDRESS	PHONE NUMBER
[REDACTED]	[REDACTED]

ADDRESS COMMENTS RAVS confirmed. (Near the intersection of [REDACTED])

CURRENT LOCATION OF CHILD(REN)

Home of parents.

VICTIM INFORMATION

NAME		AKA (if applicable)			SOCIAL SECURITY #	
[REDACTED]		[REDACTED]			[REDACTED]	
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
[REDACTED]	4	Year(s)	M			Not Asked

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)	ALLEGED PERPETRATOR NAME	
Physical Abuse	[REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

OTHERS IN THE HOME

NAME [REDACTED] [REDACTED]		AKA (if applicable)		SOCIAL SECURITY #
SEX M	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE Father (Birth)		FOR/TO [REDACTED] [REDACTED]		
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS IN THE HOME

NAME [REDACTED] [REDACTED]		AKA (if applicable)		SOCIAL SECURITY #
SEX F	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE Mother (Birth)		FOR/TO [REDACTED] [REDACTED]		
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE		FOR/TO		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY [REDACTED]	OFFICIAL CONTACTED [REDACTED]	TITLE [REDACTED]
ADDRESS [REDACTED]	PHONE NUMBER [REDACTED]	BADGE NO. [REDACTED]
CROSS REPORTED BY [REDACTED]	DATE & TIME OF REPORT 10/07/2009	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE [REDACTED]	REFERRAL DATE [REDACTED]
ALLEGATION TYPE [REDACTED]	ALLEGATION DISPOSITION [REDACTED]		

REPORTER INFORMATION

NAME [REDACTED]	AGENCY OR ORGANIZATION [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED]	PRIMARY PHONE [REDACTED]	
	SECONDARY PHONE [REDACTED]	
CONTACT DATE [REDACTED]	CONTACT METHOD [REDACTED]	DESCRIPTION [REDACTED]

 ANONYMOUS REPORTER MANDATED REPORTER FAMILY INFORMED APPLICATION FOR PETITION CONFIDENTIALITY WAIVED FEEDBACK REQUIRED

Referral
Number:

Referral Date

10/07/2009

SCREENER NARRATIVE

ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:

1. PRECIPITATING INCIDENT (Severity, frequency; location and description of injury; history of abuse)
2. CHILD CHARACTERISTICS (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. CARETAKER CHARACTERISTICS (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. FAMILY FACTORS (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. DOMESTIC VIOLENCE/ABUSE FACTORS (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

Screeener Narrative

This is a referral generated through a live call.

Allegation: Physical abuse

Response Priority: 5Day

Prior DCFS History: Not Found

History of Domestic Violence/
Mental Health: Not Reported

Location of Incident: [REDACTED]
[REDACTED]
[REDACTED]

Perpetrator: [REDACTED] Mother

Reporting Party: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Referral

Number:

[REDACTED]

[REDACTED]

Referral Date

10/07/2009

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

Collateral Contact: N/A

Referred Children: [REDACTED] [REDACTED]

Caller is reporting that four-year-old child [REDACTED] [REDACTED] is the victim of alleged physical abuse by his mother, [REDACTED] [REDACTED]. No other known minor children living in the same home.

RP stated that on Wednesday, October 07, 2009 minor [REDACTED] [REDACTED] arrived to [REDACTED] [REDACTED] with four scratches to the left side of his face area, close to his left eye. [REDACTED] the school nurse contacted law enforcement. Officer [REDACTED] stated that child [REDACTED] disclosed that his mother was mad at him for getting in trouble at school. Minor [REDACTED] reported that his mother slapped him and scratched the left side of his face. Officer [REDACTED] stated that child [REDACTED] sustained 2 – two-inch scratches and 2 – three-inch scratches.

RP/Officer [REDACTED] stated that he spoke with child [REDACTED] mother, [REDACTED] [REDACTED]. RP stated that child [REDACTED] mother denied slapping or scratching her son [REDACTED]. Mother's explanation as to how [REDACTED] got the scratches, was that because he sleeps on the floor, he must have scratched himself with one of his toys while he was asleep.

[REDACTED] Speaking

Mapped to Metro-North

This is all the pertinent information provided by the reporting party.



Safety Assessment

Referral ID: [REDACTED] **Assessment Date:** 3/23/2012
Referral Name: [REDACTED] SD/MN **County of Completion:** Los Angeles

Approval Status: Approved by [REDACTED] **Approval Unit:** [REDACTED]
 (3/26/2012)
Created by: [REDACTED] (3/24/2012) **Last Update by:** [REDACTED] (3/24/2012)

Assessment Type: Initial Review/Update Referral Closing

Household Name: [REDACTED] **Were there allegations in this household?** Yes No

Factors Influencing Child Vulnerability

- Age 0 - 5 Diminished mental capacity (e.g., developmental delay, non-verbal)
 Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
 School age, but not attending school

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-exposed infant.
2. Yes No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
3. Yes No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4. Yes No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5. Yes No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
6. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee.
7. Yes No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8. Yes No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9. Yes No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10. Yes No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11. Yes Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child

- No being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
12. Yes Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
 No
13. Yes Other (specify):
 No

Part B: Protective Capacities

Instructions: Mark the checkbox next to each protective capacity that is present. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. Review of protective capacities is required if one or more threats to safety are identified.

If no safety threats are present, skip to Section 3: Safety Decision.

1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
4. Caregiver has ability to access resources to provide necessary safety interventions.
5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
8. There is evidence of a healthy relationship between the caregiver and the child.
9. Caregiver is aware of and committed to meeting the needs of the child.
10. Caregiver has history of effective problem solving.
9. Other (specify):

Section 2: Safety Interventions

No safety threats are present. Safety Interventions not required.

Section 3: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

- No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME.

One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

Supervisor Comments:



Safety Assessment

Referral ID: [REDACTED] **Assessment Date:** 3/15/2012
Referral Name: [REDACTED] ** IR **County of Completion:** Los Angeles

Approval Status: Approved by [REDACTED] **Approval Unit:** ER [REDACTED]
 (3/16/2012)
Created by: [REDACTED] (3/15/2012) **Last Update by:** [REDACTED] (3/15/2012)

Assessment Type: Initial Review/Update Referral Closing

Household Name: [REDACTED] **Were there allegations in this household?** Yes No

Factors Influencing Child Vulnerability

- Age 0 - 5
- Significant diagnosed medical or mental disorder
- School age, but not attending school
- Diminished mental capacity (e.g., developmental delay, non-verbal)
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-exposed infant.
2. Yes No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
3. Yes No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4. Yes No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5. Yes No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
6. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee.
7. Yes No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8. Yes No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9. Yes No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10. Yes No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11. Yes [] No Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child

- No being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- 12. Yes Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
 No
- 13. Yes Other (specify):
 No

Part B: Protective Capacities

Instructions: Mark the checkbox next to each protective capacity that is present. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. Review of protective capacities is required if one or more threats to safety are identified.

If no safety threats are present, skip to Section 3: Safety Decision.

- 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- 4. Caregiver has ability to access resources to provide necessary safety interventions.
- 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- 7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- 8. There is evidence of a healthy relationship between the caregiver and the child.
- 9. Caregiver is aware of and committed to meeting the needs of the child.
- 10. Caregiver has history of effective problem solving.
- 9. Other (specify):

Section 2: Safety Interventions

No safety threats are present. Safety Interventions not required.

Section 3: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME.

One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

[Empty text box for Staff Person Comments]

Supervisor Comments:

[Empty text box for Supervisor Comments]



Safety Assessment

Referral ID: [REDACTED] **Assessment Date:** 12/19/2011
Referral Name: [REDACTED] 5D by 12-19-11 **County of Completion:** Los Angeles
Approval Status: Approved by [REDACTED] (2/14/2012) **Approval Unit:** ER [REDACTED]
Created by: [REDACTED] (2/10/2012) **Last Update by:** [REDACTED] (2/10/2012)

Assessment Type: Initial Review/Update Referral Closing

Household Name: [REDACTED] **Were there allegations in this household?** Yes No

Factors Influencing Child Vulnerability

- Age 0 - 5 Diminished mental capacity (e.g., developmental delay, non-verbal)
 Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
 School age, but not attending school

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-exposed infant.
2. Yes No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
3. Yes No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4. Yes No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5. Yes No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
6. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee.
7. Yes No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8. Yes No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9. Yes No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10. Yes No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11. Yes Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child

- No being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
12. Yes Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
 No
13. Yes Other (specify):
 No

Part B: Protective Capacities

Instructions: Mark the checkbox next to each protective capacity that is present. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. Review of protective capacities is required if one or more threats to safety are identified.

If no safety threats are present, skip to Section 3: Safety Decision.

1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
4. Caregiver has ability to access resources to provide necessary safety interventions.
5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
8. There is evidence of a healthy relationship between the caregiver and the child.
9. Caregiver is aware of and committed to meeting the needs of the child.
10. Caregiver has history of effective problem solving.
9. Other (specify):

Section 2: Safety Interventions

No safety threats are present. Safety Interventions not required.

Section 3: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

- No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME.

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Comments

Staff Person Comments:

There are no present safety concerns for the child [REDACTED] or his siblings. CSW spoke to the child [REDACTED] who informed this CSW that he was taking a bath and then woke up in the hospital. [REDACTED] denied any history of abuse. CSW also spoke to one of the doctors in charge of the child who stated that the child may have slipped in the shower and had a concussion as he had some minor bruising on his back that is consistent with bruising from falling on ones back. CSW was also informed that there is a possibility that the child suffered a minor seizure.

Supervisor Comments:



Safety Assessment

Referral ID:	██████████	Assessment Date:	10/14/2009
Referral Name:	██████████ - 5Day	County of Completion:	Los Angeles
Approval Status:	Approved by ██████████ (11/13/2009)	Approval Unit:	██████████
Created by:	██████████ (11/13/2009)	Last Update by:	██████████ (11/13/2009)

Assessment Type: Initial Review/Update Referral Closing

Household Name: **Were there allegations in this household?** Yes No

Factors Influencing Child Vulnerability

- Age 0 - 5
- Significant diagnosed medical or mental disorder
- School age, but not attending school
- Diminished mental capacity (e.g., developmental delay, non-verbal)
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-exposed infant.
2. Yes No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
3. Yes No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4. Yes No Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5. Yes No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
6. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee.
7. Yes No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8. Yes No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9. Yes No Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10. Yes No Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11. Yes Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child

- No being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- 12. Yes Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
 No
- 13. Yes Other (specify):
 No

Part B: Protective Capacities

Instructions: Mark the checkbox next to each protective capacity that is present. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. Review of protective capacities is required if one or more threats to safety are identified.

If no safety threats are present, skip to Section 3: Safety Decision.

- 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- 4. Caregiver has ability to access resources to provide necessary safety interventions.
- 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- 7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- 8. There is evidence of a healthy relationship between the caregiver and the child.
- 9. Caregiver is aware of and committed to meeting the needs of the child.
- 10. Caregiver has history of effective problem solving.
- 9. Other (specify):

Section 2: Safety Interventions

No safety threats are present. Safety Interventions not required.

Section 3: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR THE CHILD TO REMAIN IN THE HOME.

One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

[Empty text box for Staff Person Comments]

Supervisor Comments:

[Empty text box for Supervisor Comments]



Risk Assessment

Referral ID:	[REDACTED]	Assessment Date:	3/31/2012
Referral Name:	[REDACTED] 5D/MN	County of Completion:	Los Angeles
Approval Status:	Approved by [REDACTED]	Approval Unit:	[REDACTED]
Created by:	[REDACTED] (3/31/2012)	Last Update by:	[REDACTED] (3/31/2012)

Section 1: Neglect Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each neglect item.

	Score
N1. Current report is for neglect	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
N2. Prior investigations	2
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, <u>abuse</u> only	1
<input checked="" type="radio"/> c. One or two for <u>neglect</u>	2
<input type="radio"/> d. Three or more for <u>neglect</u>	3
N3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
N4. Number of children involved in the child abuse/neglect incident	1
<input type="radio"/> a. One, two, or three	0
<input checked="" type="radio"/> b. Four or more	1
N5. Age of youngest child in the home	0
<input checked="" type="radio"/> a. 2 or older	0
<input type="radio"/> b. Under 2	1
N6. Characteristics of children in household	1
<input type="radio"/> a. Not applicable	0
<input checked="" type="radio"/> b. One or more present:	
<input type="radio"/> Developmental, learning, or physical disability	+1
<input type="radio"/> Developmental	
<input type="radio"/> Learning	
<input type="radio"/> Physical	
<input type="radio"/> Medically fragile or failure to thrive	+1
<input checked="" type="radio"/> Mental health or behavioral problem	+1
N7. Primary caregiver provides physical care of the child that is:	0
<input checked="" type="radio"/> a. Consistent with child needs	0
<input type="radio"/> b. Inconsistent with child needs	1
N8. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
N9. Primary caregiver has/had a mental health problem	0

<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N10. Primary caregiver has/had an alcohol and/or drug problem	0
<input checked="" type="checkbox"/> a. None/not applicable	0
<input type="checkbox"/> b. One or more apply:	2
Alcohol	
<input type="checkbox"/> Last 12 months	<input type="checkbox"/> Prior to the last 12 months
Drugs	
<input type="checkbox"/> Last 12 months	<input type="checkbox"/> Prior to the last 12 months
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Cocaine
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Heroin
<input type="checkbox"/> Other:	
N11. Primary caregiver has criminal arrest history	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N12. Current housing	0
<input checked="" type="checkbox"/> a. Not applicable	0
<input type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> Physically unsafe	
<input type="checkbox"/> Family homeless	
Total Neglect Risk Score: 5	

Section 2: Abuse Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each abuse item.

	Score
A1. Current report is for physical abuse	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A2. Prior investigations	2
<input type="checkbox"/> a. None	-1
<input type="checkbox"/> b. One or more, <u>neglect</u> only	0
<input type="checkbox"/> c. One for <u>abuse</u>	1
<input checked="" type="checkbox"/> d. Two or more for <u>abuse</u>	2
A3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child	0
<input checked="" type="checkbox"/> a. None/not applicable	0
<input type="checkbox"/> b. One or more apply	1
<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
<input type="checkbox"/> Prior substantiated physical abuse of a child	
A5. Number of children involved in the child abuse/neglect incident	1
<input type="checkbox"/> a. One, two, or three	0
<input checked="" type="checkbox"/> b. Four or more	1
A6. Characteristics of children in household	1
<input type="checkbox"/> a. Not applicable	0
<input checked="" type="checkbox"/> b. One or more apply:	1

- Delinquency history
- Developmental disability
- Learning disability
- Mental health or behavioral problem

A7. Two or more incidents of domestic violence in the household in the past year	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A8. Primary caregiver employs excessive/inappropriate discipline	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A9. Primary caregiver is domineering	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A10. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A11. Primary caregiver has/had a mental health problem	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> During the last 12 months	
<input type="checkbox"/> Prior to the last 12 months	

Total Abuse Risk Score: 4

Section 3: Scoring and Overrides

Scored Risk Level

Neglect Risk Level: Moderate

Abuse Risk Level: High

Scored Risk Level: High

Overrides

Instructions: If there are no overrides, select "No Overrides"; risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (*increases risk level to Very High*)

- Policy override
 - Sexual abuse case AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child under age 2 years
 - Severe non-accidental injury
 - Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (*increases risk level one level*)

- Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (*no change to risk level*)

- No override

Final Risk Level

The final risk level is: **High**

Recommended Decision

The recommended decision is: **Promote**

Planned action: Promote Do not promote

Discretionary Override Reason:

This referral came in with allegations of general neglect. The child [REDACTED] was attending school with dirty clothes as well as hoarding food. The mother went to the school and inform the counselor and principal that her son was being treated by a physician as well as a therapist due to his hoarding of food. The principal and therapist were aware of the child's problem. The teacher called in a referral before discussing it with his principal. CSW did not find any evidence that the child was dirty or unkempt.

Section 4: Supplemental Questions**1. Primary caregiver characteristics**

- a. Yes Blames child
 No
- b. Yes Provides insufficient emotional/psychological support
 No

2. Secondary caregiver characteristics

- a. Yes Has a history of abuse/neglect as a child
 No
- b. Yes Has/had mental health problem
 No
 During the last 12 months
 Prior to the last 12 months
- c. Yes Has/had an alcohol and/or drug problem
 No
Alcohol
 Last 12 months Prior 12 months
Drugs
 Last 12 months Prior 12 months
 Marijuana Cocaine
 Methamphetamine Heroin
 Other:
- d. Yes Employs excessive/inappropriate discipline
 No
- e. Yes Domineering
 No
- f. Yes Secondary caregiver has a criminal arrest history
 No

Comments**Staff Person Comments:**

Supervisor Comments:



Risk Assessment

Referral ID:	[REDACTED]	Assessment Date:	3/30/2012
Referral Name:	[REDACTED] ** IR	County of Completion:	Los Angeles
Approval Status:	Approved by [REDACTED] (4/03/2012)	Approval Unit:	[REDACTED]
Created by:	[REDACTED] 3/31/2012)	Last Update by:	[REDACTED] (3/31/2012)

Section 1: Neglect Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each neglect item.

	Score
N1. Current report is for neglect	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N2. Prior investigations	2
<input type="checkbox"/> a. None	-1
<input type="checkbox"/> b. One or more, <u>abuse</u> only	1
<input checked="" type="checkbox"/> c. One or two for <u>neglect</u>	2
<input type="checkbox"/> d. Three or more for <u>neglect</u>	3
N3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N4. Number of children involved in the child abuse/neglect incident	1
<input type="checkbox"/> a. One, two, or three	0
<input checked="" type="checkbox"/> b. Four or more	1
N5. Age of youngest child in the home	0
<input checked="" type="checkbox"/> a. 2 or older	0
<input type="checkbox"/> b. Under 2	1
N6. Characteristics of children in household	1
<input type="checkbox"/> a. Not applicable	0
<input checked="" type="checkbox"/> b. One or more present:	
<input type="checkbox"/> Developmental, learning, or physical disability	+1
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Learning	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Medically fragile or failure to thrive	+1
<input checked="" type="checkbox"/> Mental health or behavioral problem	+1
N7. Primary caregiver provides physical care of the child that is:	0
<input checked="" type="checkbox"/> a. Consistent with child needs	0
<input type="checkbox"/> b. Inconsistent with child needs	1
N8. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N9. Primary caregiver has/had a mental health problem	0

<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N10. Primary caregiver has/had an alcohol and/or drug problem	0
<input checked="" type="checkbox"/> a. None/not applicable	0
<input type="checkbox"/> b. One or more apply:	2
Alcohol	
<input type="checkbox"/> Last 12 months	
<input type="checkbox"/> Prior to the last 12 months	
Drugs	
<input type="checkbox"/> Last 12 months	
<input type="checkbox"/> Prior to the last 12 months	
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Cocaine
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Heroin
<input type="checkbox"/> Other:	
N11. Primary caregiver has criminal arrest history	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N12. Current housing	0
<input checked="" type="checkbox"/> a. Not applicable	0
<input type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> Physically unsafe	
<input type="checkbox"/> Family homeless	
Total Neglect Risk Score: 4	

Section 2: Abuse Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each abuse item.

	Score
A1. Current report is for physical abuse	1
<input type="checkbox"/> a. No	0
<input checked="" type="checkbox"/> b. Yes	1
A2. Prior investigations	2
<input type="checkbox"/> a. None	-1
<input type="checkbox"/> b. One or more, <u>neglect</u> only	0
<input type="checkbox"/> c. One for <u>abuse</u>	1
<input checked="" type="checkbox"/> d. Two or more for <u>abuse</u>	2
A3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child	0
<input checked="" type="checkbox"/> a. None/not applicable	0
<input type="checkbox"/> b. One or more apply	1
<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
<input type="checkbox"/> Prior substantiated physical abuse of a child	
A5. Number of children involved in the child abuse/neglect incident	1
<input type="checkbox"/> a. One, two, or three	0
<input checked="" type="checkbox"/> b. Four or more	1
A6. Characteristics of children in household	1
<input type="checkbox"/> a. Not applicable	0
<input checked="" type="checkbox"/> b. One or more apply:	1

- Delinquency history
- Developmental disability
- Learning disability
- Mental health or behavioral problem

A7. Two or more incidents of domestic violence in the household in the past year	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A8. Primary caregiver employs excessive/inappropriate discipline	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A9. Primary caregiver is domineering	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A10. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A11. Primary caregiver has/had a mental health problem	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> During the last 12 months	
<input type="checkbox"/> Prior to the last 12 months	

Total Abuse Risk Score: 5

Section 3: Scoring and Overrides

Scored Risk Level

Neglect Risk Level: Moderate

Abuse Risk Level: High

Scored Risk Level: High

Overrides

Instructions: If there are no overrides, select "No Overrides"; risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (increases risk level to Very High)

- Policy override
 - Sexual abuse case AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child under age 2 years
 - Severe non-accidental injury
 - Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (increases risk level one level)

- Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (no change to risk level)

- No override

Final Risk Level

The final risk level is: **High**

Recommended Decision

The recommended decision is: **Promote**

Planned action: Promote Do not promote

Discretionary Override Reason:

This referral came in with allegations of physical abuse by unknown perpetrator. Child stated that he fell on the school playground and hit his eye on the floor causing a black eye. The mother took child to [REDACTED] and child was seen by his pediatrician who stated that the eye appeared to be fine and there are no complications.

Section 4: Supplemental Questions

1. Primary caregiver characteristics

- a. Yes Blames child
 No
- b. Yes Provides insufficient emotional/psychological support
 No

2. Secondary caregiver characteristics

- a. Yes Has a history of abuse/neglect as a child
 No
- b. Yes Has/had mental health problem
 No
 - During the last 12 months
 - Prior to the last 12 months
- c. Yes Has/had an alcohol and/or drug problem
 No
 - Alcohol
 - Last 12 months
 - Prior 12 months
 - Drugs
 - Last 12 months
 - Prior 12 months
 - Marijuana
 - Cocaine
 - Methamphetamine
 - Heroin
 - Other:
- d. Yes Employs excessive/inappropriate discipline
 No
- e. Yes Domineering
 No
- f. Yes Secondary caregiver has a criminal arrest history
 No

Comments

Staff Person Comments:

[Empty text box for Staff Person Comments]

Supervisor Comments:

[Empty text box for Supervisor Comments]



Risk Assessment

Referral ID:	[REDACTED]	Assessment Date:	2/13/2012
Referral Name:	[REDACTED] 5D by 12-19-11	County of Completion:	Los Angeles
Approval Status:	Approved with Modifications by [REDACTED] (2/23/2012)	Approval Unit:	[REDACTED]
Created by:	[REDACTED] (2/23/2012)	Last Update by:	[REDACTED] (2/23/2012)

Section 1: Neglect Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each neglect item.

	Score
N1. Current report is for neglect	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
N2. Prior investigations	1
<input type="radio"/> a. None	-1
<input checked="" type="radio"/> b. One or more, <u>abuse</u> only	1
<input type="radio"/> c. One or two for <u>neglect</u>	2
<input type="radio"/> d. Three or more for <u>neglect</u>	3
N3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
N4. Number of children involved in the child abuse/neglect incident	1
<input type="radio"/> a. One, two, or three	0
<input checked="" type="radio"/> b. Four or more	1
N5. Age of youngest child in the home	0
<input checked="" type="radio"/> a. 2 or older	0
<input type="radio"/> b. Under 2	1
N6. Characteristics of children in household	0
<input checked="" type="radio"/> a. Not applicable	0
<input type="radio"/> b. One or more present:	
<input type="radio"/> Developmental, learning, or physical disability	+1
<input type="radio"/> Developmental	
<input type="radio"/> Learning	
<input type="radio"/> Physical	
<input type="radio"/> Medically fragile or failure to thrive	+1
<input type="radio"/> Mental health or behavioral problem	+1
N7. Primary caregiver provides physical care of the child that is:	0
<input checked="" type="radio"/> a. Consistent with child needs	0
<input type="radio"/> b. Inconsistent with child needs	1
N8. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
N9. Primary caregiver has/had a mental health problem	1

<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
N10. Primary caregiver has/had an alcohol and/or drug problem	0
<input checked="" type="radio"/> a. None/not applicable	0
<input type="radio"/> b. One or more apply:	2
Alcohol	
<input type="radio"/> Last 12 months	
<input type="radio"/> Prior to the last 12 months	
Drugs	
<input type="radio"/> Last 12 months	
<input type="radio"/> Prior to the last 12 months	
<input type="radio"/> Marijuana	<input type="radio"/> Cocaine
<input type="radio"/> Methamphetamine	<input type="radio"/> Heroin
<input type="radio"/> Other:	
N11. Primary caregiver has criminal arrest history	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
N12. Current housing	0
<input checked="" type="radio"/> a. Not applicable	0
<input type="radio"/> b. One or more apply:	1
<input type="radio"/> Physically unsafe	
<input type="radio"/> Family homeless	
Total Neglect Risk Score: 4	

Section 2: Abuse Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each abuse item.

	Score
A1. Current report is for physical abuse	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
A2. Prior investigations	2
<input type="radio"/> a. None	-1
<input type="radio"/> b. One or more, <u>neglect</u> only	0
<input type="radio"/> c. One for <u>abuse</u>	1
<input checked="" type="radio"/> d. Two or more for <u>abuse</u>	2
A3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child	0
<input checked="" type="radio"/> a. None/not applicable	0
<input type="radio"/> b. One or more apply	1
<input type="radio"/> Prior physical injury to a child resulting from CA/N	
<input type="radio"/> Prior substantiated physical abuse of a child	
A5. Number of children involved in the child abuse/neglect incident	1
<input type="radio"/> a. One, two, or three	0
<input checked="" type="radio"/> b. Four or more	1
A6. Characteristics of children in household	0
<input checked="" type="radio"/> a. Not applicable	0
<input type="radio"/> b. One or more apply:	1

- Delinquency history
- Developmental disability
- Learning disability
- Mental health or behavioral problem

A7. Two or more incidents of domestic violence in the household in the past year	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A8. Primary caregiver employs excessive/inappropriate discipline	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A9. Primary caregiver is domineering	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A10. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A11. Primary caregiver has/had a mental health problem	1
<input type="checkbox"/> a. No	0
<input checked="" type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> During the last 12 months	
<input checked="" type="checkbox"/> Prior to the last 12 months	

Total Abuse Risk Score: 4

Section 3: Scoring and Overrides

Scored Risk Level

Neglect Risk Level: Moderate

Abuse Risk Level: High

Scored Risk Level: High

Overrides

Instructions: If there are no overrides, select "No Overrides"; risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (*increases risk level to Very High*)

- Policy override
 - Sexual abuse case AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child under age 2 years
 - Severe non-accidental injury
 - Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (*increases risk level one level*)

- Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (*no change to risk level*)

- No override

Final Risk Level

The final risk level is: **High**

Recommended Decision

The recommended decision is: **Promote**

Planned action: Promote Do not promote

Discretionary Override Reason:

At this time it is this CSW's recommendation that this referral not be promoted to a case as the allegations are unfounded.

Section 4: Supplemental Questions**1. Primary caregiver characteristics**

- a. Yes Blames child
 No
- b. Yes Provides insufficient emotional/psychological support
 No

2. Secondary caregiver characteristics

- a. Yes Has a history of abuse/neglect as a child
 No
- b. Yes Has/had mental health problem
 No During the last 12 months
 Prior to the last 12 months
- c. Yes Has/had an alcohol and/or drug problem
 No
Alcohol Last 12 months Prior 12 months
Drugs Last 12 months Prior 12 months
 Marijuana Cocaine
 Methamphetamine Heroin
 Other:
- d. Yes Employs excessive/inappropriate discipline
 No
- e. Yes Domineering
 No
- f. Yes Secondary caregiver has a criminal arrest history
 No

Comments**Staff Person Comments:**

At this time it is recommended that this referral not be promoted as the allegations are unfounded. There are no present safety factors or risks to any of the children in the home. The completed assessment is high for the family based on the three prior referrals and the quantity of children in the home. Mother is appropriately caring for her children. As is evident in this referral, mother took the appropriate protective measures by contacting 911 to seek medical care for the child [REDACTED]. Mother has shown that she is protective of her children as well as interested in their well being.

Supervisor Comments:

SCSW added "no" to second sentence



Risk Assessment

Referral ID: [Redacted]

Assessment Date: 11/30/2009

Referral Name: [Redacted] - 5Day

County of Completion: Los Angeles

Approval Status: Approved by [Redacted] (12/04/2009)

Approval Unit: [Redacted]

Created by: [Redacted] (12/03/2009)

Last Update by: [Redacted] (12/03/2009)

Section 1: Neglect Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each neglect item.

	Score
N1. Current report is for neglect	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N2. Prior investigations	1
<input type="checkbox"/> a. None	-1
<input checked="" type="checkbox"/> b. One or more, <u>abuse</u> only	1
<input type="checkbox"/> c. One or two for <u>neglect</u>	2
<input type="checkbox"/> d. Three or more for <u>neglect</u>	3
N3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N4. Number of children involved in the child abuse/neglect incident	1
<input type="checkbox"/> a. One, two, or three	0
<input checked="" type="checkbox"/> b. Four or more	1
N5. Age of youngest child in the home	0
<input checked="" type="checkbox"/> a. 2 or older	0
<input type="checkbox"/> b. Under 2	1
N6. Characteristics of children in household	1
<input type="checkbox"/> a. Not applicable	0
<input checked="" type="checkbox"/> b. One or more present:	
<input type="checkbox"/> Developmental, learning, or physical disability	+1
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Learning	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Medically fragile or failure to thrive	+1
<input checked="" type="checkbox"/> Mental health or behavioral problem	+1
N7. Primary caregiver provides physical care of the child that is:	0
<input checked="" type="checkbox"/> a. Consistent with child needs	0
<input type="checkbox"/> b. Inconsistent with child needs	1
N8. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N9. Primary caregiver has/had a mental health problem	0

<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N10. Primary caregiver has/had an alcohol and/or drug problem	0
<input checked="" type="checkbox"/> a. None/not applicable	0
<input type="checkbox"/> b. One or more apply:	2
Alcohol	
<input type="checkbox"/> Last 12 months	
<input type="checkbox"/> Prior to the last 12 months	
Drugs	
<input type="checkbox"/> Last 12 months	
<input type="checkbox"/> Prior to the last 12 months	
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Cocaine
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Heroin
<input type="checkbox"/> Other:	
N11. Primary caregiver has criminal arrest history	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
N12. Current housing	0
<input checked="" type="checkbox"/> a. Not applicable	0
<input type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> Physically unsafe	
<input type="checkbox"/> Family homeless	
Total Neglect Risk Score: 3	

Section 2: Abuse Index

Instructions: Based on the incident report, worker observation, and family history, mark the most appropriate response to each abuse item.

	Score
A1. Current report is for physical abuse	1
<input type="checkbox"/> a. No	0
<input checked="" type="checkbox"/> b. Yes	1
A2. Prior investigations	2
<input type="checkbox"/> a. None	-1
<input type="checkbox"/> b. One or more, <u>neglect</u> only	0
<input type="checkbox"/> c. One for <u>abuse</u>	1
<input checked="" type="checkbox"/> d. Two or more for <u>abuse</u>	2
A3. Household has previously received CPS (voluntary/court-ordered)	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child	0
<input checked="" type="checkbox"/> a. None/not applicable	0
<input type="checkbox"/> b. One or more apply	1
<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
<input type="checkbox"/> Prior substantiated physical abuse of a child	
A5. Number of children involved in the child abuse/neglect incident	1
<input type="checkbox"/> a. One, two, or three	0
<input checked="" type="checkbox"/> b. Four or more	1
A6. Characteristics of children in household	1
<input type="checkbox"/> a. Not applicable	0
<input checked="" type="checkbox"/> b. One or more apply:	1

- Delinquency history
- Developmental disability
- Learning disability
- Mental health or behavioral problem

A7. Two or more incidents of domestic violence in the household in the past year	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A8. Primary caregiver employs excessive/inappropriate discipline	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A9. Primary caregiver is domineering	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A10. Primary caregiver has a history of abuse or neglect as a child	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. Yes	1
A11. Primary caregiver has/had a mental health problem	0
<input checked="" type="checkbox"/> a. No	0
<input type="checkbox"/> b. One or more apply:	1
<input type="checkbox"/> During the last 12 months	
<input type="checkbox"/> Prior to the last 12 months	

Total Abuse Risk Score: 5

Section 3: Scoring and Overrides

Scored Risk Level

Neglect Risk Level: Moderate

Abuse Risk Level: High

Scored Risk Level: High

Overrides

Instructions: If there are no overrides, select "No Overrides"; risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (increases risk level to Very High)

- Policy override
 - Sexual abuse case AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child under age 2 years
 - Severe non-accidental injury
 - Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (increases risk level one level)

- Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (no change to risk level)

- No override

Final Risk Level

The final risk level is: **High**

Recommended Decision

The recommended decision is: **Promote**

Planned action: Promote Do not promote

Discretionary Override Reason:

Mother denies physically abusing children. Child, [REDACTED] denied mother slapped/scratched him. [REDACTED] has a history of behavioral issues at school. Mother is active in children's school and has sought out support for children and has seeked mh services at school and [REDACTED] services. Mother and Father will participate in parenting classes at [REDACTED]

Section 4: Supplemental Questions

1. Primary caregiver characteristics

- a. Yes Blames child
 No
- b. Yes Provides insufficient emotional/psychological support
 No

2. Secondary caregiver characteristics

- a. Yes Has a history of abuse/neglect as a child
 No
- b. Yes Has/had mental health problem
 No
 - During the last 12 months
 - Prior to the last 12 months
- c. Yes Has/had an alcohol and/or drug problem
 No
 - Alcohol
 - Last 12 months
 - Prior 12 months
 - Drugs
 - Last 12 months
 - Prior 12 months
 - Marijuana
 - Cocaine
 - Methamphetamine
 - Heroin
 - Other:
- d. Yes Employs excessive/inappropriate discipline
 No
- e. Yes Domineering
 No
- f. Yes Secondary caregiver has a criminal arrest history
 No

Comments

Staff Person Comments:

[Empty text box for Staff Person Comments]

Supervisor Comments:

[Empty text box for Supervisor Comments]

BKG NO.	BOOKING NO.	U.O.	LOC. BKD.	DR. LIC. NO.	STATE	MT
				NONE	CA	N
ARRESTEE'S LAST NAME		FIRST		MIDDLE		SUF.
ADDRESS		APT NO.				
CITY		STATE				
LA		CA				
SEX	DESCENT	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
F	H	BRO	BRO	500	150	39
VEHICLE LIC. NO.		STATE	R.D.	AKA: LAST-FIRST-OR NICKNAME		
BIRTHPLACE		PROB INV. UNIT		JUV. DETAINED AT		AD. CHG.
XXMEXICO C XX		37				N
DIVISION		DETAIL ARRESTING	DATE ARRESTED	TIME ARR.	TIME BKD.	
JUV			082316	0200	0557	
LOCATION OF ARREST			BAIL	TOTAL BAIL		
			100000	100000		
TYP.	CHARGE & CODE	DEFINITION				
F	273A(A)PC	CHILD ABUSE/DEAT				

ARREST REPORT		UCR CODE CC:
EVID. RPT.	CRIME RPT.	DR. [REDACTED] LA NOT POSTED
IF MULTI ARREST EVID. BRO. TO:		J. [REDACTED]
VICTIM'S NAME		MAIN [REDACTED]
CDC #		PROBATION # [REDACTED]
A1.	CWWS	WARR
	AJIS	RLSE
	PAC	AWDI
ADMONITION OF RIGHTS (WHEN APPLICABLE)		
THE ADMONITION OF RIGHTS WAS READ VERBATIM PER FORM 15.03.00 BY:		
NAME [REDACTED]		SERIAL NO. [REDACTED]

ADDITIONAL CHARGES (ON ADDL. WARRS. LIST NO., COURT, AND BAIL, INCL. P.A.)		SOCIAL SECURITY NO.
ARRAIGN. DATE	TIME	COURT
LOCATION CRIME COMMITTED		R.D.
SAME AS ARREST		SAME
RESIDENCE PHONE NO.		NONE
EMPLOYER / SCHOOL	NONE	
OCCUPATION / GRADE	UNEMPLOYED	
CLOTHING WORN	BLU SHRT, BLK PANTS, PINK SHOES	
EXACT LOCATION / DISPOSITION ARRESTEE'S VEHICLE	PED	
LIST CONNECTING RPTS. BY TYPE & IDENTIFYING NOS.	VEHICLE USED (YEAR, MAKE, MODEL, TYPE, COLORS, LIC. NO., ID MARKS)	
DEATH REPORT	PASSENGERS M F	
COMPLAINTS / EVID. OF ILLNESS / INJ. BY WHOM TREATED	DRIVING VEH. (DIRECTIONS & NAME OF STREET) AT OR BETWEEN STREETS	RETAINED CASH DEPOSITED
NONE	PLD	\$ \$

INVOLVED PERSONS Code: V: VICTIM W: WITNESS PIA: ARRESTING PRIVATE PERS TO: TRUE OWNER R: PERSON RPTG 459: S - PERSON SECURING D - PERSON DISCOVERING JUV: P - BOTH PARENTS G - GUARDIAN										
NAME	V & W'S	SEX	DESC.	D.O.B.	ADDRESS	CITY	ZIP	PHONE	DAY	X
[REDACTED]		M			[REDACTED]			[REDACTED]		
[REDACTED]					[REDACTED]			[REDACTED]		
[REDACTED]					[REDACTED]			[REDACTED]		
[REDACTED]					[REDACTED]			[REDACTED]		

COMBINED CRIME REPORT		IF MULTI ARRESTEES THIS SECTION & ABOVE CRIME RPT. CHECK BOX IS COMPLETED ON ONLY ONE FACE SHEET.	TYPE OF OFFENSE	VICT'S OCCUPATION
DATE AND TIME CRIME OCCURRED	TYPE PROPERTY	TOTAL \$	EST. DAMAGE \$	TYPE PREMISES
459 / BFD ONLY-POINT AND METHOD OF ENTRY		WEAPON / FORCE / INSTRUMENT USED		TFV / BFV ONLY - VICT'S VEH. (YR., MAKE, TYPE, LIC.)
MO (UNIQUE ACTIONS)				

COMBINED EVID. RPT.		USE THIS SECTION IN LIEU OF PROPERTY REPORT IF ONLY ONE ARRESTEE, NO GUN, AND NO MORE THAN 2 ITEMS OF EVID.	LOC. EVID. BKD. Prop	10.10.00 GIVEN? Y N	Preliminary Drug Test	SUPV. / INV. OFCR. TESTING	SERIAL NO.	WITNESS OFCR.	SERIAL NO.
ITEM	QUAN.	ARTICLE	SERIAL NO. / TYPE TEST OF DRUG	BRAND / DRUG WEIGHT UNITS	MODEL NO. / DRUG TEST RESULTS	MISC.			
See Prop Report									

APPROVAL / REPORTING OFFICERS	SUPERVISOR APPROVING REPORT	SERIAL NO.	RAP SHEET ATTACHED	VACATION
	DATE & TIME REPRODUCED	DIV. CLERK	YES NO	PAST PAST

JUVENILE DISPO. Petition Request:		<input type="checkbox"/> DETAINED	<input type="checkbox"/> RELEASED	<input type="checkbox"/> NON-BOOK	<input type="checkbox"/> NON-BOOK WARR.	INVEST. OFCR.	SERIAL NO.	DIV.
FINAL CHARGE, IF DIFFERENT THAN ORIGINAL (SECTION, CODE & DEFINITION)		IF REFERRED, AGENCY & PERSON ACCEPTING REFERRAL			PROPERTY BOOKED? Y N	SUPERVISOR APPROVING SERIAL NO.		
11 <input type="checkbox"/> C & R		13 <input type="checkbox"/> EXON-INNOCENT			04 <input type="checkbox"/> CYA		18 <input type="checkbox"/> JUV. TRAF. MISD.	
14 <input type="checkbox"/> PROVED ADULT		12 <input type="checkbox"/> REL-INSUF. EVID.			03 <input type="checkbox"/> PROBATION		17 <input type="checkbox"/> FIRE DEPT.	
		03 <input type="checkbox"/> COMMUNITY SERVICE			05 <input type="checkbox"/> OTH. LAW ENF. AGENCY		10 <input type="checkbox"/> DEPT. MENTAL HEALTH	
					16 <input type="checkbox"/> DCFS		DATE / TIME DISPO. REPROD. DIV. / CLERK	
					<input type="checkbox"/> OTHER			

CONTINUATION SHEET

PAGE NO. 3		TYPE OF REPORT Arrest				BOOKING NO. [REDACTED]	DR NO. [REDACTED]
ITEM NO.	QUAN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

area for any possible witnesses, and initiated the Crime Scene Log. They completed an Investigative Action/Statement Form documenting their actions while at the crime scene, which will be attached to this report.

Detective [REDACTED], Detective [REDACTED], Officer [REDACTED] and Officer [REDACTED] of [REDACTED] canvassed the area for any possible witnesses, as well.

Officer [REDACTED] and Officer [REDACTED] responded to the crime scene, and assisted with obtaining a statement in [REDACTED], from [REDACTED]. They transported [REDACTED] to [REDACTED] Station to be interviewed. The officers also located the other three minor, biological children of [REDACTED] and transported them back to [REDACTED] Station, as a safety precaution. Officer [REDACTED] completed an Investigative Action/Statement Form documenting their actions, which will be attached to this report.

At approximately 1810 hours, Department of Children and Family Services, Metro North Children's Social Workers [REDACTED] and [REDACTED] arrived to the crime scene, and were advised the other minor children were at [REDACTED] Station. [REDACTED] and [REDACTED] then responded to [REDACTED] Station to meet with the children.

At approximately 1730 hours, Detective [REDACTED] DA [REDACTED] and I left the crime scene. DA [REDACTED] was driven back to his office. Detective [REDACTED] and I responded back to [REDACTED] so I could complete a search warrant for the crime scene location.

At approximately 1838 hours Detective [REDACTED] and I met with Judge [REDACTED] who reviewed and found probable cause to issue the Search Warrant for the crime scene location.

At approximately 2015 hours, I requested a criminalist respond to process the crime scene. I was connected with Criminalist [REDACTED], who advised me he would be responding to the scene. At approximately 2145 hours, Criminalists [REDACTED] and [REDACTED] arrived to the crime scene.

At approximately 2147 hours Detective [REDACTED] notified the Coroner's office for the second time, to respond to the crime scene.

At approximately 2150 hours we made entry into the residence to conduct our search.

At approximately 2230 hours, Coroner [REDACTED] arrived at scene.

At approximately 2335 Detective [REDACTED] and I responded to [REDACTED] station to conduct our interviews of [REDACTED] and [REDACTED] siblings.

[REDACTED]

[REDACTED]

[REDACTED]

CONTINUATION SHEET

PAGE NO. 4		TYPE OF REPORT Arrest				BOOKING NO. [REDACTED]	DR NO. [REDACTED]
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

INTERVIEW OF [REDACTED] AT [REDACTED] POLICE STATION:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

CONTINUATION SHEET

PAGE NO. 9		TYPE OF REPORT Arrest				BOOKING NO. [REDACTED]	DR NO. [REDACTED]
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							

Arrest:

[REDACTED] was arrested for 273a(a) PC- Child Abuse Causing Death, per the advice of [REDACTED]
[REDACTED]

[REDACTED] was double cuffed, and transported to [REDACTED] by Detective [REDACTED] and Detective [REDACTED] without incident.

Booking

Per the approval of [REDACTED], [REDACTED] was booked for 273a(a) PC- Child Abuse Causing Death, Booking No. [REDACTED].

The minor siblings, [REDACTED], Booking No. [REDACTED] and [REDACTED], Booking No. [REDACTED] were booked 300 (J)-Endangerment, and released to Department of Children and Family Services Children's Social Workers, [REDACTED] and [REDACTED]

Photos, Videos, Recordings, DICV and Digital Imaging:

[REDACTED] Photographer [REDACTED] arrived at scene to take digital photographs [REDACTED] and video [REDACTED] of the crime scene.

Medical Treatment/Injury:

[REDACTED] and [REDACTED] responded to the scene, and pronounced [REDACTED] death at 1444 hours.

CONTINUATION SHEET

PAGE NO. 10		TYPE OF REPORT Arrest				BOOKING NO. [REDACTED]	DR NO. [REDACTED]
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

[REDACTED] body had multiple visible injuries. Some of those injuries included, but are not limited to the following (described to the best of my knowledge):

- Extremely underweight for his age/Malnutrition
- Left and Right Elbow- similar to an open sore
- Left and Right Hip- similar to an open sore
- Left and right Shoulders- similar to an open sore
- Hair loss/patchy hair
- Laceration to the left and right temple areas
- Contusion and hematoma to the right cheek
- Bruising to all of his back and chest areas
- Loop type bruising to the front and back of his legs and thighs
- Bruised or discolored penis foreskin/tip
- Scrapes to left and right legs below the knee cap
- Bruising or Redness to all finger tips
- Laceration to the bridge of the nose
- Red bruising to left cheek area
- Scratches to the neck
- Healed laceration to his left eyelid
- Laceration to his right upper lip

Evidence:

[REDACTED] and [REDACTED] arrived at scene to help gather any possible evidence related to this incident. They collected Item numbers 1-16, which will be documented on a Property Report.

At the crime scene, Detective [REDACTED] recovered item numbers 18-20, pursuant to the search warrant, Refer to the Property Report dated 08/23/16. Detective [REDACTED] also recovered item numbers 21-22 from [REDACTED] person at Jail Division, during the booking process. Refer to the Property Report dated 08/23/16.

Additional:

The siblings of [REDACTED] were previously interviewed by other investigators from [REDACTED] prior to my arrival to [REDACTED] Station, who were assisting with the investigation. Those interviews were documented on Investigative Action/ Statement Forms and attached to this report.

Detective [REDACTED] completed a Death Report, bearing the same DR number.

The case was assigned Coroner Case No. [REDACTED]. Autopsy is scheduled for August 25, 2016.

Court Information:

All officers/parties listed on this report can testify to their actions, which are documented within.

[REDACTED]

INVESTIGATIVE ACTION / STATEMENT FORM

Tape No. _____	If recording an officer's action, complete shaded areas and statement section only.	Inc. No. [REDACTED]	DR or Bkg. No. _____						
Witness No. _____		Name _____	Date/Time of Interview _____	Location of Interview _____					
Residence Address _____		City _____	Zip Code _____ Phone _____						
Business Address _____		City _____	Zip Code _____ Phone _____						
Sex _____	Descent _____	Hair _____	Eyes _____	Height _____	Weight _____	DOB _____	Age _____	Driver Lic. No/Other ID _____	State _____
Interviewing/Reporting Officer [REDACTED]						Serial No. [REDACTED]	Division [REDACTED]		

MIRANDA ADMONITION

1. You have the right to remain silent.
Do you understand? _____
 2. Anything you say may be used against you in court.
Do you understand? _____
 3. You have the right to the presence of an attorney before and during any questioning.
Do you understand? _____
 4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want.
Do you understand? _____
- If a waiver is desired:
Do you want to talk about what happened? _____

Officer Completing _____	Serial No. _____
--------------------------	------------------

Statement: Include who, what, when, where, why, and how.

SEE ATTACHED NARRATIVE

CONTINUATION SHEET

PAGE NO. 12/22		TYPE OF REPORT Statement Form				BOOKING NO.	DR NO.
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

On August 22, 2016 at 1424 hrs, Ofcr. [REDACTED], and I, Ofcr. [REDACTED], were working [REDACTED] Division, uniform patrol, in a marked blk & wht police vehicle, signed to unit [REDACTED].

We received a code "2" radio call of a possible dead body at [REDACTED]. The comments to the call indicated the following: *See PR at [REDACTED] M [REDACTED] blk shirt/wht letters, blu jeans will dir to loc where PR believes son has died and Susp/Wife is keeping the body, child is 10.*

We initially responded to the [REDACTED] convenient store located [REDACTED]. Upon arrival, we observed whom we subsequently identified as PR-[REDACTED]. PR-[REDACTED] was in the middle of the parking lot when he flagged us down. As I exited the police vehicle, I observed him to be worried. [REDACTED] was frantic and panting. We walked him to the walkway, directly in front of the [REDACTED] and attempted to calm him down.

[REDACTED]

[REDACTED]

[REDACTED] called 911.

Due to the urgency, we only gathered preliminary information from [REDACTED] and placed him in our police vehicle. We drove to [REDACTED]. The address was located on the [REDACTED] of [REDACTED] and [REDACTED]. As we pulled up, we observed Suspect walking northbound on the east sidewalk of [REDACTED], holding a small dog. Suspect walked to the front gate and began to unlock it. While sitting in the back seat, [REDACTED] identified her as his wife, [REDACTED]. I exited the vehicle and approached her. I opened the back seat of our police vehicle and asked her if she recognized the person in the back seat. She replied, "Yes, it my husband." At this point, Suspect was not detained. She was not handcuffed, nor did we use any type of command presence or verbal commands that would cause her to believe she was being detained. [REDACTED]

[REDACTED] I asked her to show us what unit she lived in since it appeared to be three units on one lot. We walked back to the last unit, which was clearly labeled "[REDACTED]" She escorted us to the back, which is where the entrance was.

Given the above circumstances and statements, and prior to entering, I directed Ofcr. [REDACTED] to detain her. He placed handcuffs on her. From this point on, we did not ask her any other questions. I further directed Ofcr. [REDACTED] to request for a rescue ambulance.

I took the keys Suspect was holding in her hand.

CONTINUATION SHEET

PAGE NO. 13/22		TYPE OF REPORT Statement Form				BOOKING NO.	DR NO.
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

Once additional units arrived, we had them take custody of Suspect.

Due to the aforementioned exigent circumstances, we elected to enter the residence to render aid to a potential 10-year-old victim, coupled with a protective sweep for any additional suspects. We entered and observed an open kitchen to the right and a bathroom to the left. As we walked forward, we observed the living room. We checked all these three rooms and did not observe anything unusual. We then entered the bedroom We did not observe anyone in the bed. I opened the closet and observed a bulky, wrapped up, blanket on the floor. The rest of the closet was empty. To allow us space, Ofcr. [REDACTED] and I removed the sliding, mirrored, closet doors. I then proceeded to unfold one end of the blanket to verify if there was a body. I observed the face of what appeared to be an approximately 6 to 8 year-old-boy. Although covered with the blanket, it appeared he was in the fetal position, lying on his right side, facing south; against the wall of the closet. His complexion was pale. He had a scuff - like abrasion, approximately two inches in diameter, on the left side of his face. He appeared gaunt and malnourished. I grabbed his left forearm, shook it, and said, "Are you O.K." His arm was stiff, an indication of rigor mortis. I then placed two fingers on his carotid artery and did not feel a pulse. At this point, we waited for the paramedics.

Paramedics [REDACTED] and [REDACTED], assigned to [REDACTED], arrived shortly after. Paramedic [REDACTED] pronounced Victim deceased at approximately 1444 hrs. Once the paramedics pronounced, we declared the residence a crime scene. We implemented our crime scene procedures.

I showed [REDACTED] the keys I had taken from Suspect while he was in the backseat of the police vehicle. He identified them as the ones he tried to hide when he ran out. I placed the keys on a table next to the entrance door to the residence. I pointed this out to the [REDACTED]

We maintained control of the crime scene until we were released by [REDACTED], whom assumed responsibility of the investigation. We were then directed to respond to the station and write a statement.

Note that all communications between me with [REDACTED]n and Suspect was done in [REDACTED]. I am a Department certified [REDACTED] speaker.

INVESTIGATIVE ACTION / STATEMENT FORM

Tape No.		If recording an officer's action, complete shaded areas and statement section only.		Inc. No.		DR or Bkg. No.			
Witness No.				[REDACTED]		[REDACTED]			
Name			Date/Time of Interview		Location of Interview				
[REDACTED]			08-22-2016 19:15		[REDACTED] Station				
Residence Address			City		Zip Code		Phone		
Business Address			City		Zip Code		Phone		
Sex	Descent	Hair	Eyes	Height	Weight	DOB	Age	Driver Lic. No/Other ID	State
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Interviewing/Reporting Officer					Serial No.		Division		
[REDACTED]					[REDACTED]		[REDACTED]		

MIRANDA ADMONITION

1. You have the right to remain silent.
Do you understand? _____

2. Anything you say may be used against you in court.
Do you understand? _____

3. You have the right to the presence of an attorney before and during any questioning.
Do you understand? _____

4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want.
Do you understand? _____

If a waiver is desired:
Do you want to talk about what happened? _____

Statement: Include who, what, when, where, why, and how.

On 08-22-16, at approx 1440 hrs, my partner (Ofcr [REDACTED]) and I (Ofcr [REDACTED]) were in full uniform, in a clearly marked blk/wht, assigned [REDACTED]. We responded to a back-up request at the scene of a "Possible Death Investigation."

Upon our arrival, a female [REDACTED] (suspect) had already been detained. The primary unit [REDACTED] advised us that a child was deceased and requested our assistance with setting up a crime scene. As we were assisting with the crime scene and interviewing possible witnesses (neighbors), my partner also began to complete the crime scene log.

Ofcr [REDACTED] door knocked the two residences that share the same property. One neighbor ([REDACTED]) stated she did not hear or see anything. The other neighbor ([REDACTED]) stated that she did not hear anything, however, 3 weeks prior she heard an argument between the husband and wife that live at the location. [REDACTED] also stated she has never seen a young child at the location and she believes that the adults lives there with their 15 year old teenage son.

Both neighbors information was forwarded to [REDACTED] Detectives.

[REDACTED]

INVESTIGATIVE ACTION / STATEMENT FORM

Tape No.		If recording an officer's action, complete shaded areas and statement section only.				Inc. No.		DR or Bkg. No.		
Witness No.						[REDACTED]		[REDACTED]		
Name			Date/Time of Interview			Location of Interview				
Residence Address			City		Zip Code		Phone			
Business Address			City		Zip Code		Phone			
Sex	Descent	Hair	Eyes	Height	Weight	DOB	Age	Driver Lic. No/Other ID		State
Interviewing/Reporting Officer						Serial No.			Division	
[REDACTED]						[REDACTED]			[REDACTED]	

MIRANDA ADMONITION

- | | | |
|---|--------------------|------------|
| 1. You have the right to remain silent.
Do you understand? _____ | Officer Completing | Serial No. |
| 2. Anything you say may be used against you in court.
Do you understand? _____ | | |
| 3. You have the right to the presence of an attorney before and during any questioning.
Do you understand? _____ | | |
| 4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want.
Do you understand? _____ | | |
| If a waiver is desired:
Do you want to talk about what happened? _____ | | |

Statement: Include who, what, when, where, why, and how.

On August 22, 2016, at approximately 1500 hours, my partner (Officer [REDACTED]) and I (Officer [REDACTED]) were working [REDACTED] Area Detectives, unit [REDACTED]. We responded to a back up request for unit [REDACTED]. Officers were conducting a possible death investigation of a minor.

Upon arrival, I was given the task of completing a field interview card on Mr. [REDACTED] (person reporting). I conducted the interview on Mr. [REDACTED] in [REDACTED]. I am a certified [REDACTED] speaking officer. Mr. [REDACTED] was highly agitated, disturbed and crying uncontrollably. While conducting the field interview, Mr. [REDACTED] spontaneously stated the following:

[REDACTED]

I completed my field interview and advised Mr. [REDACTED] that he would be transported to [REDACTED] Station for further investigation. I advised Mr. [REDACTED] that he was not detained, but our Detectives needed to conduct a more in depth investigation. Mr. [REDACTED] agreed to be transported to [REDACTED] Station.

We later learned that Mr. [REDACTED] wife ([REDACTED] [REDACTED]) had three other children still at school. We responded to [REDACTED] to pick up minor [REDACTED]. We also responded to [REDACTED] and picked up the other two siblings ([REDACTED] and [REDACTED]). The three children were advised that there was an ongoing investigation with their parents. We advised them that we were not aware of the investigation and that our detectives will be speaking to them.

The children were transported to [REDACTED] Station and we were tasked with their supervision, until the [REDACTED] Detectives relieved us.

[REDACTED]

INVESTIGATIVE ACTION / STATEMENT FORM

Tape No.		If recording an officer's action, complete shaded areas and statement section only.		Inc. No.		DR or Bkg. No.			
Witness No.				[REDACTED]		[REDACTED]			
Name			Date/Time of Interview		Location of Interview				
[REDACTED]			08-22-2016 17:00		At the [REDACTED]				
Residence Address			City		Zip Code		Phone		
[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]		
Business Address			City		Zip Code		Phone		
[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]		
Sex	Descent	Hair	Eyes	Height	Weight	DOB	Age	Driver Lic. No/Other ID	State
M	[REDACTED]	BRW	BRW	600	160	[REDACTED]	44	[REDACTED]	CA
Interviewing/Reporting Officer						Serial No.		Division	
[REDACTED]						[REDACTED]		[REDACTED]	

MIRANDA ADMONITION			Officer Completing		Serial No.	
1. You have the right to remain silent.			[REDACTED]		[REDACTED]	
Do you understand? _____						
2. Anything you say may be used against you in court.						
Do you understand? _____						
3. You have the right to the presence of an attorney before and during any questioning.						
Do you understand? _____						
4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want.						
Do you understand? _____						
If a waiver is desired:						
Do you want to talk about what happened? _____						

Statement: Include who, what, when, where, why, and how.

I, Ofcr [REDACTED], conducted a follow-up investigation and met with witness [REDACTED]. [REDACTED] stated he currently lives at address [REDACTED] and is the neighbor to [REDACTED] (Id'd as the suspect). [REDACTED] stated he saw [REDACTED] from time to time but never had a conversation with her. He stated that every time he saw [REDACTED] she always had a worried look on her face. [REDACTED] would greet [REDACTED] by saying hello and she would reply, but no further communication was engaged. [REDACTED] also identified a gold colored vehicle (Nissan Altima license plate [REDACTED]) as the vehicle belonging to [REDACTED]. [REDACTED] stated he would see [REDACTED] (Id'd as the step-father) around at times, but never spoke to him. [REDACTED] identified [REDACTED] and [REDACTED] as having 3 children. [REDACTED] said two of the children were boys (appearance 14-17 years in age), and a girl (approximately 15-16 in appearance). [REDACTED] stated he never saw the youngest child (Id'd as the victim). [REDACTED] didn't observe any issues at the household between the family, but would hear arguing from time to time (which appeared to be a disagreement of some sort only).

Note: Approximately 3 weeks ago, [REDACTED] stated heard yelling coming the residence. The step-father shouted "Por Favor! Stop." [REDACTED] advised he didn't hear anything else.

Additional Info: [REDACTED] stated that there is a surveillance camera attached to his residence, but it only will show footage of the stairway from the front of the residence where the beginning of the stairway leads up to the top of stairway. [REDACTED] advised that the video camera system does not work and not operated in approximately one year.

CONTINUATION SHEET

PAGE NO.		TYPE OF REPORT				BOOKING NO.	DR NO.
ITEM NO.	QUAN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

INVESTIGATIVE ACTION / STATEMENT FORM

Page _____ of _____

Tape No.		If recording an officer's action, complete shaded areas and statement section only.				Inc. No.		DR or Bkg. No.		
Witness No.						[REDACTED]		[REDACTED]		
Name				Date/Time of Interview		Location of Interview				
Residence Address				City		Zip Code		Phone		
Business Address				City		Zip Code		Phone		
Sex	Descent	Hair	Eyes	Height	Weight	DOB	Age	Driver Lic. No/Other ID		State
Interviewing/Reporting Officer						Serial No.			Division	
[REDACTED]						[REDACTED]			[REDACTED]	

MIRANDA ADMONITION

- | | |
|---|----------------------------------|
| 1. You have the right to remain silent.
Do you understand? _____ | Officer Completing
[REDACTED] |
| 2. Anything you say may be used against you in court.
Do you understand? _____ | Serial No.
[REDACTED] |
| 3. You have the right to the presence of an attorney before and during any questioning.
Do you understand? _____ | |
| 4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want.
Do you understand? _____ | |
| If a waiver is desired:
Do you want to talk about what happened? _____ | |

Statement: Include who, what, when, where, why, and how.

SEE ATTACHED NARRATIVE

CONTINUATION SHEET

PAGE NO. 2		TYPE OF REPORT Statement Form				BOOKING NO.	DR NO.
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

I, Officer [REDACTED], was assigned to [REDACTED] patrol, unit [REDACTED] with partner Officer [REDACTED]. We received a radio call of a possible dead body at [REDACTED], see PR at 7-11, male [REDACTED] c black shirt white letters, blue jeans will direct to location where PR believes son has died and suspect wife is keeping the body. Child is 10 yrs. old possible suspicious circumstances. PR is at [REDACTED]

At approximately 1430 hours, we arrived at the [REDACTED], when I observed a male [REDACTED] (Later identified as PR [REDACTED]) with a black shirt at the east end of the parking lot pacing back and forth. PR was frantic and speaking quickly. My partner informed PR to take deep breathes to calm down. [REDACTED]

[REDACTED] PR became frantic and immediately grabbed his cell phone and suspect's car keys. PR left the house and immediately went to [REDACTED] to call police. PR informed us that he is step father to suspect's children (3).

We placed PR in our police vehicle and drove to his residence of [REDACTED]. Upon arriving at the location, we observed a female [REDACTED] walking a dog northbound [REDACTED]. PR immediately stated that the female was his wife/suspect. We exited the vehicle and my partner was talking to suspect. Suspect followed us to the residence and prior to entering the residence, my partner informed me to detain suspect by handcuffing her. I handcuffed suspect and escorted her to the front of the address. Officer [REDACTED] and Officer [REDACTED], arrived at scene and took custody of PR and suspect. I immediately requested paramedics to the residence prior to entering the residence, in order to have them standby at scene in order to render aid immediately.

My partner and I entered residence due to exigent circumstances to render aid and also to do a protective sweep for additional suspects in the residence. Upon entering the residence, we entered through the rear of the residence, where the kitchen was with the open living room area attached. Upon entering the bedroom, which was located on the southwest corner of the residence, I noticed a bed against the west wall of the room and a closet. My partner opened the closet and I observed a rolled up blanket on the closet floor. My partner removed the sliding mirror closet doors and I placed them leaning

CONTINUATION SHEET

PAGE NO. 3		TYPE OF REPORT Statement Form				BOOKING NO.	DR NO.
ITEM NO.	QUAN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

against the bed. I unplugged the fan located next to the closet and moved it away from the closet area. Upon removing the closet doors, I noticed the rolled up blanket on the floor with nothing else in the closet. My partner unwrapped one end of the blanket and I observed a pale skinned child's face with a round bruise on the top left side of the head and redness to the left facial cheek. I observed two roaches scatter out from inside the blanket as my partner unwrapped the blanket.

I verified with communications that paramedics were enroute to the residence. [REDACTED] Paramedic [REDACTED], arrived at scene and pronounced the subject deceased at approximately 1445 hours.

We immediately established a crime scene and requested supervision.

**CHILD FATALITY/NEAR FATALITY
COUNTY STATEMENT OF FINDINGS AND INFORMATION****INSTRUCTIONS:**

Counties shall complete this form for each child fatality/near fatality determined to be a result of abuse and/or neglect. The form shall be submitted to CDSS within ten business days of notification of final determination from the investigating agency.

For a child fatality, complete parts A and B.

For a child near fatality, complete parts A and C.

PART A - ALWAYS COMPLETE THIS INFORMATION FOR CDSS SUBMISSION

Date form completed: 08/29/2016

Fatality

Near Fatality

Note: Redact information in this box prior to the public release of this document.

CWS/CMS 19 DIGIT REFERRAL # OF CHILD VICTIM:

COUNTY CONTACT AND PHONE NUMBER (INDIVIDUAL THAT CDSS WOULD CONTACT FOR ADDITIONAL INFORMATION):

COUNTY WHERE INCIDENT OCCURRED:

LOS ANGELES COUNTY

REPORTING COUNTY (IF DIFFERENT):

CHILD'S GENDER:

Male Female

CHILD'S AGE:

11 years

DATE OF FATALITY/NEAR FATALITY (IF KNOWN)

08/22/2016

RESIDENCE OF THE CHILD AT THE TIME OF THE ABUSE/NEGLECT THAT RESULTED IN THE FATALITY/NEAR FATALITY:

Home Of Parent/
Legal Guardian

Foster Care/Out-of-Home Care

INVESTIGATION CONDUCTED BY (CHECK ALL THAT APPLY):

Law Enforcement

CWS/Probation

PART B - CHILD FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

RESIDENCE OF THE CHILD AT THE TIME OF DEATH:

Home Of Parent/
Legal Guardian

Foster Care/Out-of-Home Care

DETERMINATION MADE BY (CHECK ALL THAT APPLY):

Coroner/Medical Examiner Law Enforcement

CWS/Probation

FINDING OF CHILD FATALITY DUE TO (CHECK ALL THAT APPLY):

Crime

Suicide

Non-Accidental

Undetermined

Other: _____

PART C - CHILD NEAR FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

DETERMINATION MADE BY (CHECK ALL THAT APPLY):

Physician

Law Enforcement

CWS/Probation

FINDINGS OF CHILD NEAR FATALITY DUE TO (CHECK ALL THAT APPLY):

Crime

Attempted Suicide

Non-Accidental

Undetermined

Other: _____

DO NOT INCLUDE A NARRATIVE; CHECK THE APPROPRIATE BOXES ABOVE.

Please fax this form to:
Children's Services Operations Bureau,
Attention: Bureau Chief at (916) 651-8144.