

Department of Children and Family Services
CSW Office Address
CSW's Name
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**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES**
201 Centre Plaza Drive, Monterey Park, California 91754

REPORT OF FINDINGS

<u>Hearing Date</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
00/00/0000	000	Check "Probate Code Section 1513(b)" or "Family Code 3027"

IN THE MATTER OF

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Automatically populates	00/00/0000	X	X	CK00000

Enter the name of each child, his/her date or birth, sex, and Probate Court number(s).

CHILD(REN)'S WHEREABOUTS

Indicate the whereabouts of each child.

PARENT(S) INFORMATION

<u>Name/</u>	<u>Date of Birth</u>	<u>Address</u>
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Enter the name, date of birth, and address of each parent. Use the comment section as needed to discuss the identity and whereabouts of the parent(s).

INDIAN CHILD WELFARE ACT (ICWA) STATUS

The Indian Child Welfare Act does or may apply, or be Not Applicable.

Select if the “Indian Child Welfare Act does or may apply” or is “Not Applicable.” If it has been determined that a child may be or is an American Indian, consult with the Indian child’s tribe. Include the information provided by the child.

REASON FOR HEARING

Enter the following:

- “This matter is before the Court to provide a report regarding the results of the child abuse investigation conducted and completed on [enter the date of the investigation was completed] by the Department of Children and Family Services.”

ASSESSMENT/EVALUATION

Provide a brief summary of the results of the investigation by addressing the following sections. If it does not apply, state why briefly.

Household Composition:

Provide a brief description of the composition of the household (i.e. intact, divorced, blended, foster family, or other adults in the home, etc.)

Contacts Made:

List all family members seen by name, including their ages, and their relationship to each other.

Allegations and Disposition:

- State the allegations and which children were victims of what and by whom.
- Provide a brief summary of how each allegation was concluded. Include the factors considered in making the determination. Reference any reports from law enforcement, doctors, school therapists, agencies, and/or individuals.
- Provide a succinct summary of the ER CSW review of any prior child welfare history.
- As applicable, include a factual summary of the threats identified on the SDM Safety Assessment and, when applicable, the SDM Risk Assessment, which led to the disposition and the intervention without referencing the SDM Tool itself.
 - Do not attach any SDM Tools when submitting documents to the court, unless ordered by the court to do so.
- When applicable, indicate that criminal record check(s) were conducted and were reviewed.

- **If applicable, report any safety or risk factors and/or concerns regarding the caregiver that were reviewed during the investigation and what, if any action, was taken to resolve those concerns.**
- **Provide a brief description of what action, if any, was taken at the conclusion of the investigation (i.e. referral closed, a voluntary agreement with parents, placement, etc.)**

ATTACHMENTS

The attachments identified in this report are attached hereto and incorporated herein by this reference.

List any attachments.

FINDINGS

Based on the results of the investigation, indicate whether or not the child's parent(s) are suitable to care for their child, by beginning with the following phrase, "Respectfully Submitted,"

RECOMMENDATION

Respectfully Submitted,

Philip L. Browning, Director
Department of Children and Family Services

By

CSW's Name, CSW

Date

SCSW's Name, SCSW

Date