

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Assessment Narrative	Effective Date: August 1, 2011
	Reference: 4.B Tool (4.25 – Completing the Assessment Report)	Version: 3

This tool provides guidance to Indiana Department of Child Services (DCS) Family Case Managers (FCM) in preparing a complete assessment narrative. Each assessment narrative should include a summary of the [Preliminary Report of Alleged Abuse or Neglect \(SF114/CW310\)](#), the scope of the assessment, a conclusion statement for each allegation assessed, an assessment of the safety of the child(ren), and a notice section. Additional guidance is also provided for assessments that involve near fatality/fatality and Institutional assessments.

When completing an assessment narrative, the FCM should follow these general guidelines:

- Write the narrative in paragraph format, using complete sentences, proper grammar and punctuation;
- Use appropriate wording (e.g., no slang, no abbreviations unless previously identified, use quotes when quoting other sources or statements).
- Avoid overusing pronouns;
- Do not cut and paste contact logs into the narrative;
- Do not use all capital letters; and
- Utilize spell-check prior to submitting for supervisory approval.

The FCM should be mindful of the purposes that the assessment may be used as the [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) is completed. The report may be used by DCS for the following purposes, including, but not limited to:

- Notification of the assessment conclusions to the substantiated alleged perpetrator or parent, guardian or custodian of the alleged child victim.
- Monitoring of assessments by management staff to ensure consistent compliance with DCS Policy requirements and for clinical supervision purposes to ensure best practices are being followed.
- Approvals of relative placement for wards, pre-adoptive placements and consents and Foster Family Home license applications/revocations, including appropriate waivers.
- Waivers of Child Protection Service (CPS) History by DCS.
- Evidence in a DCS administrative hearing or Child in Need of Services (CHINS) or Termination of the Parent Child Relationship (TPR) Court case.

Note: Others also use the assessment report in discovery requests, law enforcement investigations, as evidence in criminal or juvenile delinquency cases, divorce or paternity actions and in administrative hearings or other civil

matters. The assessment report may also be requested by the public and media in fatalities through an information request.

The assessment narrative should be a summary of the events, interviews and relevant facts that result in assessment findings, not a step-by-step detailed account of the assessment. The following information is an outline of what is to be included in each assessment narrative:

Summary of the Preliminary Report of Alleged Abuse or Neglect (SF114/CW310)

1. The report date and the incident date (or time frame), if available, and a summary of all allegations;
2. The name and age of the alleged child victim(s);
3. The name and age (approximate if not known) of the alleged perpetrator(s);
4. The perpetrator(s)' relationship to the child victim(s); and
5. The name and title of the assessing FCM.

Example:

On January 1, 2011, the Indiana Department of Child Services Central Intake Unit received a report alleging Joey Smith (age 0) is a victim of Neglect, in the maltreatment type of drug positive infant. The alleged perpetrator is Jane Smith (age 25), mother of victim. The Report Source (RS) stated that his meconium screen came back positive for Methadone and Opiates. Family Case Manager (FCM) Jones was assigned this assessment on January 1, 2011.

Scope of the Assessment

1. Include a summary of the facts gathered during the assessment that assisted the FCM in reaching the decision to substantiate or unsubstantiate the allegations.
2. Identify all required interviews and relevant collateral interviews that were conducted as a part of the assessment by stating the person's name and the date and place of the interview. Provide an explanation if a required interview is not conducted. State the relevant information obtained from each interview. In some instances, documenting that a visit was unannounced may be relevant. In some instances, the date or time frame of an alleged incident is critical information necessary to reach an informed conclusion and should be included. See separate policies, [4.3 Conducting an Assessment](#) and [4.11 Interviewing the Alleged Perpetrator](#).

Example 1:

On January 1, 2011, FCM Jones interviewed Julie Smith (Mother) the mother of the alleged child victim Joey Smith (Joey) in a home visit. Mother stated that Joey had no bruising when Mother left for work on December 31, 2010, at 8:00 AM. At that time, she left Joey in the care of Joey's father who was supposed to take Joey to his regular daycare. Mother stated that she picked Joey up from the daycare on December 31, 2010, at 3:30 PM and saw scratches and bruising on

Joey's face near his left eye and bruising on his left upper arm. Mother stated that she confronted the daycare owner, Nanny Lee, who told her that Joey had the injuries when he arrived at the daycare and that he was "just fine." Mother said she had not yet discussed the injuries with Joey's father.

Example 2:

On January 3, 2011, FCM Jones obtained a copy of an interview with the child's father, Jack Smith (Father), conducted by the Johnson County Sheriff's Department on January 1, 2011. In the interview, Father denied that he caused injury to Joey on December 31, 2010. FCM Jones was unable to interview Father because Father's attorney informed the FCM that he would not allow his client to participate in a DCS interview.

3. Either as a part of an interview or separately if no interview is conducted, record relevant observations, including whether the FCM's observations were documented by photographs of injury or household conditions. See separate [Policy 4.15 Photographing Trauma](#);
4. Document relevant information obtained through records and reports that the FCM reviewed (police reports, medical records, court pleadings and orders, etc). Documentation in this area could also include DCS history for the family, if it is relevant to the conclusion to substantiate the allegations or not;
5. If applicable, state the date of any PEDS Referral and the outcome. See separate [Administrative Letter Pediatric Evaluation and Diagnostic Services \(PEDS\)](#) and emailed [Director's Note dated 12-10-10](#).

Conclusion Statement

For each individual allegation (whether substantiated or unsubstantiated), include a brief synopsis of how relevant facts found during the scope of the assessment led to the assessment finding(s). See separate [Policy 4.22 Making an Assessment Finding](#): Include:

1. Neglect or Abuse;
2. Abuse or Neglect Maltreatment Type: Environment life/health endangering, drowning, sexual misconduct with a minor, etc.;
3. Substantiated/unsubstantiated;
4. Alleged perpetrator's name;
5. Alleged perpetrator's relationship to child (i.e. parent, guardian or custodian);
6. Alleged child victim's name;
7. The relevant act or omission of the alleged perpetrator; and
8. How the act or omission impacted the alleged child victim.

Example 1:

Abuse (bone fracture) is substantiated against custodian, John Boyfriend, as to the child Jane Doe. John Boyfriend is custodian to the child because John Boyfriend and the child live in the same home. The decision to substantiate is based on the FCM's interviews with the child, the child's mother and the child's

physician as well as the FCM's review of the medical reports obtained during the assessment. The child's left arm had a spiral fracture consistent with non-accidental trauma. John Boyfriend was the sole caregiver for the child during the time period in which the injury could have occurred and was unable to provide an explanation consistent with the injuries. The child was seriously endangered by her injuries.

Example 2:

Neglect (lack of supervision) is unsubstantiated against John Foster as to the child, Johnny Doe. John Foster was the Resource Parent to Johnny Doe during the time he was found by law enforcement, without adult supervision. John Foster had no reason to believe that the child would leave the home. During the time that the incident occurred, John Foster was at work and the child was in the care of Mr. Foster's wife.

Initial and Subsequent Safety of the Child(ren)

1. Include a brief statement indicating how the safety of the victim(s), or in the case of fatality assessments, surviving child(ren) was ensured;
2. If the alleged victim was removed from the home, include the date of removal, original placement type, and measures utilized to prevent the removal (safety plan, CFTM, etc.) or reasons the child(ren) was left in the home; and
3. If any child(ren) was removed from his/her home environment, and returned home before the completion of the assessment, state the date and reason for the child's return.
4. Provide a brief description of any services referrals, including the identity of the agency or service provider;
5. Identify any arrests made related to the alleged abuse or neglect incident. If charges are filed, state the charges and the court case number;
6. Identify any court action taken by DCS (e.g., Informal Adjustment (IA), Child in Need of Services (CHINS));
7. Describe any casework plan that has been developed (e.g., [Family Support/Community Services Plan \(SF53243/CW3425\)](#), etc.); and
8. Include the date of any Child and Family Team Meetings (CFTM) and include information relevant to the conclusions reached by the FCM.

Example for an unsubstantiated assessment:

On January 15, 2011, a Child and Family Team Meeting (CFTM) was held. The safety of the child, Joey Smith, was assured as part of the CFTM through the development of a Family Support/Community Services Plan. The plan included the mother Jane Smith having family support, including parents, aunts and uncles; Jane continuing to work with her chosen service provider to get back on her medications and her participation in parenting education. On January 17, 2011, FCM Jones conducted an unannounced home visit and found the home had been cleaned, was above minimal standards, appropriate for children, and had adequate food and working utilities.

Example for a substantiated assessment:

The safety of Joey Smith and Bonny Smith could not be ensured in the home of parents, John and Jane Smith, due to the severity of the injuries inflicted on Infant Smith, by John and Jane Smith. All three children were removed from the home on June 1, 2011, and placed with relatives. A detention hearing was held on June 2, 2011 and the court approved continued detention of the children and set the matter for Fact Finding.

Notice Section

1. State the names of persons provided with the [Notice of Availability of Completed Reports and Information \(SF48201/CW0024\)](#), and the dates the notices were provided; and
2. Include a statement indicating that the Child Abuse Prevention and Treatment Act (CAPTA) forms will be sent or hand delivered after the approval of the assessment. For Child Care Worker/Resource Parent assessments, add the date the [Notice of Intent to Substantiate Allegations of Abuse and/or Neglect by a Child Care Worker/Resource Parent \(CAPTA081003ICW\)](#) was sent or hand delivered as well as the Child Care Worker Assessment Review (CCWAR) meeting date and the outcome of the CCWAR, if applicable.
3. Include a statement indicating that the ongoing FCM was notified of the conclusion of the assessment, if the child is a ward of DCS.

Example:

Notice of Availability was provided and verbally explained to Jane Doe and John Doe on February 1, 2011. Notice of Outcome will be mailed to Jane Doe and John Doe upon supervisor approval. The ongoing FCM for the child victim was notified of the assessment conclusion.

Post Assessment Approval Reversal Information

If, upon review in a Child Care Worker Assessment Review, the classification of allegations is reversed on one (1) or more allegations, the Conclusion should reflect the final decision by DCS. If any reversal of the classification of the allegations occurs after the original approval of the CW 311, the body of the narrative should remain intact. If the allegations in an approved CW 311 are reversed, after the original narrative, state the following information; the date of the reversal, the name and title of the person who authorized the reversal (such as the Local Office Director, Administrative Law Judge, court, etc.) and what procedure occurred that resulted in the reversal (administrative review, administrative hearing, expungement, Judicial Review, etc.). If the reversal is authorized through administrative review, the basis of the reversal should also be identified.

Example:

On March 10, 2011, Regional Manager John Henry, conducted an administrative review and reversed the decision to substantiate allegations of Neglect (environment life/health endangering) by Jane Doe as to Joey Smith, a minor child, because he determined that Jane Doe was not a parent, guardian or custodian to Joey Smith.

Additional Information for Fatality/Near Fatality Assessments

1. Always list both the cause and manner of death identified in the autopsy reports and the State issued death certificate. Document the reason for not having an autopsy report if one is not available and include additional documentation related to the death (coroner's report, coroner's inquest, etc).
2. For near fatalities, provide a brief statement stating that the child was placed on a ventilator/incubated and was admitted to ICU/NICU.
3. Indiana law requires documentation of all "prior contact" for assessments with a substantiated or unsubstantiated fatality/near fatality allegation. Prior contact can mean a prior 310, assessment or case. Case is defined as any intake, assessment, or ongoing contact as a result of an IA or CHINS action. Information needs to be included regarding prior contact for all children listed as victims of the fatality/near fatality assessment, including any adults listed as alleged perpetrators. If the current victim(s) or alleged perpetrator(s) have substantiated or unsubstantiated contact with DCS as a victim or perpetrator, then documentation for any incident of prior contact must include:
 - a. Frequency of face-to-face contact with the family;
 - b. Date of the last contact with the family;
 - c. For any report, assessment, or case that was closed at the time of the fatality/near fatality, provide a detailed reason for the closure; and
 - d. Closure date

Note: If any of the above prior contact information cannot be found, the documentation must include why the information will not be provided.

4. Any unsubstantiated fatality/near fatality should include a detailed description of any substantiated history of all victims, perpetrators, parents, guardians, custodians and household members, including the Indiana Child Welfare Information System assessment or case number, substantiation date, allegation and finding.
5. Include a statement addressing any impairment, or lack of, on the part of parents/caregivers/alleged perpetrators at the time of the incident resulting in the fatality/near fatality.

6. Include a statement indicating whether drug/alcohol screens were conducted on parents/caregivers/alleged perpetrators and the results of said screens.
7. For sleep-related deaths, state: who placed child to sleep, the environment where child was placed (adult bed, couch, crib, bedding, etc), who last saw the child alive and who found the child unresponsive.
8. For ingestion fatalities/near fatalities, provide a statement that prescription info was verified by the assessing FCM for all household members/caregivers.
9. Include an update on the DCS (CHINS or IA) case, including closure date and reason for closure, if applicable.
10. No CAPTA forms should be provided without prior approval from the fatality unit. See separate Policy [2.1 Request for Administrative Review](#) and [Policy 4.31 Fatality and Near Fatality Assessments](#).

Additional Information for Institutional Assessments

1. If the institution is a residential treatment facility (or a Resource Parent), include the Resource Number of the facility (or the Licensed Child Placement Agency (LCPA)) at the beginning of the assessment narrative;
2. Identify whether the child victim (and alleged perpetrator, if appropriate) was a private or agency placement. Agency placement may include DCS, Probation, Department of Education (DOE), Division of Disability, Aging, and Rehabilitative Services (DDARS). If Agency placement, state which agency; and
3. State the last three (3) residential placements for the child victim, if applicable. [See separate Policy 4.30 Institutional Assessments](#).
4. State that the DCS licensing unit was notified of the assessment conclusion.