

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> July 1, 2019
	<b>Section 3: Conducting the Assessment – Overview</b>	<b>Version:</b> 10

<b>STATEMENTS OF PURPOSE</b>
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The Indiana Department of Child Services (DCS) will conduct a thorough assessment of all assigned reports of alleged Child Abuse and/or Neglect (CA/N). DCS will be diligent in efforts to conduct an assessment that ensures child safety and well-being.

DCS will request Law Enforcement Agency (LEA) assistance on all reports that require a two (2) hour response time and as needed on additional reports. DCS will document LEA's response to DCS' request for assistance in the Case Management System.

DCS must complete Child Protective Services (CPS) checks and Limited Criminal History (LCH) background checks on all alleged perpetrators. See [Practice Guidance](#) for additional information.

Code References

1. [IC 31-33-8-7: Scope of the investigation](#)
2. [IC 31-33-8-2: Investigations by law enforcement agencies](#)
3. [IC 31-36-3: Homeless Children](#)
4. [IC 34-6-2-34.5: Domestic or family violence](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Review the [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#);
2. Request LEA assistance on all reports where a two (2) hour response time is identified, and document LEA's response to the request in Case Management System;
3. Conduct LCH background and CPS checks on all alleged perpetrators, **or request** completion of the checks by the local office designated staff. See [Practice Guidance](#) for additional information;
4. Notify the parent, guardian, or custodian of the allegation, and request consent to interview the child unless exigent circumstances exist. See policies, [4.5 Consent to Interview Child](#) and [4.6 Exigent Circumstances](#) for further guidance;

**Note:** An assessment involving domestic violence does not always warrant an automatic removal to ensure the safety of the child. Domestic violence does not always constitute exigent circumstances to interview the child without first seeking parental consent. See policy, [4.4 Required Interviews](#) for further information.

5. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Application. See policies, [4.36 Linking CAN Reports](#) and [4.38 Assessment Initiation](#) for further guidance;

6. Locate the subjects named on the [310](#) (e.g., alleged child victim; victim's parent, guardian, or custodian; and alleged perpetrator). See policy [4.7 Locating the Subjects](#) for further guidance;
7. Show proper identification at the onset of each interview;
8. Follow appropriate procedures for gaining entry into the home or facility. See policy [4.8 Entry into Home or Facility](#) for further guidance;
9. Conduct all required interviews and any additional interviews necessary to gain information to evaluate the validity of the allegations and establish the current safety of the child. See policy, [4.4 Required Interviews](#) for further guidance;
10. Take photographs of all children in the home and have the parent, guardian, or custodian sign the [Release For Use of Photographs \(SF 54968\)](#). See policy [4.14 Examining and Photographing a Child and/or Trauma](#) for additional guidance;
11. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Photograph visible trauma found on any child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA. See policy [4.14 Examining and Photographing a Child and/or Trauma](#) or further guidance;
12. Arrange for necessary medical and/or psychological examinations. See policy [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#) for further guidance;

**Note:** Ensure a PEDS referral is completed for all reports involving a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches, and red "marks" on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. See [Practice Guidance](#) for further information.

13. Complete the [Initial Safety Assessment](#), and if appropriate, a [Safety Plan \(SF 53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#). See policies [4.18 Initial Safety Assessment](#), [4.19 Safety Planning](#), and [4.42 Plan of Safe Care](#) for further guidance;
14. Seek the FCM Supervisor's approval of the [Initial Safety Assessment](#), [Safety Plan \(SF 53243\)](#), and/or [Plan of Safe Care \(SF56565\)](#);
15. Conduct an assessment of the home environment, if appropriate. See policy [4.13 Assessing Home Conditions](#) for further guidance;
16. Gather additional demographic information that is not already included on the [310](#) (e.g.; place of employment, military status, and/or tribal origin);
17. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator the [Notice of Availability of Completed Reports and Information \(SF48201\)](#) and document in the [311](#). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian, or custodian;
18. Exit the home immediately without alarming the adults and/or child, and call 911 if at any point during the interview, suspicions arise that a contaminating controlled substance is present. Refer to the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#) for further guidance;
19. Discontinue and leave the interview if at any point the FCM becomes concerned for his or her safety (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment. See policy [HR-3-1 Home Visit Safety Protocol](#) for further guidance;

20. Notify the employee's management team, which includes the FCM Supervisor, Local Office Director (LOD), Regional Manager (RM), and the DCS Human Resources (HR) Director, if the alleged perpetrator is a DCS Field staff member. If the alleged perpetrator is a DCS Central Office staff member, notify the employee's work unit Supervisor, Division Deputy Director, and DCS HR Director. See policy [2.4 Assessment and Review of DCS Staff Alleged Perpetrators](#) for further guidance;
21. Notify the child care worker or resource parent<sup>1</sup> of his or her right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a child care worker or resource parent. See policy [2.3 Child Care Workers Assessment Review Process](#) for further guidance;
22. Gather additional information necessary to make a determination about the validity of the allegations;
23. Document all information gathered during the assessment in Case Management System;
24. **Seek supervisory input as needed throughout the assessment**, including, but not limited to safety staffing and regular [clinical supervision](#). See policy [4.41 Safety Staffing](#) for additional information;
25. Document good faith efforts if unable to complete any element of the assessment and seek supervisory guidance for additional instructions. See policy [4.20 Good Faith Efforts](#) for further guidance;
26. Send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) to the administrator of the facility that made the CA/N report, if applicable. See policy [4.21 45 Day Report of Assessment](#) for further guidance;
27. Arrive at a finding of substantiated or unsubstantiated for each allegation. See policy [4.22 Making an Assessment Finding](#) for further guidance;
28. Conduct an [Initial Family Risk Assessment](#) to determine the likelihood of future maltreatment, if necessary. See policy [4.23 Initial Family Risk Assessment](#) for further guidance;
29. Take additional actions if necessary to, ensure the child's safety, including implementing child and family services. See policies [4.26 Determining Service Levels and Transitioning to Ongoing Services](#) and [5.7 Child and Family Team \(CFT\) Meetings](#);
30. Complete the [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF 113\)](#). See policy, [4.25 Completing the Assessment Report](#); and
31. Send notice to the perpetrator regarding his or her right to a review and an appeal of the decision if the allegations are substantiated. See policies [2.1 Notice of Assessment Outcome](#) and [2.5 Administrative Appeal Hearings](#) for further guidance.

**Note:** If it is determined that allegations will be substantiated on a person who asserts they are employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual's employment. See policy [2.3 Child Care Worker Assessment Review Process](#).

The FCM Supervisor will:

1. Discuss details of the assessment during safety staffing and [clinical supervision](#); and
2. Guide the FCM as necessary to ensure all duties are completed.

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<sup>1</sup> For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver

## PRACTICE GUIDANCE

### **Pediatric Evaluation and Diagnostic Service (PEDS) Referrals**

It is mandatory to complete a PEDS referral for a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches and red “marks” on the face/neck; mouth and eye injuries; head bleeds; skull fractures; and a fracture or burn involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in Case Management System with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral is available at: [https://ota.medicine.iu.edu/ChildProtection\\_V2](https://ota.medicine.iu.edu/ChildProtection_V2).

### **Physically Seeing and Interviewing All Children in the Home**

It is necessary for DCS to conduct a **face-to-face** interview with **all** children living in the household, because they may have witnessed the alleged CA/N, and there is a possibility that they may also be victims. For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at an appropriate level given the child’s developmental status.

### **Gathering Additional Information**

Sources of additional information may include, but are not limited to: relatives, neighbors, school officials, teachers, other school employees, physicians, other professionals, agencies in the community, and law enforcement. Such persons should only be contacted when the FCM has reason to believe they have pertinent information. It is important to note the purpose of gathering additional information is to gain knowledge that may aid in the assessment.

### **Communication with FCM Supervisor**

Because the FCM Supervisor provides the first level of quality assurance within the system, it is important the FCM Supervisor is updated and consulted as necessary throughout the assessment. This includes, but is not limited to, safety staffing and regular [clinical supervision](#). For further guidance see policy [4.41 Safety Staffing](#).

### **Clinical Supervision**

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

### **Distribution of the Notice of Availability of Completed Reports and Information**

The [Notice of Availability of Completed Reports and Information \(SF48201\)](#) should not be left on the door of the parent, guardian, custodian or alleged perpetrator. The information contained in this document should be discussed with the parent, guardian or custodian and the alleged perpetrators to ensure an understanding of the contents of the form. This will provide the parent, guardian or custodian, and the alleged perpetrator with an opportunity to ask the FCM any questions regarding this document. It also provides the opportunity for verbal and written notice to each parent, guardian or custodian and the alleged perpetrator. Mailing the form is acceptable if the parent, guardian or custodian and/or the alleged perpetrator either live outside of the jurisdiction of the DCS local office or has given verbal permission to have the form mailed. However, the FCM should attempt to have face-to-face contact with the individual prior to mailing the form.

### **Conducting Limited Criminal History (LCH) Checks on Alleged Perpetrators**

DCS must conduct LCH and CPS history checks on all alleged perpetrators as part of a comprehensive assessment. LCH checks should be completed early in the assessment to evaluate for potential safety concerns for the child, family, and/or DCS employees. Results of the LCH and CPS checks should be staffed with the FCM Supervisor when the results indicate possible safety concerns.

### **Incarcerated Parents**

The [Incarcerated Parent Letter- Assessment](#), [Incarcerated Parent Demographics](#), and [Incarcerated Parent Information](#) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement with the parents.

## **FORMS AND TOOLS**

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) – Available in the Case Management System
2. [Assessment of Alleged Child Abuse or Neglect Report \(SF113\) \(311\)](#) – Available in Case Management System
3. [Initial Safety Assessment](#) – Available in Case Management System
4. [Safety Plan \(SF53243\)](#)
5. [Plan of Safe Care \(SF56565\)](#)
6. [Notice of Availability of Completed Reports and Information \(SF48201\)](#)
7. [Forty-five \(45\) Day Report of Assessment \(SF54854\)](#)
8. [Initial Family Risk Assessment](#) – Available in Case Management System
9. [Release For Use Of Photographs \(SF54968\)](#)
10. PEDS Program Referral - Available at [https://ota.medicine.iu.edu/ChildProtection\\_V2](https://ota.medicine.iu.edu/ChildProtection_V2)
11. [Incarcerated Parent Letter- Assessment](#)
12. [Incarcerated Parent Demographics \(SF56538\)](#)
13. [Incarcerated Parent Information](#)
14. [Indiana Drug Endangered Children \(DEC\) Protocol](#)

## **RELATED INFORMATION**

### **Domestic Violence Assessments**

The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to the child by the presence of domestic violence. The challenge in providing

services in domestic violence cases is to keep the child safe without penalizing the non-offending parent and without escalating the violent behavior of the alleged domestic violence offender. The primary responsibility of DCS is to determine the overall risk to the child and take appropriate action to ensure the child's safety.

CA/N assessments may increase the risk to the child and other family members when domestic violence is present. It is important to consider how the assessment process will affect the safety of all involved and take action as outlined in this chapter.

### **Child Care Workers Assessment Review Process**

It is important to document through a thorough assessment the place of employment of all alleged perpetrators. If it is determined the allegations will be substantiated on a person who asserts that he or she is employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual's employment. See policy [2.3 Child Care Worker Assessment Review Process](#) for additional information.

### **Child Care Worker**

DCS defines "child care worker" as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:

1. Any agency that provides services to, or for the benefit of, children who are victims of CA/N;
2. Any of the following types of facilities:
  - a. Child care center,
  - b. Child care home (whether or not required to be licensed),
  - c. Child care ministry (whether or not licensed),
  - d. Residential group home,
  - e. Child caring institution,
  - f. School,
  - g. Juvenile detention center, or
  - h. Licensed child placing agency (LCPA).
3. Any other facility that provides residential care for children;
4. Any other agency that is a contracted service provider for DCS; or
5. A home that provides:
  - a. Child care; or
  - b. Services to, or for the benefit of, children who are victims of CA/N for a child or children to whom that person is not related.

### **Contacting LEA**

DCS is required to contact LEA on all reports that require a two (2) hour response time. LEA may be contacted for other reports as needed. Each DCS local office must develop Inter-Agency Agreements with their local LEA to outline procedures on the handling of new CA/N intake reports.

### **Homeless Unaccompanied Minors**

Exigent circumstances exist when assessing a report of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian. The parent, guardian, or custodian of the child must be notified within **48 hours** of DCS receiving the report, and no later than **72 hours** of the child entering the shelter. DCS must notify the parent,

guardian or custodian that the child is in a shelter and has been interviewed by DCS. If DCS has reason to believe the child is a victim of CA/N, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines the child is unsafe and the coercive intervention of the court is needed, refer to policy [4.28 Removals from Parents, Guardians, and Custodians](#) for procedures to follow.

**Alleged Father**

An alleged father is a person who has asserted or claims to be the father of a child, or the person who the mother identifies as the father but has not been adjudicated as the father through a paternity action filed in court having jurisdiction.

**Noncustodial Parent**

A noncustodial parent is a mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

ARCHIVED (7/1/2019-7/31/2022)