COMMUNITY CHILD PROTECTION TEAMS

A MANUAL FOR TEAM MEMBERS

Revised by
Prevent Child Abuse Indiana
A Division of The Villages and a
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and The Indiana Department of Child Services

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INTRODUCTION

The Community Child Protection Team: A Manual for Team Members

Child abuse and/or neglect (CA/N) is a problem which has been recognized for many years, and both the emotional and fiscal consequences of maltreatment continue to have a tremendous impact on our society. Each year, tens of thousands of children are victims of physical and sexual abuse, neglect, and emotional maltreatment. CA/N is a tragedy for the children who are victimized, the families who are torn apart by guilt, and the community which loses the benefits of healthy families and children. Further, unless there is education, intervention, and prevention, the cycle of child maltreatment may begin again when victims of childhood abuse and neglect become parents themselves.

How can the cycle be broken? The Department of Child Services (DCS) was created to protect the life and health of children, provide services and referrals for treatment to assist children and families to overcome the devastating effects of child abuse, and provide resources and knowledge to families to prevent child abuse. A problem created by and affecting all of society cannot be relegated to a small group to solve. Community concern and action is required. Those who work in the field of child welfare need:

1. Professional consultation with specialists;
2. Feedback on community standards;
3. Information on treatment resources;
4. Support and advocacy for their efforts; and
5. Advocacy to effect change.

The Child Protection Team (CPT) is an effective method to focus multi-disciplinary resources. This concept takes on many forms and functions throughout the country. There are teams which are organized as a group of treatment experts who collaborate about the diagnosis and treatment of children and their families. Hospital and agency-based teams are usually organized in this manner. A second type of CPT is the case consultation team. This model involves a multi-disciplinary group of experts who provide advice and opinions on CA/N cases to the legally mandated child protection services unit. A third model is a group of concerned citizens, agency representatives, and/or child advocates who meet together to address issues of CA/N in their community.

The Community CPTs were created in Indiana in 1979. These CPTs, located in each county of the state, have given countless hours of consultation, support, and advocacy to DCS staff at the county level. Because of the importance of what they provide, CPTs need to receive the most current and relevant information regarding laws, policies, child maltreatment indicators and risk factors, as well as research pertaining to best practice methods. We recognize the importance of timely and evidence-based training, so that those who are charged with helping to protect our children and support our workers may do so in the most ethical and knowledgeable manner. In order to ensure current information is being provided in an effective and fiscally responsible

manner, a method of training has been created that includes a comprehensive online handbook that can be updated as necessary, and an initial in-person presentation for members of the CPTs.

This manual is intended to provide new and experienced Community CPT members with an understanding of:

1. The role and process of the CPT;
2. Legislation and policies pertaining to CA/N cases;
3. The entire process of a Child in Need of Services (CHINS) case; and
4. Guidelines for effective and productive meetings.

It is also our goal to record live trainings and download them onto the internet for new team members to access. Those trainings may also be changed and updated as necessary.

To better understand the process and evolution of Indiana's child welfare legislation and policies, it is important to reflect on some of the important events that impacted their development.

The first legislative code related to children was established in 1903 and was only slightly revised until 1979. In 1971, the reporting law (IC 12-3-4.1-2, now repealed):

1. Required any person who had "reason to believe" that a child has had a physical injury inflicted upon the child by a parent or other person responsible for the child's care other than by accidental means to report the injury to the County Office of Family and Children or law enforcement agency (LEA);
2. Required reporters, who were licensed to administer medical assistance, to include the nature and extent of injuries to children, including evidence of previous injuries and any other information which might help to establish the cause of injuries or the identity of the perpetrator; and
3. Charged those who failed to report with a misdemeanor with a penalty of a fine (not more than $100) and/or imprisonment (not to exceed 30 days).

A 24 member commission was formed in 1977 to develop Juvenile Code when the rules promulgated by the Indiana State Supreme Court were rescinded. The Juvenile Code was introduced in the 1978 Legislature. Effective January 1, 1979, the new law, P.L. 135, amended Title 31 (Family Law) by adding Article 5.5, a section on child abuse. An additional change effective October 1, 1979, as P.L. 276 reorganized P.L. 135 by repealing Article 5.5 and incorporating it into the new Juvenile Code as Chapter 11. A few changes were made in the 1997 legislative session, including the addition of IC 31-33-11-1 concerning a hospitalized child who is the subject of an abuse or neglect investigation. Also, requirements for Guardian ad Litem (GAL) and Court Appointed Special Advocate (CASA) participation were added to various sections of the law.

In 1992, the Indiana General Assembly passed P.L. 154-1992, creating the Commission on Abused and Neglected Children and Their Families. The 24 member commission was charged with making recommendations for a continuum of services to abused and neglected children and their families. In September 1992, the Commission submitted a comprehensive report and 16 specific recommendations to the Governor and the Legislative Council. As a result of the

Commission's work, the General Assembly unanimously passed P.L. 142-1993, which enacted a series of reforms in Indiana's child welfare system. These changes included authorization to establish a central registry and automated child protection system as well as new definitions of substantiated and unsubstantiated, new timeframes for initiating investigations, service referral agreements, reports to the court on Informal Adjustment (IA)/Prevention Plans, and new configurations and duties for Community CPTs. Other changes dealt with false reporting, the removal of the alleged perpetrator by law enforcement, placing children with appropriate family members, and the child abuse hotline 800-number.

The 1994 legislative session changed the law on child molesting (IC 35-42-4-3) and added to the list of persons entitled to receive a 30 and a 90 Day Report of Assessment and those authorized to have information gathered during the investigation of an abuse or neglect report. It should be noted that the 90 day follow-up report requirement was eliminated in 2011. In 2019, the 30 day report changed to the 45 Day Report of Assessment.

In 2004, the Indiana General Assembly again created a Commission on Abused and Neglected Children and their Families. This Commission on Abused and Neglected Children and their Families made several recommendations regarding Indiana's Child Welfare system, but three (3) significant pieces of legislation resulted from the Commission. The first was the creation of Indiana DCS, which occurred in 2005. Another piece included the hiring of 800 new Family Case Managers (FCMs) over a three (3) year period of time from 2005-2008. Finally, in 2009, the Office of the Ombudsman was created to help resolve complaints against DCS.

In 2013, IC 2-5-36 established the Commission on Improving the Status of Children in Indiana. The Commission has 18 members from multiple state agencies, and has the mission of improving the status of children in Indiana. The duties of the Commission are to:

1. Study and evaluate the following:
    a. Access to services for vulnerable youth,
    b. Availability of services for vulnerable youth,
    c. Duplication of services for vulnerable youth,
    d. Funding of services available for vulnerable youth,
    e. Barriers to service for vulnerable youth,
    f. Communication and cooperation by agencies concerning vulnerable youth,
    g. Implementation of programs or laws concerning vulnerable youth,
    h. The consolidation of existing entities that serve vulnerable youth,
    i. Data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes,
    j. Crimes of sexual violence against children, and
    k. The impact of social networking web sites, cellular telephones and wireless communications devices, digital media, and new technology on crimes against children.

2. Review and make recommendations concerning pending legislation;
3. Promote information sharing concerning vulnerable youth across the state;
4. Promote best practices, policies, and programs;
5. Cooperate with:

a. Other child focused commissions,
b. The judicial branch of government,
c. The executive branch of government,
d. Stakeholders, and
e. Members of the community.

6. Submit a report not later than July 1 of each year regarding the commission's work during the previous year. The report shall be submitted to the legislative council, the governor, and the chief justice of Indiana. The report to the legislative council must be in an electronic format under IC 5-14-6.

Provisions of Current Family Law (Title 31), Juvenile Law (Article 33), Child Abuse (Chapter 1):

The purpose is to:

1. Encourage effective reporting of suspected or known incidents of CA/N,
2. Provide effective child services to quickly investigate reports of CA/N,
3. Provide protection for an abused or a neglected child from further CA/N,
4. Provide rehabilitative services for an abused or a neglected child and the child's parent, and
5. Establish a centralized statewide child abuse registry and an automated child protection system.

For the detailed Indiana Juvenile Code, please see Appendix D

Chapter 1
Child Welfare Manual
Synopsis

Department of Child Services:
Intake Through
Permanency Planning

Intake through filing Child in Need of Services (CHINS)

Federal Code emphasizes:

1. Prevention of unnecessary separation of children from parents;
2. Improvement in quality of care and services to children and families;
3. Permanency for children through:
   a. Reunification with parents,
   b. Adoption,
   c. Guardianship,
   d. Placement with a fit and willing relative, or
   e. Another Planned Permanent Living Arrangement (APPLA).

Note: *This section contains information from the Indiana DCS Child Welfare Manual. The information was accurate at the time of the issuance of this document. However, the policies may have been revised since the time this document was issued. There is a link for each referenced policy. Please review the linked policies for current information.*

Receiving Reports of Child Abuse and Neglect

DCS operates a **toll-free hotline (1-800-800-5556)** for people to call and report suspected cases of child maltreatment. ***DCS receives and initiates assessments of child maltreatment 24 hours a day, seven days a week. The hotline employs trained FCMs, also known as Intake Specialists (IS), who receive the reports. The unit is referred to as the Centralized Intake Unit (CIU)***

A written report, Preliminary Report of Alleged Child Abuse or Neglect (310 (SF 114) , must be completed based on information from the complainant. The report should include the following (**if known**):

1. Names and addresses of the child; the child's parent, guardian, or custodian; other people responsible for the child's care; and other family members of the child;
2. Child's age and gender;
3. Nature and apparent extent of the child's injuries, abuse or neglect (if any), including any evidence of present or prior injuries or alleged abuse or neglect to the child or the child's siblings;
4. Name of the person allegedly responsible for the abuse or neglect;
5. Source of the report;
6. Name of the report source and where the report source may be reached;
7. Any actions taken by the report source, such as photographs, x-rays, removal or keeping of the child, or notifying the coroner; and
8. Any other information the IS may require or the report source may believe helpful.

The IS will evaluate every Preliminary Report of Alleged Child Abuse or Neglect (310 (SF 114) it receives by using the Structured Decision Making tool (SDM) to make *recommendations* to assess or screen out and make determinations about:

1. Whether or not the allegations meet the statutory definition of CA/N and should be assigned for assessment;
2. Whether or not the report contains enough information to identify or locate the child and initiate an assessment; and
3. How quickly the assessment must be initiated (see Initiation Timeframes).

Intake reports involving a suspected injury to the head or neck, fracture, or burn are eligible for a

referral to the Pediatric Evaluation and Diagnostic Service (PEDS) Program. A suspected injury to the head or neck of any child less than six (6) years of age, as well as Intake reports involving allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns of any child less than three (3) years of age require a referral to the PEDS Program. This program is available 24 hours a day, seven (7) days a week, and referrals are generally completed by the assigned FCM. Intake reports alleging a child witnessed or was present in the home during an incident of domestic violence (DV) will be assigned for assessment, if appropriate, with the focus of the assessment being placed on the child's safety. The Hotline will also recommend for assessment other DV related calls that meet the statutory definition of CA/N. The Hotline IS will relay the intake report to the Hotline Supervisor for review following the conclusion of the initial call from the reporter. Hotline Supervisors will review all intake reports for decision appropriateness and quality. The local office supervisor or designee makes the final decision about whether to assign the report to a local FCM or not. The local office may also shorten the initiation timeframe. When not following the CIU recommendation, the local office should document the reason.

In summary, at the conclusion of the reporter's initial call, the IS will:

1. Complete the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114);
2. Thoroughly screen each individual named in the report for previous involvement with DCS prior to sending to the Hotline Supervisor;
3. Determine if the allegations meet the statutory definition of CA/N, and determine how quickly the assessment should be initiated if the allegations meet the statutory definition of CA/N; and
4. Send the Preliminary Report of Alleged Child Abuse or Neglect (310 (SF 114) to the Hotline Supervisor.

The Hotline Supervisor will route the report to the appropriate local office. The local DCS office will make the final decision to assess or screen out the report.

All intake reports involving a child who voluntarily enters an emergency shelter or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be routed to the DCS local office for assessment. DCS must conduct an assessment concerning the child no later than 48 hours after receiving notification from the emergency shelter or shelter care facility.

Reports That Are Not Assigned for Assessment (Policy 3.06 Recommending CA/N Reports for Screen-Out)

Due to Indiana Law, DCS will not assign a report for an assessment that:

1. Does not meet the statutory definition of CA/N;
2. Does not contain sufficient information to either identify or locate the child and/or family and initiate an assessment; or
3. Occurred out of state, and there is no current risk of harm in Indiana.

   Note: Reports where the alleged CA/N occurred in another state will be referred to the appropriate child welfare agency in that state.

Intake reports that are not assigned for assessment are referred to as "screen-outs". DCS will consider potential current and future risk to the child prior to recommending a CA/N intake report that involves DV for screen-out.

Per IC 31-33-3-6, the CPT may receive and review:

1. Any case that DCS has been involved in within the county where the team presides; and

2. Complaints regarding CA/N cases that are brought to the team by a person or an agency.

The IS will:

1. Document the specific reason for the screen-out in the notes section of the intake report on the SDM tool (e.g., "The allegations don't meet the statutory definition of CA/N because the alleged perpetrator is not the child's parent, guardian or custodian.");
2. Recommend the report be referred to law enforcement if the allegations are of a criminal nature; and
3. Submit the intake report to the Hotline Supervisor for review.

The Hotline Supervisor will route the report to the appropriate DCS local office. The local office will make the final decision to screen-out or assess the intake report.

Initiation Timeframes (Policy 4.38 Assessment Initiation)

When reports of CA/N are received, the assessment must be initiated within a "reasonably prompt time," but not later than five (5) days. The primary consideration should be the well-being of the child who is the subject of the report. If the report alleges a child may be a victim of physical or sexual abuse, the assessment shall be initiated within 24 hours after receipt of the report. If there is reason to believe the child is in imminent danger of serious bodily harm, DCS must initiate within two (2) hours after receipt of the report. DCS will respond within the initiation window regardless of the time of day.

DCS will not conduct an assessment on an unlicensed registered child care ministry without law enforcement involvement unless the child care ministry receives Child Care Development Fund (CCDF) vouchers.

Factors to be Considered during an Assessment

DCS' assessment, to the extent that is reasonably possible, may include the following:

1. The nature, extent, and cause of the known or suspected CA/N;
2. The identity of the person allegedly responsible for the CA/N;
3. The names and conditions of other children in the home;
4. An evaluation of the parent, guardian, custodian or person responsible for the care of the child;
5. The home environment and the relationship of the child to the parent, guardian, or custodian or other persons responsible for the child's care; and
6. All other information considered pertinent, which may include the following:
   a. A visit to the child's home, school, or other place the child may be,
   b. An interview with the subject child, and
   c. A physical, psychological, or psychiatric examination of any child in the home.

The FCM will make a reasonable number of attempts and employ creative problem-solving techniques in an effort to complete each assessment component and to do so within the required timeframe;

1. When extenuating circumstances prevent completion of a component within the deadline or altogether, document the circumstances in the case management system;
2. Seek supervisory input whenever a deadline cannot be met and/or a component cannot be completed; and
3. Document the reasoning, with supervisory approval, if the decision is made to reach a finding based on the available evidence and close the assessment without completion of one (1) or more required components.

The FCM Supervisor will:

1. Review the documentation and discuss the circumstances with the FCM to make a final determination about whether good faith efforts have been made;
2. Assist the FCM with creative problem-solving techniques if it is determined that good faith efforts have not been made and additional efforts should be made to complete a particular assessment component; and
3. Advise the FCM to recommend a finding based on the available evidence if he or she determines that good faith efforts have been made and the incomplete assessment will be closed.

Assessment Activities

Depending upon the circumstances, assessment activities include:

1. Making contact with or interviewing the child and parent, guardian, or custodian;
2. Obtaining photographs and/or X-rays;
3. Making a home visit;
4. Obtaining a physical, psychological, and/or psychiatric examination;
5. Making collateral contacts with entities such as relatives, neighbors, school personnel, law enforcement, or other community agencies; and
6. Obtaining drug screens.

Assessment of Potential Risk to Child

Factors to be considered when assessing the potential risk to a child are:

1. Age/development of the child;
2. Location of the injury and severity or frequency of the injury or neglect;
3. Prior history of abuse or neglect;
4. Family members' potential for change, and
5. Degree of access of the alleged perpetrator to the child and ability of parent, guardian, custodian, or person responsible for the child to protect the child.

Determination of Case Status

In order to make a determination of substantiation, DCS must find enough facts to prove that there is a preponderance of the evidence (over 50%) that CA/N has occurred.

If DCS is unable to find facts to provide credible evidence that CA/N has occurred, DCS will make a determination of unsubstantiated.

Report of Assessment (Policy 4.21 Forty-five (45) Day Report of Assessment)

DCS shall send the Forty-five (45) Day Report of Assessment (SF 54854) no later than 45 days after receiving the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) from a:

1. Hospital;
2. Community mental health center;
3. Managed care provider (as defined in IC 12-7-2-127(b));
4. Referring physician;
5. Dentist;
6. Licensed psychologist;
7. School;
8. Child caring institution licensed under IC 31-27;
9. Group home licensed under IC 31-27 or IC 12-28-4;
10. Secure private facility; or
11. Child placing agency as defined in IC 31-9-2-17.5.

DCS shall send the Forty-five (45) Day Report of Assessment (SF 54854) to:

1. The administrator of the hospital;
2. The community mental health center;
3. The managed care provider;
4. The referring physician;
5. The dentist;
6. The principal of the school;
7. A licensed psychologist;
8. A child caring institution licensed under IC 31-27;
9. A group home licensed under IC 31-27 or IC 12-28-4;
10. A secure private facility licensed under IC 31-27; or
11. A child placing agency (as defined in IC 31-9-2-17.5).

Note: The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

The Forty-five (45) Day Report of Assessment (SF 54854) must contain these items that are known at the time the report is sent:

1. The name of the alleged victim of CA/N;
2. The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim;
3. Whether the assessment is closed;
4. Whether the department has made an assessment of the case and has not taken any further action;
5. The FCM's name and telephone number;
6. The date the report is prepared; and
7. Other information that DCS may prescribe.

The Forty-five (45) Day Report of Assessment (SF 54854) is confidential and may be made available only to the agencies named above and the personnel and agencies listed in IC 31-33-18-2.

Confidentiality

Please refer to the Indiana Juvenile Code Synopsis of this manual, IC 31-33-18-2, for those authorized to have access to reports of alleged child abuse and neglect. A Confidentiality Agreement (SF 52736) will be signed annually by CPT members.

Further Services and Court Involvement

Informal Adjustment/Prevention Plan (Policy 5.09 Informal Adjustment/Prevention Plan)

DCS will initiate a Program of Informal Adjustment (IA)/Prevention Plan when:

1. A CA/N allegation is substantiated;
2. Voluntary participation in family and/or rehabilitative services is the most appropriate course of action to protect the safety and well-being of the child;
3. The parent, guardian, or custodian consents to an IA/Prevention Plan; and
4. Juvenile court approval is requested and obtained.

The duration of the IA/Prevention Plan will be no longer than six (6) months. An IA/Prevention Plan extension may be requested for no longer than three (3) months. If the court does not approve or deny the IA/Prevention Plan or set a hearing within 10 business days of filing, the IA/Prevention Plan is deemed approved. If the hearing is set within 10 business days but not held, and action is not taken to approve or deny the IA/Prevention Plan within 30 business days of

submission to the court, the IA/Prevention Plan is deemed approved.
DCS will utilize the Progress Report on Program of Informal Adjustment/Prevention Plan (SF 54336) to:

1. Discharge the IA/Prevention Plan if the family has complied with the terms of the IA/Prevention Plan;
2. Extend the IA/Prevention Plan past the initial six (6) months (an IA/Prevention Plan can have one [1] three [3] month extension);
3. Dismiss the IA/Prevention Plan if:
   a. The family has not complied with the terms of the IA/Prevention Plan and DCS is not requesting an extension), or
   b. DCS has obtained court approval to file a CHINS petition.

4. Notify the court that DCS will be filing a subsequent report because:
   a. The family has not substantially complied with the terms of the IA/Prevention Plan, and DCS is reviewing the situation to determine appropriate action, or
   b. Services have not been successful to allow the child to remain at home, and a petition requesting court approval to file a CHINS has been filed.

   Note: The Progress Report on Program of Informal Adjustment/Prevention Plan (SF 54336) must be submitted to the court no later than five (5) months after approval of the IA/Prevention Plan. If the court approves the extension, DCS will file a supplemental report to the court no later than eight (8) months after DCS implemented the IA/Prevention Plan.

DCS will file a petition for compliance if a parent, guardian, or custodian fails to comply with the services outlined in the IA/Prevention Plan agreement.

Outline of CHINS Procedure (Policy 6.02 Filing a CHINS Petition)
DCS will initiate a CHINS petition when there is sufficient reason to believe that a child is a victim of abuse and neglect and the coercive intervention of the Court is necessary to protect that child.

The FCM will:

1. Staff with the FCM Supervisor and DCS Staff Attorney to ensure the case supports the filing of a CHINS petition;
2. Conduct a diligent search if either of a child's parents are unable to be located;
3. Ensure the CHINS petition includes a request for the court to make findings of Best Interests/Contrary to the Welfare, Reasonable Efforts to Prevent Removal, and Placement and Care responsibility to DCS if the recommendation is that the child continue to remain out-of-home or be removed from the home and placed in substitute care;

   Note: The FCM must be prepared to submit an Affidavit of Diligent Inquiry (ADI) (SF 54778) or an update as to the progress toward completion of the ADI to the court at the time of the Detention/Initial Hearing.

4. Work with the DCS Staff Attorney to complete and file all documents necessary for court proceedings.
5. Request separate hearings be held for a parent who is an alleged victim of domestic violence and alleged domestic violence offender, when appropriate; and
6. Staff with FCM Supervisor to determine next steps if the request for separate hearings is denied.

The FCM Supervisor will:

1. Assist the FCM, whenever necessary, to complete the required CHINS documents;
2. Ensure the CHINS petition is filed in a timely manner; and
3. Assist the FCM if the request to hold separate hearings is denied for the non-offending parent and alleged domestic violence offender, when appropriate.

Taking Custody and Detention

A child may be taken into custody by a law enforcement officer, probation officer, or FCM acting with probable cause to believe the child is a CHINS if:

1. It appears the child's physical or mental condition will be seriously impaired or seriously endangered if the child is not immediately taken into custody;
2. There is not a reasonable opportunity to obtain an order of the court; and
3. Consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child.

> **Note:** A probation officer or caseworker may take a child into custody only if the circumstances make it impracticable to obtain assistance from a law enforcement officer.

If a person takes a child into custody under this section, the person shall make written documentation not more than 24 hours after the child is taken into custody. The safety of the child must preclude services to prevent removal; a court order must be sought, if possible; and the parents must be notified that a child has been detained, with or without a court order. Parents must also be notified of their legal rights during this process.

When a child is removed from the home of the parent, guardian, or custodian, a combined Detention/Initial Hearing will be held no later than 48 hours after the removal, excluding Saturdays, Sundays, and certain legal holidays, to determine if DCS has continued authority to detain the child. The combined Detention/Initial Hearing will take place after a removal when there was no prior court approval. The Detention/Initial hearing will always be combined unless DCS requests a Detention Hearing to obtain a court order prior to taking custody of a child.

If the combined Detention/Initial Hearing is not held within 48 hours after the removal, DCS will return the child to his or her parent, guardian, or custodian.

> **Exception:** If a child is taken into custody as a safe haven or abandoned infant, DCS will ensure that a Detention/Initial Hearing is held no later than the next business day after the child is taken into custody.

In addition, all parents, guardians, and custodians must be notified during a DCS assessment of the availability of the Assessment of Alleged Child Abuse or Neglect (311) (SF 113). The purpose of the hearing is to show the removal was necessary, as is continued placement, if applicable. The order or transcript from the court must show:

1. Reasonable efforts have been made by DCS to prevent removal or to reunite the family;
2. It is in the child's best interest to be removed from the home and that remaining in the home environment would be contrary to the health and welfare of the child;
3. Reasonable efforts were made or could not be made to prevent or eliminate the removal; and
4. DCS has responsibility for the placement and care of the child.

Filing a CHINS Petition (Policy 6.02 Filing a CHINS Petition)

DCS will initiate a CHINS petition when there is sufficient reason to believe a child is a victim of abuse and neglect. The situation must meet one (1) or more of the CHINS definitions as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-16, and DCS must show that coercive intervention of the court is necessary to protect the child and that services are necessary.

When the court has not received and accepted a parent, guardian, or custodian's admission that there is a factual basis to establish the child is a CHINS, and the parent, guardian, or custodian desires to contest the facts alleged in the DCS CHINS petition, the parent, guardian, or custodian is entitled to a CHINS fact-finding hearing on whether the child is a CHINS.

CHINS Hearings

Initial Hearing (Policy 6.01 Detention/Initial Hearing)

The purpose of the Initial Hearing is to inform the parent, guardian, or custodian of the allegations and of the effects if the child is adjudicated a CHINS, and to determine if the parent, guardian, or custodian admits to or denies the allegations. Prior to the hearing, DCS will provide notice to the child; parent, guardian, or custodian; CASA/GAL (if assigned); foster parent; and any other person necessary for the proceedings. A GAL or CASA may be appointed by the court during the Initial Hearing. DCS will ensure a summons is issued by the clerk of the court for subsequent hearings. For the Initial Hearing only, a copy of the CHINS petition must accompany each summons. DCS will personally deliver a copy of the petition and notice of the Detention/Initial Hearing to children alleged to be CHINS who have sufficient mental capacity to read and understand the contents of the document.

Fact-finding Hearing (Policy 6.03 Fact-Finding Hearing)

The Fact-Finding Hearing is the setting in which DCS must prove the child has a condition as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-16; DCS must show that the situation meets one (1) or more of the CHINS definitions as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-16. DCS must show the coercive intervention of the court is necessary to protect the child. The Fact-Finding Hearing will be held within 60 calendar days from the date the CHINS petition was filed. If the allegations of a petition have been admitted, the juvenile court may hold a Dispositional Hearing immediately after the Initial Hearing.

Dispositional Hearing (Policy 6.07 Dispositional Hearing)

The juvenile court shall complete a Dispositional Hearing, not more than 30 days after the date the court finds that a child is a CHINS, to consider the following:

1. Alternatives for the care, treatment, rehabilitation, or placement of the child;
2. The necessity, nature, and extent of the participation by a parent, guardian, or custodian and child in the program of care, treatment, or rehabilitation for the child;
3. The financial responsibility of the parent or guardian or the estate for services provided for the parent or guardian or child;
4. Legal settlement of the child for school attendance, if the child has been removed from the home; and
5. Reasonable efforts have been made to prevent or eliminate the need for removal of the child, **or** reasonable efforts to prevent removal of the child were not required because of the emergency nature of the situation;

6. Family services were offered and provided to:
   a. A CHINS, or
   b. The child's parent, guardian, or custodian.

7. The court's reasons for the plan of care, treatment, rehabilitation, or placement of the child as ordered or approved by the court; and DCS is given responsibility for placement and care of the child; and
8. DCS is given responsibility for placement and care of the child.

   Note: If the dispositional hearing is not completed within 30 days of the court finding the child is a CHINS, upon a filing of a motion with the court, the court shall dismiss the case without prejudice.

The Indiana Department of Child Services (DCS) will prepare a Predispositional Report (PDR) at least 10 calendar days prior to the Dispositional Hearing (unless the 10 days is waived by the parent, guardian, or custodian who is the subject of the PDR) for any child that a court adjudicates a Child in Need of Services (CHINS).

DCS will ensure the Predispositional Report (PDR) includes, but is not limited to the following:

1. Statement of the needs of the child for care, treatment, rehabilitation, or placement;
2. A description of the due diligence efforts made to identify all adult relatives of the child, including ongoing efforts for a child in an out-of-home placement throughout the life of the case;
3. Recommendation for the care, treatment, rehabilitation, or placement of the child;
4. Financial Report on the parent and child;
5. Nature and extent of appropriate participation by the parent, guardian, or custodian, including recommended services and visitation (including alternate forms of contact);
6. Legal Settlement Information (i.e., city and state of current residence of custodial parent or other caretaker when applicable);
7. Information about Child and Family Team (CFT) Meetings or Case Plan Conferences held and their outcomes, including any information about a second Permanency Plan for the child, if concurrent planning; and
8. Information gathered from the resource parent during preparation of the report.

The following individuals may prepare an alternative report for consideration by the court:

1. The child, based upon age and developmental level; and
2. The child's:
   a. Parent, guardian, or custodian,
   b. Resource parent, and
   c. CASA/GAL.

DCS will confer with appropriate individuals who have expertise in professional areas related to the child's needs. These individuals may include:

1. DCS;
2. Resource parent;
3. The child's school;

   Note: If the child is eligible for special education services or placement, consultation with the school is mandatory.

4. Probation Department;
5. A community mental health center;
6. A community developmental disabilities center;
7. CFT; and/or
8. Other persons as the court may direct.

The report should also include specific detail regarding the persons living in the household of the removed child. The following information should be included:

1. The relationship of these persons to the removed child;
2. Each parent's place of residence;
3. Sources and amounts of income for each household member in the month the child was removed; and
4. Any diagnosed physical or mental illness of one (1) or both of the parents.

In-Home CHINS
If it is determined that the child may safely remain at home through an In-Home CHINS, the parent, guardian, or custodian must still adhere to requirements outlined by DCS.

The FCM will:

1. Refer the family for home-based services.
2. Convene the CFT; and
3. Develop the Case Plan/Prevention Plan (SF 2956) with the CFT.

Out-of-Home CHINS
If it is determined the child will not be safe remaining in the home and coercive intervention of the court is needed to ensure the child receives care and services, the child will be placed in out-of-home care.

Excluding exigent circumstances, DCS cannot remove a child from home without approval from the court. A Detention Hearing is required within 48 hours of removal. The code presumes the child will be released to the parent unless the court makes specific written findings.

Case Reviews and Hearings (Policy 6.09 Periodic Case Review Hearing)
DCS will participate in a Periodic Case Review Hearing:

1. Six (6) months after the date of the child's removal from his or her parent, guardian, or custodian or after the date of the Dispositional Decree, whichever comes first; and
2. Every six (6) months thereafter; or
3. More often if ordered by the Court.

DCS will provide notice of a Periodic Case Review Hearing at least 10 calendar days before the hearing to the following:

1. The child;
2. The child's parent, guardian, or custodian;
3. An attorney who has entered an appearance on behalf of the child's parent, guardian, or custodian;
4. The child's CASA or GAL;
5. Resource parent or long-term resource parent (a parent who has provided care and supervision for a child for at least 12 most recent months, 15 months of the most recent 22 months, or six [6] months if the child is less than 12 months of age); and
6. Witnesses for the hearing.

Permanency Plan (Policy 6.10 Permanency Plan)

DCS will identify and recommend to the court a Permanency Plan for every child/youth adjudicated as a CHINS. A second Permanency Plan will be identified if concurrent planning is appropriate. All decisions made by DCS shall be made in consideration of the best interests of

the child.

The Permanency Plan will be identified in the Case Plan/Prevention Plan (SF 2956) no later than 45 days after the date the child/youth is removed from the home or date of disposition, whichever comes first.

DCS will make reasonable efforts to reunify the child with his or her family unless the court finds that reasonable efforts to reunify are not required, in accordance with IC 31-34-21-5.6.

> **Note:** If the court determines no reasonable efforts are required, a Permanency Hearing must be held within 30 days of the finding.

When reunification is not appropriate or possible, DCS will make and recommend to the court a second Permanency Plan in a timely manner. DCS will seek court approval of all Permanency Plans and subsequent changes.

> **Note:** The Permanency Plan of Another Planned Permanent Living Arrangement (APPLA) is only available to youth 16 and older.

DCS will inform the child/youth and document the child/youth's views in the Permanency portion of the Progress Report-Permanency (Permanency Report). DCS will ensure all youth age 14 and older have the opportunity to participate in the development of Permanency Plans and to participate in court hearings. The youth's child representatives (selected by the child) may participate in the development of the Permanency Plan.

> **Note:** Beginning at age 14, FCMs should advise youth that they may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser and, if necessary, advocate for age appropriate activities. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe they would not act in the best interest of the child.

Permanency Hearing (Policy 6.11 Permanency Hearing)

DCS will attend and participate in a Permanency Hearing for a child/youth:

1. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child/youth's family are not required and every 12 months thereafter; or
2. Every 12 months after the date of the original Dispositional Decree or the date the child/youth was removed from his or her parent, guardian, or custodian, whichever comes first and every 12 months thereafter; or
3. More often if ordered by the court.

DCS may request that the court hold a Permanency Hearing at any time.

DCS will present the child's views in the Permanency Report, prepared for the Permanency Hearing. Youth ages 14 and older are to participate in the Permanency Hearing.

The FCM will:

1. Convene a CFT Meeting and/or a Case Plan Conference to review the Permanency Plan and develop a Case Plan/Prevention Plan (SF 2956);
2. Ensure required parties are notified of the Permanency Hearing and receive the Permanency

Report at least 10 calendar days prior to the hearing;

3. Attend and participate in the Permanency Hearing for a child/youth:
   a. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child/youth's family are not required and every 12 months thereafter,
   b. Every 12 months after the date of the original Depositional Decree or the date the child/youth was removed from his or her parent, guardian, or custodian, whichever comes first, and
   c. More often if ordered by the court.

4. Ensure youth ages 14 and older participate in the Permanency Hearing; and

   Note: If DCS determines the youth is unable to participate effectively in the Permanency Hearing due to a physical, mental, emotional, or intellectual disability, DCS may request the court to excuse the youth from the hearing. If the youth refuses to participate in the hearing, DCS must record the refusal and document efforts made to obtain the youth's input or participation.

5. Enter court hearing data in the case management system, including the court's findings related to Reasonable Efforts toward the Permanency Plan.

The FCM Supervisor will:

1. Review and approve the Case Plan/Prevention Plan (SF 2956) and the Permanency Report;
2. Assist the FCM in preparing for the Permanency Hearing; and
3. Ensure all required data and court findings were entered into the case management system.

Factors that should be considered during the CFT Meeting and/or Case Plan Conference to prepare for the Permanency Hearing:

1. Determine the child/youth's future status (e.g., whether the child/youth is to return to his or her parent, guardian, or custodian; continue in out-of-home care; be placed for adoption, an appointed legal guardian, or a fit and willing relative; or placed under APPLA);
2. Determine whether it is in the child/youth's best interest for the juvenile court to retain jurisdiction;
3. Determine whether an existing Permanency Plan should be modified, taking into account the recommendations of individuals who have a significant relationship with the child/youth;
4. Evaluate whether continuation of the decree with or without modification has a reasonable chance of success;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether DCS has made Reasonable Efforts to finalize the Permanency Plan that is in effect;
7. Determine whether responsibility for Placement and Care of the child/youth should remain with DCS; and
8. Identify objectives of the Dispositional Decree that have not been met.

It should be noted that the same factors considered during the Periodic Case Reviews are also considered during the Permanency Hearing.

The CFT should have a meaningful and informed discussion with the child/youth regarding his or her views on leaving the current home and how he or she feels about reunification, adoption, guardianship, APPLA, or placement with a fit and willing relative. Present the child/youth's views in the Permanency Plan to the court. Although the child/youth's views may be contrary to the

court's recommendation for permanency, it is necessary to present those views during the planning process. The child/youth's views may also be expressed by the child/youth's attorney, FCM, or GAL/CASA at the Permanency Hearing. There must be an indication that the child/youth's view on his or her permanent placement has been sought and reported to the Court at each Permanency Hearing.

> **Note:** Youth ages 14 and older are to participate in the development of the Permanency Plan. If DCS determines the youth is unable to participate effectively in the development of the Permanency Plan due to a physical, mental, emotional, or intellectual disability, DCS may excuse the youth from the planning process by documenting in the plan the reason for the youth's inability to participate. If the youth refuses to participate in the Permanency Plan development, DCS must record the refusal and document efforts made to obtain the child/youth's input or participation in the development of the plan.

Permanency Roundtables (Policy 8.47 Permanency Roundtables)

DCS is committed to obtaining permanency for each CHINS who is in care. DCS will ensure that providing appropriate care and finding permanent homes for these children remains a focus in case planning. DCS will utilize a Permanency Roundtable (PRT) to review permanency options for children with uncertain permanency, including youth who have been in residential placement for longer than six (6) months. During the PRT, the team will utilize a structured approach to develop a permanency focused action plan to assist the child in attaining permanency.

All PRT core members must have attended a Permanency Values and PRT training. PRTs will be scheduled at least quarterly for each region. The dates for PRTs within each region are determined by the Regional Managers (RMs) in conjunction with the Central Office Permanency Roundtable Support Team.

PRT Core Teams must include the following:

1. FCM;
2. FCM Supervisor;
3. Facilitator;
4. Master Practitioner;
5. Regional PRT Liaison;
6. Service and Permanency Experts;
7. Scribe;
8. Central Office Liaison;
9. DCS Clinical Consultant; and
10. DCS Education Liaison (for school aged children).

PRT Core Teams may also include the following:

1. DCS Staff Attorney;
2. Chief Counsel and/or Deputy Chief Counsel;
3. DCS Practice Consultant;
4. DCS Peer Coach and/or Peer Coach Consultant; and
5. Other Staff as needed and identified by the RM or Regional PRT Liaison.

Parental Participation Decree (Policy 6.05 Petition for Parental Participation (PPP))

DCS will ensure the parent, guardian, or custodian receives a copy of the Parental Participation Decree (PPD). In the event the parent, guardian, or custodian fails to comply with the PPD, the DCS Staff Attorney may file a Motion for Rule to Show Cause.

Legal Motions

DCS may file a Motion to:

1. Control the conduct of any person in relation to the child;
2. Provide a child with an examination or treatment;
3. Prevent a child from leaving the county jurisdiction; and
4. DCS may also request that the Court order a parent to leave the home.

Regional Services Councils (Policy 2.28 Regional Services Council)

Because of the importance for service capacity delivery to children and families in neighborhoods, communities, counties and the state, the coordination of service availability and delivery is critical to protecting children and families. This process of service availability and delivery is best done at the local level. The process is made even more complicated since each individual case may present difficult and expensive needs or a changing variety of issues.

These issues are even true with medium to large population counties. In order to address these issues, including the need for coordination within wider geographic and geopolitical boundaries, the Regional Services Councils (RSCs) were created. The make-up of the RSC will depend on the number of counties in the region. If the service region consists of at least three (3) counties, the RSC is composed of the following members appointed from the service region:

1. The RM, who must be an employee of DCS;
2. Three (3) members who are juvenile court judges or their designees;
3. Three (3) DCS LODs;
4. Two (2) FCM Supervisors;
5. Two (2) FCMs;
6. Two (2) licensed foster parents;
7. One (1) GAL or CASA;
8. One (1) member who is a Prosecuting Attorney or his or her designee;
9. One (1) non-voting individual who:
   a. Is at least 16 and less than 25 years of age,
   b. Is a resident of the service region, and
   c. Has received or is receiving services through funds provided, directly or indirectly, through DCS.

   Note: This individual should not be currently participating in services related to a case that was heard or is being heard in the same court as the respective juvenile court judge who may be a member of the council. This is to eliminate any potential ethical conflict.

10. (Optional) One (1) non-voting parent of a child who has received services through funds provided, directly or indirectly, by DCS.

If the service region consists of one (1) or two (2) counties, the RSC must include at least the following members from the service region:

1. Three (3) employees from the DCS, including the RM;
2. One (1) juvenile court judge or judicial hearing officer;
3. Two (2) members who are designees of a juvenile court judge;
4. Two (2) FCM Supervisors;
5. Two (2) FCMs;
6. One (1) licensed foster parent;
7. One (1) GAL or CASA;
8. One (1) member who is a prosecuting attorney or his or her designee;
9. One (1) non-voting individual who:

a. Is at least 16 and less than 25 years of age,
b. Is a resident of the service region, and
c. Has received or is receiving services through funds provided, directly or indirectly, through DCS;

Note: This individual should not be currently participating in services related to a case that was heard or is being heard in the same court as the respective juvenile court judge who may be a member of the council. This is to eliminate any potential ethical conflict.

10. (Optional) One (1) non-voting parent of a child who has received services through funds provided, directly or indirectly, by DCS.

For service regions consisting of one (1) or two (2) counties, the DCS Agency Director will appoint the members of the RSC upon recommendation of the DCS RM, with the exception of judges or judicial hearing officers and prosecuting attorneys or their designees.

Note: The juvenile court judges or their designees, one (1) juvenile court judge or judicial hearing officer and members who are designees of a juvenile court judge will be selected by the juvenile court judge or judges in the service region. The prosecuting attorney or his/her designee will be selected by the prosecuting attorneys in the counties comprising the service region.

Each member of the RSC will serve upon approval of the member's appointing authority.

The RSC is required to meet quarterly in order to accomplish the following:

1. Evaluate local child welfare service needs and make a determination of appropriate delivery mechanisms to meet those needs. The RSC will take public testimony regarding local service needs and system changes. The needs are to be tailored to those children and families:
   a. Alleged to be or adjudicated in a CHINS, IA, or Juvenile Delinquency/Juvenile Status (JD/JS) proceeding, or
   b. Identified by DCS as substantially at risk of becoming children in a CHINS, IA, or JD/JS proceeding and have been referred to DCS for services (by or with the consent of the parent, guardian, or custodian), in accordance with a child's individual Case Plan/Prevention Plan.

2. Develop, approve, and recommend a Biennial Regional Services Strategic Plan (Plan) designed to meet the needs identified in #1 above and, per IC 31-26-6-5.5, will include the following:
   a. Organization,
   b. Staffing,
   c. Mode of operations,
   d. Financing of the child protection services,
   e. The provisions made for the purchase of services, and
   f. Interagency relations.

3. Recommend allocation and distribution of funds allocated to the service region used for the expenses of child welfare programs and child services administered by DCS within the region. Public and private funds available for consideration by the RSC in the Plan include funds available through;
   a. Title IV-B of the Social Security Act,
   b. Title IV-E of the Social Security Act,

c. Title XX of the Social Security Act,
d. The Child Abuse and Prevention Treatment Act,
e. Special Education programs under IC 20-35-6-2,
f. All programs designed to prevent child abuse, neglect, or delinquency or to enhance child welfare and family preservation administered by or funded through DCS, DFR, prosecuting attorneys, and juvenile courts, including programs funded through IC 31-26-3.5 and IC 31-40, and
g. A child advocacy fund.

4. Develop, review, or revise a strategy for implementation of an approved Plan. Prepare, approve and recommend revisions, additions, and updates to the Plan that identify:
   a. The manner in which prevention and early intervention services will be provided or improved,
   b. How local collaboration will improve children's services, and
   c. How different funds can be used to serve children and families more effectively.

5. Review applications to establish, continue, or modify child welfare programs for the region and make recommendations to the DCS Agency Director;
6. Review the implementation of the Plan and prepare revisions, additions, or updates of the Plan that the RSC considers necessary or appropriate to improve the quality and efficiency of early intervention child welfare services provided in accordance with the Plan;
7. Reorganize, as needed, and select a vice chairperson for the ensuing year;
8. Collaborate with DCS Central Office for obtaining services (Request for Proposals/RFPs); and
9. Ensure the meeting agenda, minutes, and notices are posted on the DCS website.

The chairperson or vice chairperson of a RSC may convene any additional meetings of the RSC that are, in the chairperson's or vice chairperson's opinion, necessary or appropriate.

Adoption Permanency Planning (Policy 10.01 Planning for Adoption- Overview)

DCS will convene either a CFT Meeting or Case Plan Conference to discuss adoption planning and identify any needed services for a child in out-of-home care with a permanency plan of adoption.

The process of adoption planning for a child in out-of-home care with a permanency plan of adoption may be initiated:

1. When a court rules that reasonable efforts to reunify the family are not required;
2. When a child has been under a dispositional decree for at least six (6) months with no significant progress made toward a plan of reunification; or
3. At the filing of TPR.

In accordance with the Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP), DCS will not delay or deny the adoptive placement of a child based on the race, color, or national origin of the adoptive resource family or the child involved. If a Native American child is involved, refer to the Indian Child Welfare Act (ICWA).

DCS will ensure all children in out-of-home care with a permanency plan of adoption receive age appropriate pre-adoptive services (e.g., individual counseling and home-based services) from a service provider in order to prepare the child for the adoption process.

DCS will conduct a diligent search throughout the life of the case to locate all possible family

members to discuss adoption, followed by searching for a non-relative potential adoptive family for all children with a permanency plan of adoption.

Special Needs Adoption Program

In 1989, Indiana established the Special Needs Adoption Program (SNAP), which is a federally mandated program for hard to place children who are in the custody of the state (this is not related to the Supplemental Nutrition Assistance Program available through the Family and Social Services Administration [FSSA]). DCS will determine eligibility for SNAP services for children who are in out-of-home care, with a case goal of adoption and meet one (1) of the following criteria:

1. A child who is two (2) years of age or older;
2. A child who is a member of a sibling group of two (2) or more children, of which at least one (1) is two (2) years of age or older and who will be placed with the sibling group in the same home, or
3. A child with a medical condition or physical, mental, or emotional disability as determined by a physician or psychiatrist licensed to practice in Indiana or another state.

Chapter 2
Child Protection Team
Statutes and Duties

Child Protection Team Statutes

Legal Base

The following is the text of the legal mandate located in the Indiana Juvenile Code which establishes Child Protection Teams.

Information Maintained by the Office of Code Revision Indiana Legislative Services Agency
IC 31-33-3
Chapter 3. Community Child Protection Team

IC 31-33-3-1
Community child protection team established; members

Sec. 1. (a) A community child protection team is established in each county. The community child protection team is a countywide, multidisciplinary child protection team. The team must include the following thirteen (13) members who reside in, or provide services to residents of, the county in which the team is to be formed:

(1) The director of the local office that provides child welfare services in the county or the local office director's designee.

(2) Two (2) designees of the juvenile court judge.

(3) The county prosecuting attorney or the prosecuting attorney's designee.

(4) The county sheriff or the sheriff's designee.

(5) Either:

(A) the president of the county executive in a county not containing a consolidated city or the president's designee; or

(B) the executive of a consolidated city in a county containing a consolidated city or the executive's designee.

(6) A director of a court appointed special advocate or guardian ad litem program or the director's designee in the county in which the team is to be formed.

(7) Either:

(A) a public school superintendent or the superintendent's designee; or

(B) a director of a local special education cooperative or the director's designee.

(8) Two (2) persons, each of whom is a physician or nurse, with experience in pediatrics or family practice.

(9) Two (2) residents of the county.

(10) The chief law enforcement officer of the largest law enforcement agency in the county (other than the county sheriff) or the chief law enforcement officer's designee.

(b) The director of the local office serving the county shall appoint, subject to the approval of the director of the department, the members of the team under subsection (a)(7), (a)(8), and (a)(9).

As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.102; P.L.146-2008, SEC.574.

IC 31-33-3-2
Election of team coordinator

Sec. 2. The team shall elect a team coordinator from the team's membership.
As added by P.L.1-1997, SEC.16.

IC 31-33-3-3
Duties of team coordinator
Sec. 3. The team coordinator shall supply the community child protection team with the following:
(1) Copies of reports of child abuse or neglect under IC 31-33-7-1.
(2) Any other information or reports that the coordinator considers essential to the team's deliberations.
As added by P.L.1-1997, SEC.16.

IC 31-33-3-4
Meetings; agenda
Sec. 4. (a) The community child protection team shall meet:
(1) at least one (1) time each month; or
(2) at the times that the team's services are needed by the department.
(b) Meetings of the team shall be called by the majority vote of the members of the team.
(c) The team coordinator or at least two (2) other members of the team may determine the agenda.
(d) Notwithstanding IC 5-14-1.5, meetings of the team are open only to persons authorized to receive information under this article.
As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.103.

IC 31-33-3-5
Recommendation to the department of child services
Sec. 5. The community child protection team may recommend to the department that a petition be filed in the juvenile court on behalf of the subject child if the team believes this would best serve the interests of the child.
As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.104; P.L.162-2011, SEC.43.

IC 31-33-3-6
Review of child abuse and neglect cases and complaints
Sec. 6. The community child protection team may receive and review:
(1) any case that the department has been involved in within the county where the team presides; and
(2) complaints regarding child abuse and neglect cases that are brought to the team by a person or an agency.
As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.105.

IC 31-33-3-7
Periodic reports
Sec. 7. (a) The community child protection team shall prepare a periodic report regarding the child abuse and neglect reports and complaints that the team reviews under this chapter.

(b) The periodic report may include the following information:

(1) The number of complaints under section 6 of this chapter that the team receives and reviews each month.

(2) A description of the child abuse and neglect reports that the team reviews each month, including the following information:

(A) The scope and manner of the interviewing process during the child abuse or neglect assessment.

(B) The timeliness of the assessment.

(C) The number of children removed from the home.

(D) The types of services offered.

(E) The number of child abuse and neglect cases filed with a court.

(F) The reasons that certain child abuse and neglect cases are not filed with a court.

As added by P.L.1-1997, SEC.16. Amended by P.L.146-2008, SEC.575; P.L.131-2009, SEC.39.

IC 31-33-3-8

Confidentiality of matters reviewed

Sec. 8. The members of the community child protection team are bound by all applicable laws regarding the confidentiality of matters reviewed by the team.

As added by P.L.1-1997, SEC.16.

Child Protection Team (CPT) Membership/Operations

Personal Qualifications of Team Members

Personal qualifications of team members may include:

1. An ability to function as a team member;
2. A willingness to give personal time, talent, and expertise;
3. Professional expertise in a particular field;
4. Experience and/or knowledge in the field of services to children and families;
5. An ability to communicate clearly and concisely;
6. Respect for the ideas and opinions of others, but also an ability to provide constructive criticism;
7. Respect in the community; and
8. A willingness to constantly learn and improve.

Term of Membership

There is not an established term of membership for the CPT, but individual membership on the team should be reviewed on a regular basis to determine continued availability, interest, and regularity of attendance. Equal consideration should be given for continuing the appointment of current team members as for appointing new members. A good time for such a review may be during the development of the biennial Child Protection Plan. Should a team member resign, the LOD should immediately seek a replacement and forward the information to the DCS Agency Director.

Mode of Operation

There must be 13 members on the CPT. Although 13 is the required number for membership, there is the possibility of dividing the team into mini-teams. Smaller sub-groups of three (3) or

four (4) team members could review a large selection of reports and either make recommendations themselves or bring the case before the larger team. In counties with a large number of reports, this procedure relieves the coordinator of the sole responsibility to decide which cases to select for review. The whole team may then review only the most problematic cases, yet a majority of the reports receive at least a mini-multi-disciplinary review.

The Team Coordinator

Each CPT is required to elect a coordinator from its membership. This may be done on a yearly basis to rotate the position among members. Although the job of coordinator is time-consuming and requires a close working relationship with the LOD and staff, a **non-DCS** coordinator may bring a community perspective to the team leadership and help establish the team as a community group. The CPT Coordinator will also receive a copy of every substantiated assessment report completed by DCS for its county.

"The team coordinator shall supply the community child protection team with copies of reports of child abuse or neglect...". The coordinator, or at least two (2) other members of the CPT, prepares the agenda. As previously suggested, mini-teams may review reports and recommend cases to be reviewed by the entire team. The coordinator may also personally review reports and select those to be reviewed by the team. The following are situations which may be reviewed by the CPT:

1. Cases in which there is severe physical or sexual abuse;
2. Assessments with a prior history of abuse or neglect;
3. Cases with a child less than one (1) year old with any physical abuse;
4. Cases in which a parent is suspected of being dangerous;
5. Assessments in which the parents refuse to cooperate or take steps to thwart the assessment or services;
6. Assessments requiring legal consultation (e.g., parents refusal of treatment for life threatening disorders and a need for a legal interpretation of state laws);
7. CHINS cases;
8. Assessments in which foster care is being considered;
9. Assessments/cases involving families with multiple problems and who are involved with an unusual number of agencies;
12. Cases in which there are conflicting recommendations made by treatment sources;
13. Issues which would be of educational benefit to the team; and
14. Assessments involving death, although this piece is now primarily covered by the Child Fatality Review Teams.

The CPT coordinator must also supply the team with any other information or reports the coordinator considers essential to the team's deliberations.

Team Meetings

"The child protection team shall meet at least once a month...". In order to establish an effective working team, it is important that CPT meetings are held regularly and with sufficient frequency to accomplish the goals of the team. This could entail monthly or even more frequent meetings. Team members should vote on a standing day and time for meetings and establish a day and time for additional non-emergency meetings to allow for the possibility that all team business may not be completed in one (1) meeting each month.

Emergency meetings may be called in rare instances when considered essential to the safety of the child. The team should reach a consensus at the first meeting regarding a procedure to call emergency meetings. This should include the individual responsible to call the meeting and the

number of members who must be present to conduct the team's business. The CPT members may also make themselves available to FCMs for telephone consultation when specific professional advice is needed.

> **Note:** Central Office should at all times have a current list of CPT members, mailing addresses, and telephone numbers.

"Meetings are open only to those persons authorized to receive information...". IC 5-14-1.5 requires the meetings of public agencies (the CPT is considered a public agency under this section) to be open to the public, unless otherwise provided by statute IC 31-33-18-1. According to DCS policy, "meetings of the CPT are open only to persons authorized to receive information under this article".

Team Responsibilities

Each team member reviews reports of CA/N from the perspective of that member's professional discipline or life experience. This ensures all variables have been considered in the assessment of the individuals and facts in each report and that all resources have been considered in treatment. In some cases the CPT may recommend to DCS that a petition be filed in the juvenile court on behalf of the child if the team believes this would serve the best interests of the child. Some specific factors that may be considered are:

1. Seriousness of an injury or neglect;
2. Degree of risk for re-abuse;
3. Case and/or safety plans for each family member;
4. Family's amenability to treatment;
5. Return of the child from foster care/safety of the home;
6. Appropriateness of the Case Plan/Prevention Plan on an on-going basis;
7. Coordination of treatment sources, and
8. Appropriate use of community resources.

The CPT acts in a purely advisory capacity. Recommendations are made about the best course of action, but DCS is not obligated or mandated to follow the recommendations of the Team. Decisions about CA/N cases rest solely with the DCS Local offices.

"The child protection team may receive and review..." any case the local DCS office has been involved in within the county where the team presides; and complaints regarding CA/N cases that are brought to the team by a person or an agency. In addition to reviewing complaints received by the Ombudsman, the CPT may review complaints regarding DCS' responsibilities pertaining to CA/N cases. The recommended procedures for addressing complaints regarding existing cases is as follows:

1. The complaint is verbally presented to the FCM;
2. The complaint is verbally addressed with the FCM's supervisor if not resolved;
3. The complaint is verbally addressed with the LOD or designee, who will respond to the complaint with a decision and the next steps in the complaint process and timeframes;
4. The complainant will submit a written complaint to the CPT coordinator within 60 days of the aforementioned decision by the LOD or designee if the complaint has not been resolved;
5. The CPT coordinator will present the case to the CPT members to determine if the complainant will be given a hearing;
6. Team members should pre-determine the amount of time to be devoted to the hearing and the date by which a response will be made if a review is scheduled;
7. The CPT coordinator will respond to the complainant in writing to indicate:

a. The review was denied, or
b. A date, time and place the hearing has been scheduled.

8. The response from the team should be in writing after the review hearing and deliberation; and
9. A copy of the written request for hearing and written response must be forwarded by the CPT coordinator to the LOD and RM.

Note: To address DCS concerns that are not case-specific, the complainant will contact the CPT coordinator in writing. The coordinator will then decide on the merits of the complaint and schedule a review if deemed appropriate.

"The Child Protection Team's duties may also include..." preparation of a periodic report regarding the CA/N reports and complaints the team reviews. The periodic report may include:

1. The number of complaints the CPT receives and reviews each month; and
2. A description of the CA/N reports the CPT reviews each month. The description should include the following information:
   a. The scope and manner of the interviewing process during the CA/N assessment,
   b. The timeliness of the assessment,
   c. The number of children removed from home,
   d. The types of services offered,
   e. The number of CA/N cases filed with a court, and
   f. The reasons certain CA/N cases are not filed with a court.

   Note: This report is part of the biennial plan.

Chapter 3
Role Expectations for
Child Protection Team Members

Role Expectations for Child Protection Team Members

CPT Coordinator

The CPT coordinator is at the heart of an effective team. The CPT coordinator provides a sound framework for team functioning, a positive model for other team members, and a reliable interface between Child Protection Services and the CPT. Responsibilities of the CPT coordinator include:

1. Supplying to the CPT copies of reports of CA/N (310) under IC 31-33-7-1;
2. Supplying the CPT with any other information or reports that the coordinator considers essential to the team's deliberations;
3. Reviewing all reports of CA/N;
4. Selecting reports to be presented at CPT meetings and working with the LOD to identify cases and/or assessments for review;
5. Developing an agenda for CPT meetings;
6. Notifying all members of meeting times and dates (the agendas of which require public notice, as do the Executive Sessions);
7. Ensuring attendance of appropriate FCMs and presenters;
8. Chairing the CPT meetings;
9. Keeping the LOD informed of team activities and developments;
10. Ensuring the orientation of new members;
11. Coordinating with DCS for distribution of public notices; and
12. Receiving copies of the assessment reports (311).

Representative of DCS

The responsibility of the DCS representative is to be the liaison between the local office and the CPT. This individual should help team members understand the policies and procedures of DCS, provide background on specific cases or on relevant past decisions, and keep the team members aware of the local office's relationship with the community.

Juvenile Court Representatives

The responsibility of the Juvenile Court representatives is to provide opinion and information on cases from the court's point of view. These persons should assist the team and FCMs in understanding the strengths and weaknesses of a case from an adjudicatory perspective as well as possible options through the court. The Juvenile Court representatives also serve as liaisons between the local office and various parts of the court system.

Law Enforcement

The sheriff, or the sheriff's designee, and the chief law enforcement officer on the CPT are responsible for providing background information on any criminal aspects of specific cases. These individuals should increase coordination efforts between law enforcement and the local office.

Prosecutor or Prosecutor's Designee

The prosecutor or the prosecutor's designee on the CPT is responsible for providing interpretation of legal issues on specific cases, including juvenile law and adult criminal law. The prosecutor or the prosecutor's designee serves to focus case discussion on the legal rights to which the child and family are entitled. This individual may provide information to the team concerning protocol and policy issues related to the selection of cases for prosecution and provide assistance to DCS regarding the appropriateness of assessment activities. This individual should also be responsible for efforts to help team members understand the

difference between child abuse as a crime and child abuse as a juvenile court issue. The prosecutor or the prosecutor's designee may also serve as a legal resource to the team when it is considering policy questions or advocacy issues brought by the local office.

Medical Professionals

The physician or nurse members of the team are responsible for reviewing and interpreting the medical data related to CA/N cases for team members. This could include interpretation of test and x-ray results, a description of the immediate impact as well as the potential for long-term residuals of a specific injury or neglect situations, and the provision of information about normal child growth and development. These individuals may advise about possible future risks to child. The medical professionals are also expected to be the contact point between the local office and the local medical community such as other physicians, nurses, hospitals, and public health offices.

CASA or GAL

The CASA or GAL representative is responsible for offering input into services provided by DCS and offering alternatives when appropriate. This team member should be an advocate for the children involved in abuse and neglect cases, and should provide information to the team about appropriate services available in the community.

Educational Professional

The representative from the community schools is responsible for providing input to case discussion from an educator's viewpoint and for informing the FCM and team members of possible referral resources available within the school system. Educators have the unique opportunity to observe children over long periods of time and under various conditions and times of day, which allows them a frame of reference to normality, which is a strong asset to the team's discussion. School personnel are closely involved with children and parents in the community. This relationship is important for a successful educational experience for children. When a report of CA/N is made, the communication between home and school often breaks down. The school representative is responsible for helping identify and overcome communication barriers, which may develop between the schools and the local office.

Local Government

The local government representative is responsible for keeping the team informed about any input received from individuals and the community at large about issues of CA/N.

Citizen Members

The citizen members on the team may represent a business or community service group or may be a parent aide, foster parent, CASA volunteer, social worker, mental health worker, or an individual active and interested in children's well-being. These team members are expected to provide input on cases brought to the team based on personal life experience as a parent and/or community activist. The citizen members are also responsible for keeping the team aware of community concerns about child abuse and the local office.

Chapter 4
Options for Child Protection Team Activity

Options for Child Protection Team Activity

In large measure, the local DCS offices are bound by DCS' policies and procedures, as well as, state and federal legislation. How those policies are implemented within a specific county may depend, to some extent, on the decisions made by the local office with regard to the size of the county, the staff, resources, and community standards and cultures. The CPT may be helpful because of their knowledge of community resources, as well as, the variety of viewpoints within the community. CPT members should provide expert opinion, differing perspectives, and knowledge about community processes and systems in order to break down barriers for families and help them build supports.

In addition to the legally mandated activities for which the CPT is responsible, there are other possibilities for CPT involvement. Some of these possibilities might include consultation, advocacy, training, or public awareness activities. The extent to which the CPT becomes involved in any of these activities depends upon the time commitment of individual team members, the willingness of individual members to give additional time to the CPT, the CA/N case load in the local DCS office, and the service and prevention needs of the county.

Advocacy

Individually and as a team, members of the CPT may have a considerable influence in the community on children's issues. The CPT may use this influence to advocate for the rights of specific children and children in general.

Confidentiality concerns prevent CPT members from making public statements in the media about specific cases, but the CPT may publicly advocate in the media for such issues as the need for adequate funding for prevention; expanded treatment sources for children, families and offenders; foster parent recruitment; and protection of victims' privacy in the media. This is particularly true in sexual abuse cases.

On many issues, advocacy must extend beyond the local community and become a statewide or nationwide effort. The CPT may consider lending their unified support for issues affecting children across the state or country. This could be established by the developing partnerships among other youth serving entities.

Training

The CPT members have expertise in a variety of areas, which may be utilized to assist DCS in providing protection and safety to children. It is to the advantage of the CPT members and local office staff to share this expertise through periodic training sessions by a CPT member for other members or for local office staff. Occasionally, other community professionals might also be invited to provide training to the CPT members.

Possible trainings for the CPT or local DCS office staff include:

1. Medical information;
2. Current developments in forensic investigation and prosecution of CA/N;
3. Innovative treatment options available;
4. Trauma-informed care;
5. The DCS Practice Model; and
6. The effects of abuse on a child.

The CPT should consider devoting at least part of the team meeting to training two (2) or three (3) times each year. Teams should also ensure all members become familiar with the Community CPT Manual, which is available on-line.

Public Education

The CPT members may direct their energy and influence toward public awareness and education efforts. The first step in prevention is widespread public awareness about the presence and extent of the problem of CA/N in the community. People in the community need to be aware of:

1. The types of CA/N;
2. The indicators of CA/N:
3. How to recognize these indicators in children;
4. How to report suspected CA/N, and
5. Information about prevention and treatment.

The contact CPT members have with their professional peers may serve as a basis from which the CPT may approach community organizations and services about CA/N concerns. There are a variety of ways in which the CPT may become involved in public awareness.

Possible projects include:

1. Development of a Speakers' Bureau in which CPT members make themselves available to speak about CA/N to service organizations, such as Exchange Clubs or the Rotary, parents' groups, professional associations, agency in- service training sessions, or targeted organizations such as schools or medical facilities;
2. Distribution of prevention and awareness material, either upon request from organizations, or by CPT at health fairs, 4H fairs, shopping malls, and other high traffic areas;
3. Organization and moderation of a public forum on children's issues of concern in the community;
4. Sponsorship of a prevention program in the community aimed at parents or children.
5. Sponsorship of workshops to educate professionals on recent CA/N research, treatment options, or prevention strategies.
6. Collaborating with other groups such as Child Advocacy Centers, RSCs, and Prevent Child Abuse Councils.

As many team members are relatively objective observers of the operation of the local office, the CPT may assume a public relations role for the local office. Formally or informally, the CPT may help the public understand the function of DCS and its limitations and resources. This role could be especially visible during Indiana Child Abuse and Neglect Prevention and Awareness Month (ICANPAM) in April of each year. During this time, the CPT should work to ensure the attention of the media and community is on the problem of CA/N. Considering the diversity of knowledge and opinion, focusing on issues from the local office's perspective may help align the community and local office on critical issues.

Chapter 5
Minimum Standards of Care
Guidelines used by
Family Case Managers

Minimum Standards of Care

DCS uses the following criteria to determine if allegations meet the statutory definition of CA/N:

1. The alleged victim is under the age of 18;
2. The alleged perpetrator's relationship to the alleged victim is that of a parent, guardian, or custodian; and

   Exception: For allegations involving sexual abuse, the perpetrator may have **any** or no relationship to the child.

3. The allegations would cause a reasonable person to believe that CA/N has occurred. See policy 3.08 Statutory Definition of CAN for further information regarding allegations.

DCS will make a finding of **"substantiated"** when facts obtained during the assessment provide a **preponderance** of evidence that is sufficient to lead a reasonable person to believe CA/N has occurred or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim. When determining whether a case is substantiated, the FCM must make a judgment decision about whether the facts of the case fit the legal description of abuse or neglect. The operant words in making this decision are "necessary" and "seriously".

DCS will make a finding of **"unsubstantiated"** when the facts obtained during an assessment provide credible evidence that CA/N has **not** occurred or do not provide sufficient evidence to prove that CA/N has occurred. FCMs will carefully review and weigh all evidence collected during the assessment and consider the credibility of each piece of evidence collected. Greater weight will be placed on those pieces of evidence that have greater credibility. FCMs will consult with their supervisors, as needed, to arrive at an assessment finding, and they will also document the findings and rationale in the case management system.

DCS will complete the Assessment of Alleged Child Abuse or Neglect (311) (SF 113) at the conclusion of every assessment. The FCM will then provide a copy of every substantiated assessment report to the Prosecuting Attorney and send a copy to the Coordinator of the Community CPT. Upon request, DCS will also make available all "unsubstantiated" reports, prior to expungement. A copy of each "substantiated" report will be sent to the CPT coordinator unless, due to the high number of these reports monthly, an agreement has been reached and is in writing between DCS and the CPT that an alternate selection method will be used. Upon request, DCS will make available a copy of any Assessment of Alleged Child Abuse or Neglect (311) (SF 113) (substantiated or unsubstantiated) to the appropriate Court and/or Law Enforcement Agency (LEA).

FCMs receive training from DCS to help prepare them when determining if an assessment should be substantiated or unsubstantiated. The training is based on the premise that a child's current life experiences reflect a continuum of care encompassing a variety of needs. Within this continuum, there are levels of adequacy, all of which may vary, but must be considered as a whole in evaluating if a child's needs are being met. A second premise is that minimum adequacy or a "minimum sufficient level of care" is the mandatory expectation of "necessary", and only below this expectation is the child's physical and mental health "seriously endangered". The determining factor of the level at which the care becomes inadequate or below the minimum sufficient level is community standards. Both of these premises assume the child is living in the family home. If the child is living in a resource home, it is expected that the standards of care will exceed the minimum sufficient level of care.

DCS uses various assessment tools in its training.

Child Development

Prior to focusing on normal developmental stages in a child, the impact that trauma and toxic stress may have on a developing infant and young child will be addressed. Toxic stress is fundamentally defined as severe, prolonged, and frequent stress. Perhaps the most critical piece in understanding Toxic Stress as opposed to other types of stress, is that with Toxic Stress, it is unrelenting. In other words, there is essentially no "escape" for the child from the stress. This type of stress may impact a developing brain, as well as create other obstacles with regard to healthy physical and emotional development. Toxic Stress may be present in environments where there is domestic or interpersonal violence, child maltreatment and/or neglect, or in environments where there are no protective factors for the child in the face of incredible stressors.

Another area that could potentially impact development is the presence of Adverse Childhood Experiences (ACEs). According to the Center for Disease Control, ACEs describes all potentially traumatic experiences that occur to people under the age of 18, including all types of CA/N and growing up in an environment of violence, substance abuse, or with a caregiver who is experiencing mental health issues. The more adverse experiences a child faces, the higher the likelihood the child will encounter issues with development, mental health, self-regulation, and chronic health conditions.

There is good news concerning the issues of Toxic Stress and ACEs however, with the development of nurturing behaviors toward the child, the increase in protective factors, and other treatment and positive interactions, the impact of trauma may be countered. When interacting with a child, especially a child who has come to the attention of DCS, the whole child (physical, emotional, and mental) should be taken into account, and at all times the trauma this child has experienced should be considered. In short, this awareness and positive responsiveness is what is known as Trauma Informed Care. We encourage teams to research Trauma Informed Care, and to participate in any learning opportunities that may arise around this topic.

Every child develops differently, and that development is not the "stair step" process once believed to be the norm. Children may stop and start new skills; regress in previously mastered skills while learning new areas. They may take longer to learn a skill based on environment, nurturing, etc. Below are some general guidelines around development. While it is not all inclusive, we hope it will aid in providing some broad information regarding the larger milestones.

Developmental Needs[1]

Normal Development at Six (6) Months	**Possible Indicators of Problems**
Social/Emotional	
Knows familiar faces & begins to know if someone is a stranger	Is missing milestones
Likes to play with others, especially parents	Doesn't try to get things that are in reach
Responds to other people's emotions and often seems happy	Shows no affection for (or attachment to) caregivers
Likes to look at self in mirror	Doesn't respond to sounds around him
	Has difficulty getting things to mouth
Language/Communication	Doesn't make vowel sounds ("ah", "eh", "oh")
Responds to sounds by making sounds	Doesn't roll over in either direction
Strings vowels together when babbling ("ah", "eh",	Doesn't laugh or make squealing sounds
	Seems very stiff, with tight muscles

[1] Center for Disease Control and Prevention

"oh") and likes taking turns with parent while making sounds
Responds to own name
Makes sounds to show joy and displeasure
Begins to say consonant sounds (jabbering with "m", "b")

Seems very floppy, like a rag doll (Flat affect)

Cognitive (Learning, Thinking, Problem-Solving)
Looks around at things nearby
Brings things to mouth
Shows curiosity about things and tries to get things that are out of reach
Begins to pass things from one hand to the other

Movement/Physical Development
Rolls over in both directions (front to back, back to front)
Begins to sit without support
When standing, supports weight on legs and might bounce
Rocks back and forth, sometimes crawling backward before moving forward

<u>At One (1) Year</u>
Social/Emotional
Is shy or nervous with strangers
Cries when mom or dad leaves
Has favorite things and people
Shows fear in some situations
Hands you a book when he wants to hear a story
Repeats sounds or actions to get attention
Puts out arm or leg to help with dressing
Plays games such as "peek-a-boo" and "pat-a-cake"

Is missing milestones
Doesn't crawl
Can't stand when supported
Doesn't search for things that she sees you hide
Doesn't say single words like "mama" or "dada'
Doesn't learn gestures like waving or shaking head
Doesn't point to things
Loses skills he once had

Language/Communication
Responds to simple spoken requests
Uses simple gestures, like shaking head "no" or waving "bye-bye"
Makes sounds with changes in tone (sounds more like speech)
Says "mama" and "dada: and exclamations like "uh-oh"
Tries to say words you say

Cognitive (Learning, Thinking, Problem-Solving)
Explores things in different ways, like shaking, banging, throwing
Finds hidden things easily
Looks at the right picture or thing when it's named

Copies gestures
Starts to use things correctly; for example, drinks from a cup, brushes hair
Bangs two things together
Puts things in a container, takes things out of a container
Lets things go without help
Pokes with index (pointer) finger
Follows simple directions like "pick up the toy"

Movement/Physical Development
Gets to a sitting position without help
Pulls up to stand, walks holding on to furniture ("cruising")
May take a few steps without holding on
May stand alone

At Two (2) Years
Social/Emotional
Copies others, especially adults and older children
Gets excited when with other children
Shows more and more independence
Shows defiant behavior (doing what he has been told not to)
Plays mainly beside other children, but is Beginning to include other children, such as in chase games
Is missing milestones
Doesn't use 2-word phrases (e.g., "drink milk")
Doesn't know what to do with common things, like a brush, phone, fork, spoon
Doesn't copy actions and words
Doesn't follow simple instructions
Doesn't walk steadily
Loses skills she once had

Language/Communication
Points to things or pictures when they are named
Knows names of familiar people and body parts
Says sentences with 2 to 4 words
Follows simple instructions
Repeats words overheard in conversation
Points to things in a book

Cognitive (Learning, Thinking, Problem-Solving)
Finds things even when hidden under 2 or 3 covers
Begins to sort shapes and colors
Completes sentences and rhymes in familiar books
Plays simple make-believe games
Builds towers of 4 or more books
Might use one hand more than the other
Follows 2-step instructions, such as "Pick up your shoes and put them in the closet"
Names items in a picture book, such as a cat, bird, or dog

Movement/Physical Development
Stands on tiptoe
Kicks a ball

Begins to run
Climbs onto and down from furniture without help
Walks up and down stairs holding on
Throws ball overhand
Makes or copies straight lines and circles

At Three (3) Years

Social/Emotional

Copies adults and friends
Shows affection for friends without prompting
Takes turns in games
Shows concern for a crying friend
Understands the idea of "mine" and "his" or "her"
Shows a wide range of emotions
Separates easily from mom and dad
May get upset with major changes in routine
Dresses and undresses self

Language/Communication

Follows instructions with 2 or 3 steps
Can name most familiar things
Understands words like "in", "on", and "under"
Says first name, age and sex
Names a friend
Says words like "I", "me", "we", and "you" and some plurals (cars, dogs, cats)
Talks well enough for strangers to understand most of the time
Carries on a conversation using 2 to 3 sentences

Is missing milestones
Falls down a lot or has trouble with stairs
Drools or has very unclear speech
Can't work simple toys (such as peg boards, simple puzzles, turning handle)
Doesn't speak in sentences
Doesn't understand simple instructions
Doesn't play pretend or make-believe
Doesn't want to play with other children or with toys
Doesn't make eye contact
Loses skills he once had

Cognitive (Learning, Thinking, Problem-Solving)

Can work toys with buttons, levers, and moving parts
Plays make-believe with dolls, animals, and people
Does puzzles with 3 or 4 pieces
Understands what "two" means
Copies a circle with pencil or crayon
Turns book pages one at a time
Builds towers of more than 6 blocks
Screws and unscrews jar lids or turns door handle

Movement/Physical Development

Climbs well
Runs easily
Pedals a tricycle (3-wheel bike)
Walks up and down stairs, one foot on each step

At Four (4) Years

Social/Emotional

Enjoys doing new things
Plays "Mom" and "Dad"
Is more and more creative with make-believe play
Would rather play with other children than by himself
Cooperates with other children
Often can't tell what's real and what's make-believe
Talks about what she likes and what she is interested in

Language/Communication
Knows some basic rules of grammar, such as correctly using "he" and "she"
Sings a song or says a poem from memory, such as "Itsy Bitsy Spider" or "Wheels on the Bus"
Tells Stories
Can say first and last name

Is missing milestones
Can't jump in place
Has trouble scribbling
Shows no interest in interactive games or make-believe
Ignores other children or doesn't respond to people outside the family
Resists dressing, sleeping, and using the toilet
Can't retell a favorite story
Doesn't follow 3-part commands
Doesn't understand "same" and "different"
Doesn't use "me" and "you" correctly
Speaks unclearly
Loses skills he once had

Cognitive (Learning, Thinking, Problem-Solving)
Names some colors and some numbers
Understands the idea of counting
Starts to understand time
Remembers parts of a story
Understands the idea of "same" and "different"
Draws a person with 2 to 4 body parts
Uses scissors
Starts to copy some capital letters
Plays board or card games
Tells you what he thinks is going to happen next in a book

Movement/Physical Development
Hops and stands on one foot for up to 2 seconds
Catches a bounced ball most of the time
Pours, cuts with supervision, and mashes own food

At Five (5) Years

Social/Emotional
Wants to please friends
Wants to be like friends
More likely to agree with rules
Likes to sing, dance, and act
Is aware of gender
Can tell what's real and what's make-believe
Shows more independence (e.g., may visit a next-door neighbor by himself [adult supervision is still needed])
Is sometimes demanding and sometimes very cooperative

Is missing milestones
Doesn't show a wide range of emotions
Shows extreme behavior (unusually fearful, aggressive, shy, or sad)
Unusually withdrawn and not active
Is easily distracted, has trouble focusing on one activity for more than 5 minutes
Doesn't respond to people, or responds only superficially
Can't tell what's real and what's make-believe
Doesn't play a variety of games and activities
Can't give first and last name

Language/Communication

Speaks very clearly
Tells a simple story using full sentences
Uses future tense (e.g., “Grandma will be here.”)
Says name and address

Cognitive (Learning, Thinking, Problem-Solving)

Counts 10 or more things
Can draw a person with at least 6 body parts
Can print some letters or numbers
Copies a triangle and other geometric shapes
Knows about things used every day, like money and food

Movement/Physical Development

Stands on one foot for 10 seconds or longer
Hops; may be able skip
Can do a somersault
Uses a fork and spoon and sometimes a table knife
Can use the toilet on her own
Swings and climbs

Doesn’t use plurals or past tense properly
Doesn’t talk about daily activities or experiences
Doesn’t draw pictures
Can’t brush teeth, wash and dry hands, or get undressed without help
Loses skills he once had

Chapter 6
Child Protection Team Development

Community Child Protection Team Development

Effective teams share several characteristics. They have mutually agreed upon and fully understandable goals and objectives. The leader is willing to take the responsibility, not just have a title. Effective teams make their own decisions about the team process. Decisions are a team effort, and information is shared among the members. The members of effective teams are disciplined and set high standards for team performance, and they appreciate and acknowledge each other.

Such teams do not just happen. Members must be continually attentive to the group process and needs of the team. Team development has a vital function in the success of the group. A successful team solves problems. Improving the way members interact will increase its problem solving ability, which leads to increased efficiency that, in turn, boosts morale and productivity. Once established, a productive team is self-perpetuating. Four (4) variables a team should consider in the process of team development are goals, roles, procedures, and relationships.

Goals

The goals of the Community CPT are those outcomes which all members agree should be the focus of team activity, keeping in mind what is required by statute and policy (e.g., preparing a periodic report regarding the CA/N reports and complaints they are charged to review). Other goals teams might consider may be developed from the needs of the community and the personal interests of individual members. Goals should be clear, measurable, objective, and acceptable to all members. In reviewing goals, certain components should be considered.

Case Reviewing

Objectives:

1. Review all documents according to required timeline.
2. Recommend case plan objectives to accommodate changing situations.
3. Utilize community resources effectively and appropriately.
4. Reduce interagency communication problems.

Community Interface

Objectives:

1. Advocate for children's issues.
2. Organize child abuse and neglect prevention and awareness campaigns.
3. Create positive public relations for the local DCS office.
4. Provide DCS policy consultation.
5. Become training resources for the local DCS office, CPT, and community.

Roles

Team members must know what others want and expect from them. Ambiguity in role expectations produces stress and hampers performance. Role clarity is both a team responsibility and an individual responsibility. Clarity cannot be assumed, and expectations must be verified. It may be helpful for CPT members to consider their roles on a four (4)-part matrix. A member's role as an individual and as part of the team is on one (1) axis. A member's role as a consultant to the local DCS office and a community interface on the other axis.

Consultant to LOCAL OFFICE	Community Interface
Individual	
Team Member	

Team members must consider their individual role. Perhaps diagramming the role on this type of matrix and sharing the results with the team would be helpful. The results may be related to actual practice, allowing members to clarify their individual role with what the team may expect from them and to determine if these role assumptions fit with the goals adopted by the team. Role conflicts, work overload, or continued role ambiguity must be discussed and resolved to allow the team to develop.

Procedures

All members must know how best to accomplish the work of the CPT. Decisions about CPT meeting procedures should be established and agreed upon by the group (within statutory and policy guidelines). The procedures should be available in written format to provide a reliable basis for communication and problem solving. Some procedural decisions which must be made are:

1. **Day, Time, and Place of Meetings**
   The meeting time should be best suited for the majority of CPT members. Often, early morning meetings (before members start work) are the most convenient. The meeting location should be easily accessible to all members, have sufficient parking, be comfortable and well lit, and offer access to refreshments. The most important logistical aspect of CPT meetings is that the day, time, and place of meetings remain consistent from month to month. This allows team members to plan ahead to attend and eliminates confusion about where and when meetings will be held.
2. **Selection of CPT Coordinator**
   The CPT must decide how the coordinator will be selected, how long the coordinator will serve, and what will be expected from the CPT Coordinator.
3. **Case Selection**
   Decisions must be made by the CPT regarding case selection for presentation. Every report and substantiated case may be reviewed. When time constraints do not permit review of all cases, FCMs may choose specific cases. The CPT coordinator and FCMs may jointly decide which cases are to be presented with the approval of the LOD. Consideration must be given to the specific guidelines for case selection specified in statute or policy. The cases to be presented should be placed on the meeting agenda along with any other business to be considered by the team.
4. **Presentation format**
   Cases to be presented for discussion to the CPT should be summarized in written form by the FCM and should be made available to team members at the start of the meeting (copies of Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) and Assessment of Alleged Child Abuse or Neglect (311) (SF 113) may substitute for a separate summary). The FCM should be present at the meeting, and be prepared to formulate specific questions for team discussion and to answer any questions the team may have about the case. Formal presentation on any case should be limited to approximately five (5) minutes.
5. **Discussion Format**
   The CPT Coordinator is responsible for facilitating case review discussion and keeping

the discussion focused on the decisions to be made. Several formats for discussion may be considered. A standardized discussion format that focuses on key questions could be utilized for each case, or each CPT member may be asked to comment on any aspect of the case. The floor may be opened up for discussion on specific questions about individual cases. An important consideration for any adopted format must be a built-in time limit for discussion. Some cases may require only a brief discussion, but more complicated cases should be allotted no more than 30 minutes of discussion time.

6. **Recommendations**
   Recommendations made by the CPT should be documented in the minutes and in the DCS case management system.
7. **Feedback and Re-review**
   Providing feedback about past decisions helps ensure that CPT members give sound, practical recommendations about cases. Time should be allotted during every meeting to discuss past recommendations and why they did or did not work. This task is an effective informal learning process for members as well as a reinforcement of their efforts. The CPT may decide to re-review all cases of a certain category (e.g., foster care), or members may request that individual cases be reassessed after a certain period of time.
8. **Attendance of CPT Members**
   An attendance policy must be established by the CPT. It is recognized that team members have pressing time commitments, but the CPT cannot function effectively without active participation from each team member. If a team member is unable to attend meetings on a regular basis, the member should be asked to resign to allow someone to be appointed who can commit the necessary time. A specific limit on the number of acceptable absences should be established and maintained for all team members.
9. **Orientation of New CPT Members**
   There should be an agreed upon process to introduce new members to the structure and process of the CPT. This process is usually the responsibility of the CPT Coordinator with assistance from the DCS Representative, but may be delegated to any "seasoned" member. CPT orientation activities should be individualized depending on the knowledge and expertise new members bring to the team. At a minimum, new members should have access to this manual and have someone available to answer their specific questions. All CPT members, but especially new team members, should be informed and encouraged to take advantage of workshops or seminars related to CA/N issues.
10. **Visitors**
    Visitors are generally not permitted to attend CPT meetings because of confidentiality requirements. After consultation with the DCS Staff Attorney, the CPT should decide under what, if any, circumstances an exception to this policy would be made.
11. **Confidentiality**
    CPTs need to establish a policy to ensure the confidentiality of meetings. This policy should be done in consultation with the DCS Staff Attorney, and according to relevant statutes. All CPT members are required to sign a confidentiality statement annually. Further assurances of confidentiality may include using initials to identify case clients or collecting all written materials at the conclusion of each meeting. Some CPTs have opted to create individual folders for members that remain at the Local Office and are distributed to members at each meeting.
12. **Relationships**
    Trust, communication, and mutual respect among CPT members will be established if goals and objectives are clear, roles are understood, and procedures are written. It is important that all team members pay attention to the CPT process on an on-going basis. Regular discussion should be held concerning what happens in meetings, allowing differences to be heard and resolved. Team members should support each other with regard to individual commitment to team effort.

Chapter 7
Self-Assessment Tool

Self-Assessment

Team development is based on the assumption that any group is able to work more effectively if members are prepared to confront questions such as:

1. How can this collection of individuals work together more effectively as a team?
2. How can the knowledge and resources each member brings to the team be better utilized?
3. How can communication be more effective to improve decision-making?
4. What are the obstacles to performance improvement?

The periodic review of a team's mode of operation, taking into consideration factors which are paramount to team development, is a simple and useful method to improve a team's effectiveness. The Team Effectiveness Critique, described below and developed by Mark Alexander, may be used by a CPT to measure their effectiveness. The critique should be completed by each team member. Each member may share the results with the entire group during a CPT meeting periodically held for this purpose. This exercise may be expanded to a consensus activity when the team is asked to reach a common assessment about each of the nine (9) factors. Agreement about areas in which improvement is needed may lead to team action planning. This exercise is only one (1) example of a self-assessment tool. There are other self-assessment and team-building exercises available that are also effective, so each CPT should explore what is most appropriate for their needs.

Factors to Assess in Evaluating Team Effectiveness

1. **Shared Goals and Objectives**
   An effective CPT must have stated goals and objectives to which all members are committed. The goals must include an understanding of the immediate task, the role of the group in relation to DCS and the social services system as a whole, the CPT's responsibilities, and the things the team wants to accomplish.
2. **Utilization of resources**
   The effectiveness of the CPT is enhanced when each member has the opportunity to contribute and when all opinions are heard and considered. Each CPT member must be responsible for taking advantage of opportunities to create and contribute to a team atmosphere, which fosters equal contribution by each member.
3. **Trust and Conflict Resolution**
   Key factors in team development are the creation of a feeling of mutual trust, respect, and understanding, as well as, the ability of the CPT to deal with inevitable conflicts that will arise within the group.
4. **Shared Leadership**
   Although the CPT Coordinator has much of the responsibility to organize the team process, the entire CPT must accept shared leadership for both task and maintenance functions. Task functions are those activities necessary to complete the job, while maintenance functions are those activities necessary to keep the group together and interacting effectively. Sharing leadership may occur by rotating the position of CPT Coordinator and by various members assuming a leadership role in introducing issues for discussion during CPT meetings.
5. **Control and Procedures**
   CPT development and team member commitment is facilitated through maximum involvement in the establishment of procedures for team activity.
6. **Effective Interpersonal Communication**
   Open and honest communication among CPT members is necessary to build trust needed to allow the team to effectively proceed with its work.
7. **Problem Solving and Decision-Making**
   There are a variety of methods to solve problems and make decisions. An effective CPT

must approach these two processes in a manner which is shared and supported by each team member.

8. **Experimentation/Creativity**
   A reason individuals meet and work as a team is to stimulate experimentation and creativity in problem-solving. Techniques such as "brainstorming', which increases creativity, should be utilized periodically by the CPT to generate new ideas to address issues.
9. **Evaluation**
   The self-assessment suggested in this section should be used to assist the CPT to evaluate team goal achievement and what, if any, hindrances exist to team effectiveness.

The Team Effectiveness Critique

Instructions: Indicate on each scale your assessment about the manner in which your team functions by circling the number which you link is most descriptive of your team.

1. Goals and Objectives

There is a lack of commonly understood goals and objectives.						Team members understand and agree on goals and objectives.
1	2	3	4	5	6	7

2. Utilization of Resources

All member resources are not recognized and/or utilized.						Member resources are fully recognized and utilized.
1	2	3	4	5	6	7

3. Trust and Conflict

There is little trust among members, and conflict is evident.						There is a high degree of trust among members, and conflict is dealt with openly and worked through.
1	2	3	4	5	6	7

4. Leadership

One person dominates, and leadership roles are not leadership; carried out or shared.						There is full participation in leadership roles are shared by members.
1	2	3	4	5	6	7

5. Control and Procedures

There is little control, and there is a lack of procedures to guide team functioning.						There are effective procedures to guide team functioning; team members support Procedures and regulate themselves.
1	2	3	4	5	6	7

6. Interpersonal Communication

Communications between members are closed and guarded.						Communications between members are open and interactive.
1	2	3	4	5	6	7

7. Problem Solving/Decision-Making

The team has no consensus regarding approaches to problem solving and decision making.						The team has well-established approaches to problem solving and decision making, agreed upon by all team members.
1	2	3	4	5	6	7

8. Experimentation/Creativity

The team is rigid and does not experiment with how things are done.						The team experiments with different ways of doing things and is creative in its approach.
1	2	3	4	5	6	7

9. Evaluation

The group never evaluates its functioning or process.						The group often evaluates its functioning and process.
1	2	3	4	5	6	7

Appendix A

Bibliography and Resources

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5. Center for Disease Control 1600 Clifton Rd Atlanta, GA 30333 (404) 639-3311

6. American Humane Association Children's Division. 63 Inverness Drive East, Englewood, CO 80112 303-792-9900 (public education, research, information).

7. Child Welfare League of America. 440 First Street NW, Suite 310, Washington, DC 20001

8. Children's Defense Fund. 122 C Street NW, Washington, DC 20001 202-628-8787 (research, publications, public education).

9. Connect2Help 1-800-CHILDREN or 211

10. Darkness to Light: 7 Radcliffe Street, Suite 200 Charleston, SC 29403 National Helpline: **866.FOR.LIGHT** Administrative Office: **843.965.5444**

11. National Center on Child Abuse and Neglect (NCCAN) / National Clearinghouse on Child Abuse and Neglect Information. P.O. Box 1182, Washington, DC 20013-01182 800-394-3366 (research, information).

12. National Center on Shaken Infant Syndrome www.dontshake.org 1433 North 1075 West Suite 110 Farmington, UT 84025 801-447-9360 Office

13. **Prevent Child Abuse** America. 332 South Michigan Avenue #950, Chicago IL 60604 312- 663-3520 (research, programs, printed materials).

14. **Prevent Child Abuse** Indiana. 3833 North Meridian Street, Ste 101, Indianapolis, IN 46208 317-775-6500 or 800-CHILDREN (speakers, training, information, brochures)

Appendix B

Glossary of Common Terms- See Glossary of Common Terms for the updated list.

Appendix C

Forms and Tools used by Department of Child Services

- Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114)
- Family Functional Assessment (FFA) Field Guide
- Indiana Department of Child Services Screening and Response Time Assessment (SDM Tool)
- SDM Family Risk Assessment

Appendix D

Juvenile Codes

- IC 31-9-2-0.4 **"Abandoned child"**
- IC 31-9-2-0.5 **"Abandoned infant"**
- IC 31-9-2-9.6 **"Assessment"**
- IC 31-9-2-13 **"Child"**
- IC 31-9-2-14 **"Child abuse or neglect"**
- IC 31-9-2-16.4 **"Child caregiver"**
- IC 31-9-2-28 **"Court appointed special advocate"**
- IC 31-9-2-31 **"Custodian"**
- IC 31-9-2-37 **"Delinquent child"**
- IC 31-9-2-38.5 **"Department"**
- IC 31-9-2-42 **"Domestic or family violence"**
- IC 31-9-2-44.8 **"Family preservation services"**
- IC 31-9-2-45 **"Family services"**
- IC 31-9-2-50 **"Guardian ad litem"**
- IC 31-9-2-52 **"Health care provider"**
- IC 31-9-2-58.3 **"Index"**
- IC 31-9-2-76.6 **"Local office"**
- IC 31-9-2-87 **"Omission"**
- IC 31-9-2-88 **"Parent"**
- IC 31-9-2-88.7 **"Permanency roundtable"**
- IC 31-9-2-94 **"Preliminary inquiry"**
- IC 31-9-2-101 **"Reason to believe"**
- IC 31-9-2-103.6 **"Region"**
- IC 31-9-2-103.7 **"Regional services council"**
- IC 31-9-2-106 **"Registry"**
- IC 31-9-2-107 **"Relative"**

- IC 31-9-2-109.5 **"Residential placement committee"**
- IC 31-9-2-113.7 **"Secure detention facility"**
- IC 31-9-2-114 **"Secure facility"**
- IC 31-9-2-117 **"Shelter care facility"**
- IC 31-9-2-123 **"Substantiated"**
- IC 31-9-2-129 **"Team"**
- IC 31-9-2-130.3 **"Transitional services plan"**
- IC 31-9-2-132 **"Unsubstantiated"**
- IC 31-9-2-133 **"Victim of child abuse or neglect"**
- IC 31-9-2-134.5 **"Wardship"**
- IC 31-32-11 **Article 32 – Juvenile Court Procedures, Chapter 11. Evidence**
- IC 31-32-11-1 **"Admissibility of privileged communications"**
- IC 31-33 **Article 33. Juvenile Law: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT**
- IC 31-33-1-1 **Purpose of article**
- IC 31-33-3 **Chapter 3. Community Child Protection Team**
- IC 31-33-3-1 **Community child protection team established; members**
- IC 31-33-3-2 **Election of team coordinator**
- IC 31-33-3-3 **Duties of team coordinator**
- IC 31-33-3-4 **Meetings; agenda**
- IC 31-33-3-5 **Recommendation to the department of child services**
- IC 31-33-3-6 **Review of child abuse and neglect cases and complaints**
- IC 31-33-3-7 **Periodic reports**
- IC 31-33-3-8 **Confidentiality of matters reviewed**
- IC 31-33-5 **Chapter 5. Duty to Report Child Abuse or Neglect**
- IC 31-33-5-1 **Duty to make report**
- IC 31-33-5-2 **Notification of individual in charge of institution, school, facility, or agency; report**
- IC 31-33-5-3 **Effect of compliance on individual's own duty to report**
- IC 31-33-5-4 **Immediate oral report to DCS or law enforcement agency**
- IC 31-33-6 **Chapter 6. Immunity of Persons Who Report Child Abuse or Neglect**
- IC 31-33-6-1 **Immunity from civil or criminal liability**
- IC 31-33-6-2 **Exception for malice or bad faith**
- IC 31-33-6-3 **Presumption of good faith**
- IC 31-33-7 **Chapter 7. Receipts of Reports of Suspected Child Abuse or Neglect**
- IC 31-33-7-1 **Arrangement for receipt of reports**
- IC 31-33-7-2 **Standardized phone access system**
- IC 31-33-7-3 **Child abuse hotline**
- IC 31-33-7-4 **Written report; contents**
- IC 31-33-7-5 **Written report; copies made available to law enforcement agencies, prosecuting attorney, and coroner**
- IC 31-33-7-6 **Coroner's investigation and report**
- IC 31-33-7-7 **Law enforcement agency investigation and communication of information**
- IC 31-33-7-8 **Reports after initiation of assessment or investigation; contents; confidentiality**

- IC 31-33-8 **Chapter 8. Investigation of Reports of Suspected Child Abuse or Neglect**
- IC 31-33-8-1 **Investigations by the department of child services; time of initiation; investigations of child care ministries**
- IC 31-33-8-2 **Investigations by law enforcement agencies**
- IC 31-33-8-3 **Photographs and x-rays**
- IC 31-33-8-4 **Notice to prosecuting attorney of reports involving child's death**
- IC 31-33-8-5 **Forwarding copies of reports to prosecuting attorney**
- IC 31-33-8-6 **Investigatory duties of department of child services; purpose**
- IC 31-33-8-7 **Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements**
- IC 31-33-8-8 **Order for child's immediate removal; preparation of investigative report**
- IC 31-33-8-9 **Provision of copies of investigative report by department of child services**
- IC 31-33-8-10 **Provision of information and copies of investigative report by law enforcement agency**
- IC 31-33-8-11 **Law enforcement agency's duty to release information to department of child services**
- IC 31-33-8-12 **Classifying reports as substantiated or unsubstantiated**
- IC 31-33-8-13 **Court findings to be entered in the child protection index**
- IC 31-33-9 **Chapter 9. Designation of Public or Private Agencies to Investigate Reports of Abuse or Neglect Involving a Child under the Care of a Public or Private Institution**
- IC 31-33-9-1 **Written protocol or agreement designating agency primarily responsible for investigation**
- IC 31-33-9-2 **Terms or conditions of protocol or agreement**
- IC 31-33-9-3 **Purchase of services of public or private agency**
- IC 31-33-10 **Chapter 10. Duty of Health Care Provider to Examine, Photograph, and X-ray Child who is Subject of Child Abuse or Neglect Report**
- IC 31-33-10-1 **Duty to photograph, x-ray, and physically examine trauma visible on child**
- IC 31-33-10-2 **Photographs, x-rays, and physical medical examinations; reimbursement of costs**
- IC 31-33-10-3 **Photographs, x-rays, and physical medical examinations; delivery to department of child services; notice of existence**
- IC 31-33-11 **Chapter 11. Duty of Hospital not to Release Child who is Subject of Child Abuse or Neglect Report**
- IC 31-33-11-1 **Conditions for release of child under investigation for abuse or neglect; expenses of extended hospital stay**
- IC 31-33-15 **Chapter 15. Appointment of Guardian ad Litem or Court Appointed Special Advocate**
- IC 31-33-15-1 **Appointment**
- IC 31-33-15-2 **Access to reports**
- IC 31-33-15-3 **Costs of services of guardian ad litem**
- IC 31-33-16 **Chapter 16. Review of Status of Child by Juvenile Court**
- IC 31-33-16-1 **Review of status of child removed from family**
- IC 31-33-18 **Chapter 18. Disclosure of Reports; Confidentiality Requirements**
- IC 31-33-18-1 **Confidentiality; exceptions**

- IC 31-33-18-1.5 **Written findings; copies to the department of child services; certain records held by governmental entities no confidential if redacted; procedure for redacting records**
- IC 31-33-18-2 **Disclosure of unredacted material to certain persons**
- IC 31-33-18-3 **Disclosure to qualified researchers**
- IC 31-33-18-4 **Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs**
- IC 31-33-18-5 **Confidentiality of recordings of calls to child abuse hotline**
- IC 31-33-22 **Chapter 22. Offenses; Access to Unsubstantiated False Reports**
- IC 31-33-22-1 **Failure to make report**
- IC 31-33-22-2 **Obtaining child abuse information under false pretenses; knowingly falsifying records or interfering with an investigation**
- IC 31-33-22-3 **False reports; criminal and civil liability; notification of prosecuting attorney**
- IC 31-33-22-4 **Failure to notify of name change**
- IC 31-33-22-5 **Access by accused to false report**
- IC 31-33-26-2 **Establishment and maintenance of child protection index**
- IC 31-33-26-3 **Index components**
- IC 31-33-26-8 **Notification after index entry; notice to perpetrators; requests for administrative hearing**
- IC 31-33-26-9 **Administrative hearings; evidentiary standards; consideration of hearsay; amendment or expungement of reports; confidentiality; decisions provided to the department of education**
- IC 31-33-27 **Chapter 27. Expungement of Child Abuse or Neglect Reports**
- IC 31-33-27-1 **"Expunge" or "Expungement"**
- IC 31-33-27-2 **"Information"**
- IC 31-33-27-3 **Expungement of records; retained information; adoption of rules**
- IC 31-33-27-4 **Expungement of records; amended information**
- IC 31-33-27-5 **Substantiated reports; perpetrator petitions for expungements**
- IC 31-33-27-6 **Use of expunged records in civil action**
- IC 31-34 **Article 34. JUVENILE LAW: CHILDREN IN NEED OF SERVICES**
- IC 31-34-1 **Chapter 1. Circumstances under Which a Child is a Child in Need of Services**
- IC 31-34-1-1 **Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision**
- IC 31-34-1-2 **Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health**
- IC 31-34-1-3 **Victim of sex offense; living in household with victim of sex offense**
- IC 31-34-1-4 **Parent, guardian, or custodian allowing child's participation in obscene performance**
- IC 31-34-1-5 **Parent, guardian, or custodian allowing child to commit sex offense**
- IC 31-34-1-6 **Child substantially endangering own or another's health**
- IC 31-34-1-7 **Parent, guardian, or custodian failing to participate in school disciplinary proceeding**
- IC 31-34-1-8 **Missing child**
- IC 31-34-1-9 **Disabled child deprived of necessary nutrition or medical or surgical**

intervention

- IC 31-34-1-10 **Child born with fetal alcohol syndrome or with controlled substance or legend drug in child's body**
- IC 31-34-1-11 **Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy**
- IC 31-34-1-12 **Exception for mother's good faith use of legend drug according to prescription**
- IC 31-34-1-13 **Exception for mother's good faith use of controlled substance according to prescription**
- IC 31-34-1-14 **Exception for failure of parent, guardian, or custodian to provide medical treatment because of religious beliefs; rebuttable presumption; effect of presumption**
- IC 31-34-1-15 **Effect of chapter on use of corporal punishment or religious practices**
- IC 31-34-1-16 **Termination of parental rights or transfer of custody may not be required; voluntary y placement agreements**
- IC 31-34-2.3 **Chapter 2.3. Child Protective Orders for Removal of Alleged Perpetrators**
- IC 31-34-2.3-1 **Petition to remove alleged perpetrator of child abuse or neglect from child's residence**
- IC 31-34-2.3-2 **Temporary child protective order; petition**
- IC 31-34-2.3-3 **Serving temporary child protective order**
- IC 31-34-2.3-4 **Hearing; notice**
- IC 31-34-2.3-5 **Issuing child protective order; other relief; valid**
- IC 31-34-2.3-6 **Duties for parent or other custodian of child; order**
- IC 31-34-2.3-7 **Violation of order by parent or other custodian of child**
- IC 31-34-2.3-8 **Violation of order by alleged perpetrator of child abuse or neglect**
- IC 31-34-5-1 **Time for hearing; notice; petition alleging a child is a child in need of services**
- IC 31-34-5-2 **Findings**
- IC 31-34-7 **Chapter 7. Informant About Children in Need of Services, Investigation, and Preliminary Inquiry**
- IC 31-34-7-1 **Preliminary Inquiry**
- IC 31-34-7-2 **Provision of preliminary inquiry and recommendation to attorney for department**
- IC 31-34-7-3 **Decision whether to request authorization to file petition**
- IC 31-34-7-4 **Access by accused to report**
- IC 31-34-8 **Chapter 8. Program of Informal Adjustment**
- IC 31-34-8-1 **Implementation of program; statement by court of reasons for denial; program considered approved in certain circumstances**
- IC 31-34-8-2 **Consent**
- IC 31-34-8-3 **Petition for compliance; notice; hearing; order; contempt**
- IC 31-34-8-6 **Duration of program; extension**
- IC 31-34-8-7 **Report on extent of compliance**
- IC 31-34-10-5 **Duty to inform parent or guardian of estate of effect of adjudication**
- IC 31-34-12 **Chapter 12. Findings, Presumptions, and Evidence**
- IC 31-34-12-1 **Burden of proof of delinquent act or crime**
- IC 31-34-12-2 **Burden of proof in proceedings to terminate parental rights**

- IC 31-34-12-3 **Burden of proof in other cases**
- IC 31-34-15-1 **Requirement of case plan**
- IC 31-34-15-2 **Time for completion**
- IC 31-34-15-3 **Provision of copy of completed case plan**
- IC 31-34-15-4 **Form; contents**
- IC 31-34-15-5 **Cooperation in development of plan**
- IC 31-34-18-1 **Predispositional report; recommendation of care, treatment, or rehabilitation of child; alternative reports**
- IC 31-34-18-1.1 **Consultation with experts; participants in conference**
- IC 31-34-18-1.2 **Mandatory attendance of child's school representative at conference**
- IC 31-34-18-1.3 **Reports by meeting participants**
- IC 31-34-18-2 **Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caretaker**
- IC 31-34-18-3 **Financial reports**
- IC 31-34-18-4 **Recommendation on care, treatment, rehabilitation, or placement**
- IC 31-34-18-5 **Examinations**
- IC 31-34-18-6 **Disclosure**
- IC 31-34-18-6.1 **Predispositional report; contents**
- IC 31-34-20 **Chapter 20. Dispositional Decrees**
- IC 31-34-20-1 **Entry of dispositional decree; placement in home or facility outside Indiana; removal of child; award of wardship**
- IC 31-34-20-6 **Emancipation of child; findings; terms**
- IC 31-34-21 **Chapter 21. Review of Dispositional Decrees; Formal Review Hearings**
- IC 31-34-21-0.1 **Application of certain amendments to chapter**
- IC 31-34-21-0.2 **First periodic case review; petition to terminate parent-child relationship; conditions; required notice**
- IC 31-34-21-1 **Progress reports; procedure for modification of decree**
- IC 31-34-21-2 **Periodic case review**
- IC 31-34-21-3 **Progress report required before case review**
- IC 31-34-21-4 **Notice of case review; testimony in periodic case review**
- IC 31-34-21-4.5 **Foster parent's intervention**
- IC 31-34-21-5 **Determination; findings**
- IC 31-34-21-5.5 **Reasonable efforts to preserve and reunify families**
- IC 31-34-21-5.6 **Exceptions to requirement to make reasonable efforts to preserve and reunify families**
- IC 31-34-21-5.7 **Permanency plan; requirement; approval; reports and orders not required**
- IC 31-34-21-5.8 **Certain reasonable efforts required if preservation and reunification inconsistent with permanency plan; progress reports, case reviews, and post-dispositional hearings not required**
- IC 31-34-21-7 **Permanency hearing**
- IC 31-34-21-7.3 **Internet posting of non-identifying information**
- IC 31-34-21-7.5 **Permanency plans prohibited if household contains certain individuals; exceptions**
- IC 31-34-21-7.7 **Permanency plan; guardianship; requirements and terms and**

conditions in order; jurisdiction

- IC 31-34-21-8 **Progress report required before formal hearing**
- IC 31-37-14 **Article 37 – Delinquency, Chapter 14. Findings, Presumptions, and Evidence**
- IC 31-37-14-1 **Burden of proof of delinquent act or crime**
- IC 31-37-14-2 **Burden of proof in proceedings to terminate parental rights**
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- IC 31-37-6 **Chapter 6. Detention Hearing**
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- IC 35-42-4 **Title 35 – Criminal Law and Procedure, Article 42 – Offenses Against the Person, Chapter 4. Sex Crimes**
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- IC 35-42-4-3 **Child molesting**
- IC 35-42-4-4 **Child exploitation; possession of child pornography; exemptions; defenses**
- IC 35-42-4-5 **Vicarious sexual gratification; sexual conduct in presence of a minor**
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- IC 31-9-2-49 **“Guardian”**