



## INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

### Chapter 3: Hotline

#### Section 02: Creating and Evaluating a Child Abuse and Neglect (CA/N) Intake Report

**Effective Date:** January 1, 2023

**Version:** 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

### POLICY OVERVIEW

Allegations of Child Abuse and Neglect (CA/N) must be received by the Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) for an intake report to be created. The quality and evaluation of information gathered impacts the ability of DCS to determine whether the intake report will be assigned for assessment.

[Back to Top](#)

### PROCEDURE

The DCS Hotline will evaluate every intake report and make recommendations about:

1. Whether the allegations meet the statutory definition of Child Abuse and/or Neglect (CA/N) and should be recommended for assessment. See policy 3.08 Statutory Definition of Child Abuse and/or Neglect (CA/N) for additional information;

**Note:** DCS reserves the right to assess allegations of CA/N, no matter how long ago the alleged incidents occurred.

2. Whether the intake report contains enough information to identify or locate the child and initiate an assessment; and
3. The recommended response time.

The Hotline will accept CA/N allegations from persons who wish to remain anonymous; however, DCS will strongly encourage all reporters to provide their contact information so that follow-up may occur if more information is needed.

Audio recordings of reports made to the Hotline are confidential and may only be released by a court order. A prosecutor may request the recordings to investigate charges of false reporting. If a prosecutor requests a recording to investigate false reporting, the DCS Staff Attorney should be consulted. See policy 2.14 Intentional False Reports for additional guidance.

All intake reports involving a child who voluntarily enters an emergency shelter care 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. Intake reports for emancipated minors will not be recommended for assessment, unless CA/N is alleged. See Policy 4.01 Reviewing Child Abuse and/or Neglect (CA/N) Allegations and Other Records for further guidance.

During the reporter's initial call, the Hotline Intake Specialist (IS) will:

1. Gather and document as much information as possible in Casebook by thoroughly interviewing the reporter about:
  - a. The alleged incident,
  - b. The alleged child victim,
  - c. The alleged perpetrator, and
  - d. The alleged child victim's family.
2. Screen each intake report for the presence of domestic violence (DV) by utilizing the DV screening questions;

**Note:** Intake reports that allege a child witnessed or was present in the home during an incident of DV will be recommended to be sent to the DCS local office with the focus of the assessment being placed on the safety of the child. See policy 2.30 Domestic Violence for additional information.

3. Review the information gathered from the reporter and ask any additional questions needed to clarify vague, confusing, or incomplete statements;
4. Advise the reporter that their identity will remain confidential unless the court orders the reporter's identity to be disclosed;
5. Follow all confidentiality policies and procedures. See policy 2.06 Sharing Confidential Information; and
6. Create an intake report in Casebook.

**Note:** If the intake report is not created during the initial call from the reporter, the intake report should be completed by the end of the shift following the conclusion of the initial call. Information received by e-mail, United States (U.S.) mail, or fax should be triaged and reports meeting legal sufficiency completed within 24 hours. Reports that are more urgent should be completed as soon as possible.

At the conclusion of the reporter's initial call, the IS will:

1. Determine if the allegations meet the statutory definition of CA/N. See policy 3.08 Statutory Definition of CA/N for additional information;
2. Review history for any relevant connections to the intake report;
3. Complete the following if there are allegations of CA/N:
  - a. Recommend the intake report be routed to the DCS local office,
  - b. Recommend the assessment initiation time frame and determine if the response time needs to be advanced, and
  - c. Determine if the intake report should be marked for a Pediatric Evaluation and Diagnostic Service (PEDS) referral.

**Note:** A PEDS referral is mandatory for all reports involving a child less than six (6) years of age with allegations of suspected CA/N involving the head or neck (e.g., facial bruising, scratches, and red "marks" on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) or a child less than three (3) years of age with allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns anywhere on the body (see Practice Guidance for additional information).

4. Send the intake report to the Hotline Intake Supervisor for review.

**Note:** A Hotline Intake Supervisor's review of any intake report may be bypassed at DCS management discretion.

The Hotline Intake Supervisor will review the intake report upon receipt from the IS. See policy 3.05 Supervisory Review of CA/N Intake Reports for additional guidance.

[Back to Top](#)

## RELEVANT INFORMATION

### Definitions

#### Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

#### Safe Haven Infant

Per IC 31-9-2-113.1, a safe haven infant is a child:

1. Who is, or appears to be, not more than 30 days old; and
2. Who has been voluntarily left by a parent:
  - a. With an emergency medical services provider, or
  - b. In a newborn safety device.

### Forms and Tools

- [PEDS Program Referral](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310)- available in the case management system

### Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.14 Intentional False Reports](#)
- [2.30 Domestic Violence](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#)
- [4.01 Reviewing Child Abuse and/or Neglect \(CA/N\) Allegations and Other Records](#)

[Back to Top](#)

## LEGAL REFERENCES

- [IC 20-50: HOMELESS CHILDREN AND FOSTER CARE CHILDREN](#)
- [IC 31-9-2: Family Law and Juvenile Law, Definitions](#)
- [IC 31-9-2-113.1: Safe haven infant](#)
- [IC 31-33-7-4: Written reports; contents](#)
- [IC 31-33-18: Disclosure of Reports; Confidentiality Requirements](#)
- [IC 31-34-1: Circumstances Under Which a Child is a Child in Need of Services](#)
- [IC 31-34-2.5: Taking custody of child without court order; newborn safety device; anonymity; immunity](#)
- [IC 31-36-3: Homeless Children](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parent](#)
- [IC 35-31.5-2-76: "Crime Involving domestic or family violence"](#)

[Back to Top](#)

## PRACTICE GUIDANCE- DCS POLICY 3.02

*Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.*

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

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

[Back to Top](#)

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