



# ASSESSMENT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 113 (R8 / 7-12) / CW 0311

INDIANA DEPARTMENT OF CHILD SERVICES

In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a **confidential record**.

Date of complaint ( <i>month, day, year</i> )		Assessment number		Type of assessment	
Address of household ( <i>number and street, city, state, and ZIP code</i> )					
Type of household	County	Home telephone number (      )		Work telephone number (      )	
Assessed by		Title		Agency	

## PARENT / GUARDIAN DETAILS

NAME OF PARENT / GUARDIAN	GENDER	RACE	ROLE	AGE	DATE OF BIRTH ( <i>month, day, year</i> )	DATE OF INTERVIEW ( <i>month, day, year</i> )	EDUCATION	LIVING ARRANGEMENTS
Caregiver financial risk factors								
Health risk factors (physical and behavioral)								

## CHILD DETAILS

NAME OF CHILD	GENDER	RACE	ROLE	AGE	DATE OF BIRTH ( <i>month, day, year</i> )	DATE OF INTERVIEW ( <i>month, day, year</i> )	EDUCATION
Evidence dates ( <i>month, day, year</i> )							
Child risk factors							

## ALLEGED PERPETRATOR DETAILS

NAME OF ALLEGED PERPETRATOR	GENDER	RACE	AGE	DATE OF BIRTH ( <i>month, day, year</i> )	DATE OF INTERVIEW ( <i>month, day, year</i> )

## OTHER PERSON RESPONSIBLE FOR CHILDREN

NAME OF PERSON	ADDRESS ( <i>number and street, city, state, and ZIP code</i> )	HOME TELEPHONE NUMBER

## OTHER RELATIONSHIPS

NAME OF CHILD	NAME OF PERSON	RELATIONSHIP TO CHILD

TYPE OF MALTREATMENT				
NAME OF VICTIM	NAME OF PERPETRATOR	RELATIONSHIP TO VICTIM	ALLEGATION TYPE	SUBSTANTIATION DECISION

**NARRATIVE**

Summary of the Preliminary Report of Alleged Abuse or Neglect (State Form 114 / CW 310):

Scope of the Assessment:

Conclusion Statement:

Initial and Subsequent Safety of the Child(ren):

Notice Section:

Did a Family Support / Community Services Plan occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did a Community Partners Referral occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of completion (month, day, year)	Signature of director / supervisor	Date of approval (month, day, year)
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The contents of the record, including the decision to substantiate or not, is subject to change consistent with any post assessment process that may occur.

POST ASSESSMENT INFORMATION

Date of completion (month, day, year)	Signature of director / supervisor	Date of approval (month, day, year)
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