The Indiana Department of Child Services (DCS) will conduct an assessment of the home of an alleged child victim if:
1. The alleged Child Abuse and/or Neglect (CA/N) occurred in the child’s home; or
2. During the course of the assessment, concerns about the condition of the home and its impact on child safety and well-being arise.

If a home visit is completed, DCS will assess the home to determine if any conditions exist that support CA/N allegations and/or raise additional concerns about the safety and well-being of the alleged child victim and any other children living in the home. A visit or visits to the home to conduct an assessment may be announced or unannounced.

DCS will seek a court order and assistance from a Law Enforcement Agency (LEA) when it is necessary to conduct an assessment of a home if access is denied.

See Practice Guidance for a list of indicators of domestic violence and human trafficking.

**Code References**
1. **IC 5-26.5-1-3: "Domestic violence"**
2. **IC 34-6-2-34.5: "Domestic or family violence"**
3. **IC 35-42-3.5: Human and Sexual Trafficking**

**PROCEDURE**

The Family Case Manager (FCM) will:
1. Make a determination as to whether an announced or unannounced visit to the home should be conducted;
2. Consider any risks associated with visiting the home relating to the safety of the FCM and the child. If significant safety risks are identified, assistance from LEA should be requested;

**Note:** LEA is to be contacted in all assessments involving human trafficking.

3. Seek permission to enter the home from an adult living in the home. If permission is denied, seek a court order and assistance from LEA to gain entry. See separate policy, **4.8 Entry into Home or Facility**;
4. Exit the home immediately and without alarming the persons inside if at any time the FCM suspects the home may contain a meth lab. See **Indiana Drug Endangered Children (DEC) Response Protocol**;
5. Discontinue the interview if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other
dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
6. Examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe;
7. Examine the kitchen (refrigerator, cabinets, pantry, etc.) to verify adequate food supply;
8. Document the conditions of the home in writing; photograph any adverse conditions;
9. Add new allegations to the assessment report if concerns are noted during the assessment of the home environment; and
10. Complete an emergency removal of the child from the home if conditions are found that warrant such action. See separate policy, 4.28 Involuntary Removals for further details.

**PRACTICE GUIDANCE**

**Announced and Unannounced Visits**
The FCM must decide whether or not to announce the visit for the home assessment based on the nature of the allegations and the need to protect the child. If there are CA/N allegations concerning the conditions of the home, it would be appropriate for the FCM to make an unannounced home visit.

Throughout the life of the case, unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, and maintaining an adequate food supply.

Announced home visits continue to be a valuable method of engaging and maintaining contact with families.

**During a home visit, observe for potential indicators of domestic violence**
During each home visit, the FCM will observe for the following potential signs of domestic violence. If the FCM believes that domestic violence may be present, see separate policy, 4.10 Interviewing the Parent, Guardian, or Custodian.

1. Evidence of damage to property (i.e., holes punched in walls, doors ripped off hinges);
2. Evidence of the phone being ripped out of wall; telephone is broken, disconnected or missing;
3. Reluctance of adults/partners to be interviewed separately; one adult/partner answering questions for the other (i.e., not letting the other person talk);
4. One adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner looks together and cooperative;
5. One adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one parent;
7. Pet abuse;
8. Visible injuries or injured areas hidden;
9. Flinching or signs of anxiety;
10. Use of dominating or intimidating body language;
11. Weapons are present in the home, weapons are openly visible or weapons are not secured;
12. Home not adequately accessible for a family member’s disabilities;
13. Presence of guard animals, especially if family members exhibit fear of them; and/or
14. Home is in an isolated location.
Potential Indicators of Human Trafficking

During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will speak to his or her supervisor to determine if a human trafficking forensic interview is needed. For further guidance, see separate policy 2.21 Human Trafficking.

1. The child’s home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant, in a motel with other workers, etc.);
4. The child may be unaware of the location of his or her home due to multiple moves or the human trafficker may lie to the child about their whereabouts;
5. The child may be isolated and have no relationships outside of the home (e.g., the child does not attend school or play with other children in the neighborhood); and/or
6. There may be multiple, unrelated people living in the home.

[REVISED] Emergency Contacts to Request an Interviewer

Contact the appropriate number listed below to request an interviewer if human trafficking is identified during the CA/N intake or the FCM observes indicators of human trafficking and it is determined a human trafficking forensic interview is appropriate.

<table>
<thead>
<tr>
<th>County</th>
<th>Agency</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake, St. Joseph, Porter, or LaPorte</td>
<td>U.S Dept. of Homeland Security</td>
<td>1-800-973-2867 Ask for Duty Agent on Call</td>
</tr>
<tr>
<td>Marion</td>
<td>Marion County Hotline</td>
<td>1-888-373-7888 Hotline will contact IMPD to notify Det. on duty</td>
</tr>
<tr>
<td>All Counties- business hours only- attempt other contact first</td>
<td>US Dept. of Homeland Security</td>
<td>1-800-973-2867 Ask for Special Agent Assigned to Human Trafficking</td>
</tr>
<tr>
<td>All Counties except Lake, St. Joseph, Porter, LaPorte, and Marion</td>
<td>US Attorney’s Office</td>
<td>(317)226-6333 Ask for Co-Chair of IPATH</td>
</tr>
</tbody>
</table>

Note: For non-emergencies, contact the Office of the Attorney General’s tip-line at humantraffickingtip@atg.in.gov.

Safe Sleeping

FCMs will talk to parents, guardians, and caregivers about safe sleeping for infants and will document the discussion in the Management Gateway for Indiana’s Kids (MaGIK). Refer to the below information for safe sleeping guidelines:

1. Always place babies on their backs to sleep. The back sleep position is the safest;
2. In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g., cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib: http://www.cpsc.gov/NSN/cribrules.pdf;

3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on pillows, bean bags, quilts, sheepskins or other soft surfaces;

4. Keep soft objects and toys, and loose bedding, out of babies’ sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby’s face;

5. Keep babies’ sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep in a bed, on a couch, or armchair with adults or other children;

6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;

7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult; and

8. Reduce the chance that flat spots will develop on a baby’s head by providing “tummy time” when the baby is awake and someone is watching, changing the direction that the baby lies in the crib, and avoiding too much time in car seats, carriers, bouncers, and swings. These items should also be placed/used on appropriate surfaces and should not be utilized in place of a crib.

More information may be found through:

1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. National Institutes of Health; and
4. The DCS Website.

FORMS AND TOOLS

N/A

RELATED INFORMATION

General
The purpose of the assessment of the home is to assess and evaluate conditions in the home that relate to the child’s health and safety and/or assist in making a finding regarding the allegations.

Assessment of Risk
Consider risk factors that may pose a danger to child safety or FCM safety. Examples include, but are not limited to:

1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (see related document, Indiana Drug Endangered Child Response Protocol);
6. Family members that are criminal suspects and have outstanding arrest warrants;
7. Indications of human trafficking; and
8. Dangerous pets and/or animals.
**Assistance from Law Enforcement**
Request assistance when any risk factors have been identified that could threaten the safety of the child, the FCM and/or other responders. See separate policy, [4.29 Joint Assessments](#).