**Intake Guidance Tool**

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Introduction

The Intake Guidance Tool is exactly what is says, it is a tool meant to guide you in taking reports. The Intake Guidance Tool is not meant to cover every situation nor is it meant to replace your critical thinking skills. Instead, the Intake Guidance Tool is designed to provide a basic guide of questions that act as a starting point when taking reports, and as a set of prompts to further your inquiries with your callers. There will always be situations that require a more thorough examination than that presented in the Intake Guidance Tool and in those situations it is incumbent upon the Intake Specialist to continue to probe beyond the questions that are provided here.

Report Source and Demographic Information

What is the report source name, number, and how does the report source know the family?

Document report source information:

Reporter: Name (Relation to the child and/or Title)

If professional, what Agency/Organization

Phone: (number to reach RS at)

Address: (agency address is professional)

Collect family demographic information:

* What are the name, age, DOB, and gender of the child(ren) that you are calling about?
* What is the child(ren)’s primary address?
* What are the parents’ names, addresses, and phone numbers?
* Who does the child live with/other household members?
* Do the parents have any other children? If so, do those children visit the home?
* Do any other children visit the home?
* Who are the perpetrator(s), if not a parent or household member?
* Perpetrator’s address, phone number, relationship to the child(ren)?
* Are any of the individuals involved in this report a member of or eligible to enroll in an American Indian or Alaskan Native Tribe?
  + If yes, what tribe? (note: if the answer is the Pokagon Band of Potawatomi Indians, then ask the next question)
  + Do they live within Pokagon Band’s tribal land in St. Joseph County, Indiana? (note: If incident occurred within Pokagon Band’s tribal land in St. Joseph County, Indiana AND child and/or parent(s) are a member/eligible to be a member of the tribe, report should be screened out with local office forwarding to Pokagon Band’s Child Welfare Agency).
    - See map for Pokagon Band’s tribal land in St. Joseph County, Indiana: 
* Where is the child(ren) currently? If child at hospital, is/was the child’s injury or condition certified by a physical as being life threatening?
* Is the child safe now?
* What school (daycare) does the child(ren) attend, and when will the child(ren) be dismissed?
* Does the child have any disabilities/delays/diagnoses or an impaired mental capacity?
* What is the child(ren)’s current location?
* What are your concerns?
* Identify any family supports
* Links to Specific Questions:
  + [Fatality/Near Fatality](#Fatality)
  + [Physical Abuse Questions/Guide](#PhysicalAbuse)
  + [Sexual Abuse Questions/Guide](#SexAbuse)
  + [Neglect Questions/Guide](#Neglect)

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Additional Questions

Additional Child Questions

* Does the child(ren) need medical treatment?
  + If so, is the child(ren) currently receiving medical treatment? If so, where and how often?
  + Is there anything we need to know about the child regrading medication, known disability?

Additional Parent/Perpetrator Questions

* Do you know when and how often the child(ren) will be in the presence or care of the alleged perpetrator?
* Are there other children to which the perpetrator may have access and who may be at risk of immediate harm?
* Does the perpetrator have a CPS history?
  + Past/current allegations and/or involvement?
* Are the parents able or willing to perform the parental duties?
* Are parental expectations consistent with the child’s development?
* What are the parent’s attitudes towards the child(ren)?
* Current stressors? (Document any issues of financial stress, unemployment, heavy child care responsibility, unhealthy relationship, housing, medical issues, and legal issues)

Additional General Questions

* Could you provide me any family resources (i.e. relatives such as grandparents, aunts, uncles, etc.) that are available to the child(ren) you are calling about?
  + Any family members, friends, or neighbors who may be helpful or have additional information?
* Has any action already been taken (medical attention, removed from home, other professionals involved)?

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MANDATORY Worker Safety Questions

You MUST ask the worker safety questions (if a caller refuses, becomes angry at the questions, then document the refusal/anger, then move on, but you must try)

“I’m going to ask you a few questions about the home; I understand you may not know the answers to these questions, but I’m required to ask.”

* Any dangerous animals in the home?
* Anyone have any contagious diseases?
* Anyone using drugs or alcohol and/or manufacturing?
  + What type?
  + How often?
  + How does the parent’s substance abuse affect the parent’s ability to care for the child(ren)?
  + Do the child(ren) have access to the drug(s) or drug paraphernalia?
* Any gang involvement?
* Anyone diagnosed with a mental illness?
  + Diagnosis
  + Treatment (past/current)
  + Medications
* Is the home in a remote location?
* Anyone violent or could be violent with a worker?
* Any weapons in the home?
* Anyone been arrested recently or involved in criminal activity?
  + Past/current charges
  + Convictions and incarcerations
* Are you aware of any incident of domestic violence? (If yes, ask questions below)

Have any family members been involved in domestic violence? If yes, ask the following questions:

* Has anyone in the family been hurt or assaulted? (past or present)
* Who has been hurting the family or child?
* Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? Any threats of kidnapping? If yes, please describe what happened.
* Have weapons been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
* How long has the fighting been going on?
* Where is the child when the violence occurred?
* Did the child(ren) try to stop or intervene in the violence?
* How is the family violence affecting the child?
* Have the police ever been called to the home to stop fighting? If so, was anyone arrested/charged?
* Are the children safe now?
* Are the parents safe now?
* What is the parent/caretaker’s ability to protect him or herself along with the children?

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Reporter Specific Guide

LEA Calls

***Do you need immediate assistance?***

**If Yes:**

* Find out where the officer would like assistance (ex: address and/or phone call)
* Gather brief demographic information
  + Suggest asking for the child(ren) name/ages (reminder to get some estimated ages if DOBs aren’t available to ensure we can let the county know about possibly needing car seats for whatever the situation may be)
  + Next ask the officer to briefly explain the situation (this allows the officer to provide the amount of information they want or feel comfortable explaining in the amount of time they have). Try not to ask a lot of follow up questions as the call should be short. It is okay to ask clarifying questions, especially if you are unclear about the situation.
  + Reminder: Worker safety questions do not need to be asked during these calls.
* The local office should be contacted immediately on any assistance request (in person or phone call requests). The response time is not effected by the request of immediate assistance. When calling the county, please make sure they are aware the officer asked for immediate assistance, but also provide them the correct response time.
* All reports with officers asking for immediate assistance will be either an assessment or an I&R (depending on the situation). These reports will never be screened out.

**If No:**

* Gather full demographic information
* Gather information regarding the concerns (ask follow up and clarifying questions to make an accurate recommendation)
* Must ask [Worker Safety Questions](#WorkerSafety)

**Reminders for LEA calls:**

* If dispatch calls, gather the name and number of the officer needing assistance. Also remember to gather the information of dispatch (name and number) in case you are unable to get in touch with the officer directly.
* Should not ask if dispatch would like to provide the report directly; however, there are times they say this without prompting. In that case, gather as much information as possible and find out if assistance is needed.
* Officers may ask about specific information related to the family. We are able to tell officers if the family has open involvement and who is assigned (FCM(S) name and phone). We are unable to explain why the family is involved with DCS.

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Judge and Prosecutor Calls

* Gather full demographic information
* Gather all information regarding the concerns (ask follow up and clarifying information)
* Ask worker safety questions

**Reminders for Judge and Prosecutor Calls:**

* All reports made by the judge or prosecutor or on behalf of a judge or prosecutor are automatically recommended for an assessment regardless of whether or not the concerns are met on the SDM.
* The local county should be notified of these reports regardless of the time of day.

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Hospital Calls

* Determine if the hospital is calling in on a child fatality or near fatality
  + Reminder: NF means a physician has certified the child’s injury as life threatening
  + Get the name of the physician who has certified the injury
  + Chat a supervisor if one of these are the reason for the call
* Gather full demographic information
* Gather the allegations, asking clarifying and follow up questions.
* Find out when the child will be discharged. If unknown, try to determine an estimate (ex: within the next few hours or days, etc)
* If child was discharged, who were they discharged to and what time?
* Must ask [Worker Safety Questions](#WorkerSafety)

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Abuse or Neglect Type Specific Questions

Fatality

\*Get a supervisor on the line immediately if a fatality is mentioned

* When did the child pass away?
  + Get time of death if possible
* Where was the child at the time of death?
* Who found the child?
* When was the child last seen alive/who last saw them alive?
* If the child is a newborn, did the child take a natural breath?
* Has LEA been notified? Was there a delay? Any one arrested/detained?
* Is there a known cause of death?
* Is there an autopsy scheduled? When?
* Did the child have any pre-existing medical conditions or have they recently been ill?
* Does the child have any marks, injuries, or bruises?
* Has the child been seen by medical professionals? Any internal injuries/fractures?
* Caregiver’s response/actions? Impairment?
* Any known history of abuse/neglect?

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Near Fatality

\*Get a supervisor on the phone immediate if a near fatality is mentioned.

* Who classified the child’s injury as life threatening (get the doctor’s name)
* When was the child brought to the hospital? Any concern for delays?
* Who brought the child to the hospital?
* What happened to cause the injury?
* Who was with the child at the time of the incident?
* Any marks, injuries, or bruises? Any internal injuries or fractures?
* Any pre-existing medical conditions or have they recently been ill?
* Caregiver response? Concerns for impairment?
* Has LEA been notified? Has anyone been arrested/detained?

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Specific Fatality/Near Fatality Scenarios

Safe Sleep/Unexpected death of child under 1

1. Where was the child sleeping?
2. Were there blankets/pillows around the child?
3. Were the parents in the same bed as the child?
4. Any concern for delay in notifying? Temperature/rigor mortis?
5. What was the temperature in the home/room?
6. Did the child have a safe place to sleep (crib, basinet, etc.)?

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Drowning

1. Who was watching the child/supposed to be watching the child?
2. How deep was the water?
3. How long was the child in the water?
4. What was the child wearing?
5. Did the child know how to swim?
6. Was anyone present or witness the incident?
7. If public- was there a lifeguard on duty?
8. If child wandered- how far away was the body of water from the home?

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Diabetes

1. Does the family keep a log of blood sugars? What does the log say?
2. When did the child go into DKA (Diabetic Ketoacidosis)?
3. Is the child receiving the correct amount of insulin?
4. Does the child give themselves insulin or does the parent administer?
5. Is the child supervised if giving themselves insulin?
6. Does the child receive insulin while at school? Who administers/supervises?
7. Has the child been ill lately?
8. Does the child have an endocrinologist? Who? Last seen?
9. Is the family compliant with appointments?

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Asthma/ other medical diagnoses

1. Does the child see a specialty doctor?
2. Is the family compliant with appointments?
3. What medication(s) does the child take?
4. Are the medications administered properly? By who?
5. Have the medications been filled at the pharmacy regularly?
6. Has the child been ill lately?

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Ingestion

1. Who was supervising the child at the time of the incident?
2. Where were medications/chemicals that were ingested?
3. Is the child logically able to reach this location on their own without assistance?
4. Were the substances locked up or typically kept where the child had access?
5. If medication, who was prescribed? Was it in a properly labeled bottle?
6. How many/much did the child ingest?
7. Was poison control contacted?

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Motor Vehicle Accident/ATV

1. Were the children properly restrained or have proper protective gear?
2. Was the driver under the influence?
3. Did anyone witness the incident?
4. What were the conditions at the time of the incident (weather)?

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Suicide

1. Where was the child found/by who?
2. Did the child leave a note to indicate why they wanted to harm themselves?
3. Any concern for a delay in reporting?
4. Did the child have access to any weapon used?
5. Any history of mental health issues/past suicidal ideations?
6. Was the child receiving any mental health treatment? Compliancy?
7. Was the child on any medications?
8. Did the child require any increased supervision from past attempts?

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Physical Abuse Questions/Guide

* What happened to the child? Caregiver explanation/child explanation
* Does the child have any visible injuries? If yes, explain in detail.
* Were the injuries seen first-hand or were any photographs taken?
* Is the child complaining of ongoing pain?
* When did the incident occur?
* Where did the incident occur?
* Where on the body was the child harmed?
* Was there an object used? If yes, what?
* Does the child require any medical care or have they received medical care?
* Does the child have any internal injuries?
* If the child was burned, what type of burn? (splatter, submerge, etc.)
* Has caregiver provided a plausible story?
* Has law enforcement been informed?
* Does the family have a history of physical abuse?

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Specific Types of Physical Abuse

Are drugs being manufactured in the home in the presence of the children?

1. What type of drugs are being manufactured?
2. Where are they being manufactured in the home?
3. How often are they being manufactured?
4. When was the last time they were being manufactured?
5. Has law enforcement been made aware?
6. Are the children aware?
7. Have the children displayed any health issues from the manufacturing?
8. Are the caregivers using the drugs? (See [Caregiver Impairment](#CaregiverImpariment))

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Has the caregiver made any threats?

1. What was the specific threat?
2. Was the threat made to the child directly?
3. When was the threat made?
4. Was there a time given when the caregiver said they would carry out the threat?
5. If weapon was mentioned, does the caregiver have access?
6. How did the child respond to the threat?

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Sexual Abuse Questions/Guide

* Describe specific incident.
* What did the child say (terms used)?
* Where was the child touched on their body?
* Was there any penetration?
* Was it above or under clothing?
* When did the incident happen?
* Where did the incident happen? (bedroom/outside/etc.)
* Was there any type of force or coercion? Did the perpetrator make any threats?
* Was the child impaired?
* Does the child or perpetrator have any cognitive impairment or delay?
* How many times did the abuse occur?
* Who did the child initially disclose the information to?
* Are the parents aware? Are they responding appropriately?
* Does the perpetrator still have access?
* Has the child been seen by medical professionals?
* Has law enforcement been notified?

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Specific Types of Sexual Abuse

Rape, Child Molestation, Child Seduction, Sexual Misconduct with a Minor, Incest

1. Does either the child or alleged perpetrator have a cognitive impairment or delay?
2. Did the child say if the alleged perpetrator said anything to the child while the incident was occurring?
3. Did the alleged perpetrator say anything to the child after or since the incident occurred?
4. Are there any physical signs of sexual abuse on the child’s body or the child’s clothing?

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Child Exploitation and Child Pornography

1. Has the child had any physical contact with the perpetrator?
2. Who took the picture/video?
3. Who was the material distributed to?
4. Did it have an intended recipient?
5. Did someone ask for a photo? (force)
6. Was the photo posted online?
7. What is the picture/video of? Can the child be seen?

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Public Indecency

1. Where did the incident occur?
2. Did the perpetrator know the child was present or have reason to believe children would be present in the area?
3. Did the perpetrator make any comments regarding the nudity?
4. Has the perpetrator exposed themselves in the past?
5. Has there been any physical contact between the child and perpetrator?

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Child Prostitution/Sexual Trafficking, Promoting Child Prostitution, and Patronizing a Child Prostitute

1. Who was managing the child?
2. Who did the child engage in sexual acts with?
3. What was exchanged for sexual acts?
4. How long has the child been involved in the prostitution?
5. Has any force, fraud, or coercion been used to get a child to engage in any sexual acts?
6. Was the child physically harmed?

\*Reminder: Include under the legal line “Upon approval at the hotline, a hotline supervisor should forward a copy of this report to FCMS Ethan Boring and humantraffickingtips@atg.in.gov”

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Sexual Battery

1. Was there force involved in the incident?
2. How many times did the incidents occur?
3. Did the child tell the perpetrator “no” or indicate the touching was unwanted?
4. Are parents aware? What is their response?
5. If happening at school, is the school aware? What is their response?

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Vicarious Sexual Gratification

1. Was the child instructed to fondle himself or herself or another child?
2. Was the child instructed to engage in sex with another person?
3. Was the child instructed to engage in sex with an animal?
4. Did the adult engage in sexual conduct in the presence of a child to arouse the adult or the child?

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Child Solicitation

1. What did the perpetrator ask the child for specifically?
2. What did the perpetrator send to the child specifically?
3. Has any physical contact taken place?

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Neglect Questions/Guide

* Please describe the circumstances of concern
* Who/What/Where/When/Why/How
* Child/Caregiver description of situation
* History of neglect?

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Specific Types of Neglect

Drug Exposed Newborn

1. Was a urine screen completed upon delivery for mom and/or baby?
2. What substances were detected on the screen?
3. Will any additional testing be completed (meconium/cord blood)?
4. Was mother prescribed any medications or given any during the stay at the hospital?
   1. Were the prescriptions used during pregnancy verified?
5. Did mother admit to any drug or alcohol use throughout pregnancy?
6. Did mother have routine prenatal appointments?
   1. Who was the prenatal care with?
   2. Was mother screened during prenatal visits?
7. Was baby full term?
8. Is baby healthy/any signs of withdrawal?
9. Are the parents demonstrating capabilities of parenting? Do they have necessary supplies?
10. Is mother breast feeding?
11. Has baby been discharged or when is discharge?

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Giving Child Toxic Chemicals, Alcohol, or Drugs

1. What did the child ingest?
2. How did they get the substance?
3. Were the parents aware/did they give it to them?
4. How did the parents respond?
5. Does the child require any medical treatment?

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Inadequate Food, or Signs of Malnutrition

1. How long has the child gone without food? When is the last time they ate?
2. Is there any food in the home?
3. Does the child get food at school?
4. Does the parent have a plan to get food (assistance, pantries)
5. Does the child appear malnourished?
6. If infant, what does the child eat? (breast fed vs formula)
7. Does the child appear to need any medical treatment?

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Exposure to Unsafe Conditions in the Home

1. Describe the home conditions specifically
2. Are there any hazardous materials in the home?
3. Any animal feces/urine?
4. Any insects/mice?
5. Have the parents attempted to clean the home?
6. Are the utilities working properly in the home? If not, does the caregiver have a plan to ensure the child is getting basic needs? Also, how long have the utilities been out?
7. For homelessness: Where has the family been staying? How long have they been transient?

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Inadequate Clothing or Hygiene

1. As I have not seen the child, please explain what the child looks like as if I were there with you?
2. Does the child have any rashes or other medical issues?
3. Has the child been seen by medical professionals?
4. Is the child impacted daily by the inadequate clothing?
5. Is the child made fun of or bullied due to inadequate clothing or hygiene?
6. How often is the child bathing? Can they bathe themselves?

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Lack of Supervision

1. Does the child know what to do in the case of an emergency?
2. Does the child have a safety plan (ex: phone, neighbor)?
3. How long is the child left unattended? Frequency?
4. Is an older child left responsible for other younger children?
5. Has the child been injured while unattended?
6. Does the child have any special needs, cognitive impairs, or medical conditions?
7. Where are the parents when the child is alone?
8. Is the child inside or outside for an extended period of time?
9. If outside, how busy is the street/dangerous neighborhood?
10. If in the care of an inappropriate caregiver- determine what makes them inappropriate (elderly, impaired, etc.)

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Unaccompanied Minor in a Shelter

1. Has the child entered a homeless or emergency shelter without the presence or consent of a caregiver?
2. How did the child get to the facility?
3. Was the child a runaway? Was it reported by the parents?
4. Have the parents been contacted? Response?
5. How long can the child stay at the facility?

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Exposure to Domestic Violence

1. When was the last incident?
2. What happened?
3. Who was the aggressor?
4. Were there any injuries?
5. Is there a history of domestic violence?
6. Where is the child when the violence occurred?
7. Did the child(ren) try to stop or intervene in the violence?
8. How is the family violence affecting the child?
9. Has anyone in the family been hurt or assaulted? (past or present)
   1. Have the children been harmed during any incidents?
   2. Who has been hurting the family or child?
10. Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? Any threats of kidnapping? If yes, please describe what happened.
11. Have weapons been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
12. Have the police ever been called to the home to stop fighting? If so, was anyone arrested/charged?
13. Are the children safe now?
14. Are the parents safe?
15. What is the parent/caretaker’s ability to protect him or herself along with the children?

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Known Sexual Perpetrator has Unsupervised or Unrestricted Access to a Child and Sexual Predator in the Home

1. Is the person a registered sex offender?
2. Has the person been convicted of a sex offense or awaiting trial?
   1. Do you know when or where they were charged or convicted?
3. Has the person previously sexually assaulted the child? If yes, what happened?
4. Is the parent aware of the sexual history?
5. Is the person allowed to be alone with the child?
6. How often is the person around the child unsupervised?
7. When is the last time they were around the child?
8. Has anything happened since they were around the child (If yes, see [Sex Abuse](#SexAbuse)).

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Exposure to or Forced Participation in Illegal Activity

1. What illegal activity has been going on?
2. Is the child aware?
3. Is the child participating?
4. Has the child been harmed?
5. Violence between non-intimates:
6. What happened?
7. Any injuries?
8. LEA involvement?
9. Frequency.
10. Selling drugs:
11. What kind of drugs?
12. Where? Are kids present?
13. Manufacturing?

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Risk of Sexual Abuse

1. What sexual behavior is the child displaying? (see [Age Appropriate Sexual Behavior](#AgeAppropriateSexualBehaviors))
2. Is there any known reason such as previous sex abuse that may be causing this behavior?
3. Is the caregiver aware of this behavior? What is the caregiver’s response to this behavior?

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Living in the Same Household with an Adult who Committed or is Charged with Human or Sexual Trafficking and Known Trafficker Has Unsupervised or Unrestricted Access to A Child

1. Has the person been convicted of human or sexual trafficking or awaiting trial?
2. Has the person previously trafficked the child? If yes, what happened?
3. Is the parent aware of the trafficking history?
4. Is the person allowed to be alone with the child?
5. How often is the person around the child unsupervised?
6. When is the last time they were around the child?
7. Has anything happened since they were around the child? (If yes, see [Sexual Trafficking](#SexualTrafficking) or [Labor Trafficking](#LaborTrafficking))
8. \*Reminder: Include under the legal line “Upon approval at the hotline, a hotline supervisor should forward a copy of this report to FCMS Ethan Boring and humantraffickingtips@atg.in.gov”

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Labor Trafficking

1. Has any force, fraud, or coercion been used to engage the child in forced labor?
2. Does the child owe money? To who? How much?
3. What is their debt for?
4. Has anyone harmed them/threats?
5. Has the child ever felt like they cannot leave?
6. Has anyone taken the child’s personal identification documentation?
7. Has LEA been informed?

\*Reminder: Include under the legal line “Upon approval at the hotline, a hotline supervisor should forward a copy of this report to FCMS Ethan Boring and humantraffickingtips@atg.in.gov”

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Failure to Protect

1. If child is being harmed by someone other than the parent/caregiver, is the parent aware? If so, how are they responding to the situation? Has the caregiver done anything to protect the child from further harm?
2. How is the caregiver responding? Why is the caregiver failing to intervene?
3. Is it an ongoing issue?
4. Could the parent have prevented subsequent incidents?

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Abandonment

1. Where was the child left alone?
2. Is the parent refusing to pick up the child from a facility?
3. Was the child kicked out of the home?
4. How long has the child been without a caregiver?
5. Has someone else been caring for the child? Were the parents aware/give permission?

Note: See [Safe Haven](#SafeHaven) section for unharmed infants surrendered at 30 days old or younger.

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Risk of Harm - Current open case, new child in home

1. Where is the open case (what county/jurisdiction)?
2. Do the parents have the other children or are they removed?
3. Any current concerns for abuse/neglect or their ability to care for new child?

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Risk of Harm - Prior failed case, new child in home

1. When was the case opened?
2. Where are the children now (adopted/guardian/etc)?
3. Any current concerns for abuse/neglect or their ability to care for the child?

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Risk of Harm - Prior death/serious injury, services not offered or completed, and new child in the home

1. When did the initial incident occur?
2. What services were offered?
3. Any current concerns for abuse/neglect or their ability to care for the child?

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Risk of Harm – Caregiver Impairment

1. What is the caregiver using?
2. How often?
3. Are the children aware/have they seen it?
4. How does the parent behave while under the influence?
5. When was the last time the caregiver was under the influence?
6. Have the children been harmed as a result?
7. Are the parents able to function and provide basic needs?
8. Do the parents have any diagnoses (mental/physical)? Medications?

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Medical Neglect

1. Does the child have any special needs or diagnoses?
2. Does the child require a certain level of care?
3. Is the child prescribed medications?
   1. Does the child take the medications as directed?
   2. Is the parent complying with the dosage amount and regiment?
   3. How is the child effected by not taking the medication?
4. Does the child see a doctor/therapist regularly?
5. Is the parent complying with the appointments?
6. Has the child been harmed or has their condition worsened?
7. Does the child require any immediate medical attention?
8. Has the parent refused necessary medical attention?

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Educational Neglect

1. How many unexcused absences does the child have?
2. Is the child currently enrolled in school? Homeschooling?
3. Are the child’s grades being effected by the missed school?
4. Are the parents aware of the missed school? Response?
5. Have the parents prevented the child from attending school?
6. Why is the child not attending school?
7. Are there any barriers (ex: transportation)?
8. Does the child want to attend school?
9. Has truancy been filed?
10. Are the caregivers homeschooling the children? What does that look like?

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Emotional Injury

1. Describe for me the parent(s)’ behavior/actions towards the child(ren)?
2. How is the parent/caregiver’s behavior/actions impacting the child(ren)?
3. Does the child have any diagnosis and/or issues such as low self-esteem, suicidal thought related to the way she/he is treated by a parent/caregiver?
4. What have the parents said?
5. Is this an ongoing issue?
6. Has the child received any mental health services?
   1. [Medical neglect](#MedicalNeglect) questions may be necessary.

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MANDATORY Worker Safety Questions

You MUST ask the worker safety questions (if a caller refuses, becomes angry at the questions, then document the refusal/anger, then move on, but you must try)

“I’m going to ask you a few questions about the home; I understand you may not know the answers to these questions, but I’m required to ask.”

* Any dangerous animals in the home?
* Anyone have any contagious diseases?
* Anyone using drugs or alcohol and/or manufacturing?
  + What type?
  + How often?
  + How does the parent’s substance abuse affect the parent’s ability to care for the child(ren)?
  + Do the child(ren) have access to the drug(s) or drug paraphernalia?
* Any gang involvement?
* Anyone diagnosed with a mental illness?
  + Diagnosis
  + Treatment (past/current)
  + Medications
* Is the home in a remote location?
* Anyone violent or could be violent with a worker?
* Any weapons in the home?
* Anyone been arrested recently or involved in criminal activity?
  + Past/current charges
  + Convictions and incarcerations
* Are you aware of any incident of domestic violence? (If yes, ask questions below)

Have any family members been involved in domestic violence? If yes, ask the following questions:

* Has anyone in the family been hurt or assaulted? (past or present)
* Who has been hurting the family or child?
* Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? Any threats of kidnapping? If yes, please describe what happened.
* Have weapons been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
* How long has the fighting been going on?
* Where is the child when the violence occurred?
* Did the child(ren) try to stop or intervene in the violence?
* How is the family violence affecting the child?
* Have the police ever been called to the home to stop fighting? If so, was anyone arrested/charged?
* Are the children safe now?
* Are the parents safe now?
* What is the parent/caretaker’s ability to protect him or herself along with the children?

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Other Types of Reports

DCS History Check from Another State’s CPS Jurisdiction

* Ensure they need background information and not a courtesy interview
* Provide reporter with the DCS Background Check portal:
  + <https://www.in.gov/dcs/3739.htm>
* Explain the process about filing out the request on the portal. There is also a FAQ page on their website for any additional information needed.
* Complete report as I&R

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Service Request (Courtesy Interview) by another State’s CPS Jurisdiction

* Obtain the standard demographic information
* Is the child a ward of your state? Are you trying to place the child in Indiana?
  + If yes, refer them to ICPC; report will be an I&R
* What do you need from the local office (ex: interviews, photos, home check, etc.)?
* Do you have a specific time frame?
* How would you like the county to contact you?
* Can always offer the local office number for follow up purposes.
* Complete the report as a Service Request in intake.

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Riley Hospital I&R

* Sometimes Riley Hospital will call and specifically state they are calling for informational or communication purposes. In these situations:
  + Gather demographic information
  + Determine who (county and worker, if possible) is currently involved with the family
  + Confirm involvement in Casebook
* If involvement cannot be confirmed, a full report will have to be collected

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Hospital (or Foster Parent) Requesting Consent for Medical Treatment Regarding a Ward

* Collect demographic information
* Determine why the child is at a hospital, and what the child needs treatment for.
  + Ask if there are concerns for potential abuse/neglect. If there are concerns, proceed with taking a full report.
* Reminder: Be sure to confirm DCS involvement; if the child is not an active ward, you may explain to the RS that DCS does not have current jurisdiction and is not able to provide consent.
* These reports will be called to the county 24/7
* Complete report as I&R.

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Collaborative Care

* Collect basic demographic information
* Ask youth if they are currently in crisis.
  + Do you have a safe place to stay?
  + How long can you stay?
  + Where are you currently?
* Do you know the last FCM/county?
* If youth is currently in crisis with nowhere to stay, contact Collaborative Care immediately.
* Process report as an I&R with a case type of Collaborative Care.

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Mental Health and Developmental Disability Family Evaluation

* Does the child have suicidal or homicidal ideations?
* Is there a specific plan?
* Do they have the means to carry out that plan?
* How have the parents responded?
* Have they exhausted all of their resources?
* Has the child been to any inpatient treatment in the past?
* Is the child currently in any counseling?
* Does the child have any specific diagnoses?
* Does the child have any DCS involvement (reminder: if a child is a ward of the state, we cannot send as a Family Evaluation)

\*Reminders on Family Evaluation:

* If the child is currently in crisis, suggest taking them to a hospital for an evaluation
* The report will be screened in with the child listed as a victim with no perpetrator unless there are additional concerns for abuse or neglect (these can be included on the same report, be sure to choose “CPS & Family Evaluation”)

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Information to Fax or E-mail Reports to the Hotline

* Prove reporter with the hotline fax number (317-236-7595) and/or the email address ([dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov))

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Adoption Information

* The adoption phone number is 1-888-25-ADOPT
* Provide DCS Adoption Regional Contacts website (<http://www.in.gov/dcs/2747.htm>)

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Caller has a Complaint for Worker Behavior

* Collect demographic information
* Collect the concerns, attempting to gather specific individuals if there is a concern about a certain worker
* Ensure the caller is aware of the chain of command (Ex: FCM, FCMS, DM, LOD, RM, Assistant Deputy Director of Field Operations, Ombudsman) and provide any contact information as requested.
  + [Ombudsman Website](https://www.in.gov/idoa/2610.htm)
* Process report as a restricted I&R (after staffing with a supervisor)

\*Reminder: if the complaint is against a Hotline worker, the call must be transferred to a supervisor.

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MECCA

* Do you need immediate assistance?
* Collect demographic information.
* What is the ICWIS number (this is the case number)?
* What happened today? Are there any concerns for abuse or neglect?

\*Reminder: Upon Hotline approval, a supervisor will forward a copy of this report to the MECCA tracking box.

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Safe Haven

Determining Safe Haven vs. Abandonment

* Has the child been left in the care of personnel at a hospital emergency room, a fire station, a police station, or a baby box in Indiana?
* Was there any information given regarding the parent? Remember the child can be given up by any responsible adult, however the parents must remain anonymous for it to be a true Safe Haven situation.
* Is the child less than thirty days old?
* Are there any signs of abuse or neglect? If determine abuse/neglect, then proceed with a typical assessment report.
* **If all of the above criteria are met, then process the report as a Safe Haven Report. If not, see the section on** [**Abandonment**](#Abandonment)**.**

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Safe Haven Calls

* Has the child left the hospital after being born? If the child has not left the hospital after being born, then by definition the hospital knows who the mother is.
* What were the circumstances under which the child was dropped off?
  + Who is caring for the child and where are they?
  + Are there any immediate concerns about the child?
    - Signs of illness, injury, or general medical conditions?
    - Signs of abuse of neglect?
  + How long ago was the child dropped off?
  + Was the child given to a person or was the child left in a box, dumpster, on a doorstep, etc.?
  + Who was approached to take custody of the child?
    - What were they told about the child and the family’s situation?
    - Did the person who dropped off the child given an age or date of birth for the child?
    - Was any other information provided such as medical history for the child and parents?

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Resources

**Age Appropriate Sexual Behaviors:** It can be hard for some to acknowledge that children are sexual beings, and that children can be curious about sex and sexuality. Children’s curiosity can lead to normal exploration, and parents should not always jump to the conclusion that their child has been a victim of sexual abuse. Below are some common and uncommon sexual behaviors for specific ages.

* **Preschool Age (up to 5 years)**
  + Common:
    - Having questions and knowledge relating to differences in gender, private body parts, hygiene and toileting, pregnancy, and birth
    - Will explore genitals and can experience pleasure
    - May show or look at private body parts
    - Will have knowledge and question about: physical development, relationships, sexual behavior, menstruation, pregnancy, and personal values
    - May experiment with same-age and same gender children, often during games and role playing
    - Self-stimulation in private is expected to continue
  + Uncommon:
    - Having knowledge of specific sexual acts or explicit sexual language
    - Engaging in adult-like sexual contact with other children
* **School-age (6 to 8 years)**
  + Common:
    - Similar to Preschool Age
  + Uncommon:
    - Adult like sexual interactions (e.g. oral intercourse and penetration with objects)
    - Having knowledge of specific sexual acts
    - Behaving sexually in a public place
    - Continues sexual behaviors despite redirection
* **School Age (9 to 12 years)**
  + Common
    - Will have knowledge and questions about sexual materials, relationships, and sexual behaviors
    - May use sexual words, and discuss sexual acts/personal values particularly with peers
    - May increase experimentation with sexual behaviors and romantic relationships
    - Self-stimulation in private is expected to continue
  + Uncommon:
    - Regularly occurring adult like sexual behaviors
    - Behaving sexually in a public place
    - Sexual behaviors continue despite redirection
* **Adolescence (13 to 16 years)**
  + Common:
    - Will have knowledge and questions about decision making, social relationships, sexual values, and consequences of sexual behavior
    - Self-stimulation in private is expected to continue
    - Sexual experimentation between adolescents of the same age is common voyeuristic behaviors are common in this age group
    - First sexual intercourse will occur for approximately one third of teens
  + Uncommon
    - Masturbation in a public place
    - Sexual interest directed towards much younger children