

D.

CHILD PROTECTION PLAN

I. Region 5

- A. Name and code of local offices of the Department of Child Services located within the region:**
- Benton 06
 - Carroll 08
 - Clinton 12
 - Fountain 23
 - Tippecanoe 79
 - Warren 86
 - White 91

II. Type of Child Protection Plan: Regional Child Protection Plan

III. Planning and Community Involvement: (Please attach a copy of the notice(s) of the hearings on the county child protection plan. Also attach a copy of the publisher's statement if one is required.)

- A. Was the notice of the public hearing posted or published at least 48 hours in advance of the hearing (excluding weekends and holidays)?**

1. Yes X No (Please explain)

- B. Was the procedure for notice of hearing according to IC 5-14-1.5-5 (attached) followed in detail? (Please check all that apply.)**

- 1. X Public Notice was given by the Local Office Director and Regional Manager.
- 2. X Notice was posted at the building where the hearing occurred and/or at the local offices of the Department of Child Services. (Required procedural element)
- 3. X The following news media were notified that a public hearing was to be held: The Benton Review (Benton County); Carroll County Comet (Carroll County); Fountain County Neighbor, Lafayette

Journal & Courier, Monticello Herald Journal, Review Republic (Warren County), and the Frankfort Times

C. Give the date(s) and location(s) of the public hearings and attach a copy of the notice posted as well as a copy of the newspaper notice including publisher's statement. 9:00 a.m., September 25, 2009 in the Tippecanoe Room of the Tippecanoe County Building, 20 N. 3rd Street, Lafayette, Indiana

D. Sign-in sheet(s) for the public hearing(s) and a copy of any written testimony presented can be found in the public testimony section of this plan.

IV. The Staffing and Organization of the Local Child Protection Service

Describe the number of staff and the organization of the local child protection service including any specialized unit or use of back-up personnel. NOTE: The term CPS refers only to the reporting and investigation of child abuse and neglect

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|----|---|--|
| 1. | 23 | Number of Family Case Managers investigating abuse/neglect reports full time. |
| 2. | 1 | Number of Family Case Manager IIs with dual responsibilities; e.g., 50% CPS investigations and 50% ongoing services or 20% CPS and 80% ongoing services. |
| 3. | 2 | Number of Family Case Manager Supervisor IVs supervising CPS work only. |
| 4. | 3 | Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services; e.g., 50% CPS and 50% CHINS work. |
| 5. | 1 | Number of clerical staff with only CPS support responsibilities. |
| 6. | 10 | Number of clerical staff with other responsibilities in addition to CPS support. |
| 7. | Does the Local Director serve as line supervisor for CPS?
Yes <u> X </u> (in Benton, Carroll and Warren) No _____ | |

Describe the manner in which suspected child abuse or neglect reports are received.

The Indiana Department of Child Services (DCS) Child Abuse Hotline will be available to receive reports of child abuse and/or neglect (CA/N) 24 hours per day, seven (7) days per week, through a toll-free child abuse hotline (800-800-5556).

DCS will receive oral and written (hard copy and electronic) reports and requests.

DCS will record the date, time, and purpose of every hotline call received.

Calls received by a law enforcement agency (LEA) requiring an immediate response, will be routed to the front of the queue.

The Hotline Intake Specialist will complete the following steps for all calls received:

1. Record the date and time of the call;
2. Engage with the caller in a courteous and professional manner;
3. Actively listen to the reporter and take detailed notes;
4. Make an initial determination about the nature of the call to be one of the following, record the purpose of the call, and take appropriate actions:
 - a. **CA/N allegations**
Proceed with creating a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake report).
 - b. **Service Requests**
Proceed with creating a [Service Request Intake Report \(SF 49548/CW0310SR\)](#).

Other calls

- 1) **Out of State CA/N allegations:** Reports where the alleged CA/N occurred in another state will be referred to the appropriate child welfare agency in that state. No further action required unless courtesy interviews are requested by the agency,
- 2) **Information only** (i.e., requesting the phone number of a local childcare provider): Provide the caller with the requested information. No further action required,
- 3) **Collateral information** for an open assessment or case: Transfer the caller to the DCS local office who is assigned to the assessment or case and after business hours to the DCS Local Office on-call designee,
- 4) **Inquiries** about the status of CA/N report, assessment or case,
- 5) **Homeless Unaccompanied Minor:** Proceed with completing a CA/N intake report regardless of whether abuse and/or neglect is alleged,
- 6) **Complaints:** Refer the caller to the appropriate person by following the chain of command at the DCS Child Abuse Hotline, escalating only if

previous complaints went unresolved (FCM, Supervisor, DCS Local Office Director, Regional Manager),

- 7) **Resource parenting inquiries:** Refer the caller to the person who handles licensing at the DCS local office or the [Indiana Foster Care and Adoption Association \(IFCAA\)](#), phone: 800-468-4228,
- 8) **Adoptive parenting inquiries:** Refer the caller to the [Indiana Foster Care and Adoption Association \(IFCAA\)](#), phone: 800-468-4228, and
Wrong numbers: No further action required

In Person Reports at DCS Local Office

The DCS local office will assist any individual from the community who wishes to make a report in person at the DCS local office. The DCS local office will ensure that the individual has access to a telephone to make their report.

- 1. Is the 24-hour Child Abuse Hotline (**1-800-800-5556**) listed in your local directory(ies) with the emergency numbers as required by law?

Yes x No

- 2. List the **local** 24-hour CPS telephone number(s) for receipt of child abuse or neglect reports during:

a. 1-800-800-5556

- 3. What agency personnel will be answering the after-hours child abuse hotlines?

The Indiana Department of Child Services 24 hour Abuse and Neglect Hotline Intake Specialists will be answering after hour's abuse and neglect calls.

- 4. Non-DCS personnel will no longer receive after hour's calls. All calls during and after hours will be received by the 24-hour Indiana Child Abuse hotline.

Describe your current system of screening calls reporting allegations of child abuse and neglect. Refer to Child Welfare Manual subsection 204.3.

The Hotline Intake Specialist will:

1. Recommend a CA/N intake report for screen-out if:
 - a. The statutory definition of CA/N **has not** been met, and/or
 - b. There is not enough information in the CA/N intake report to either identify or locate the child and/or family to initiate an assessment.

Note: DCS will consider potential current and future risk to the child(ren) prior to recommending a CA/N intake report that involves domestic violence for screen-out.

2. Document the specific reason for the screen-out in the notes section of the CA/N intake report (i.e., “The allegations don’t meet the statutory definition of CA/N because the person who allegedly abused the child was not the child’s parent, guardian or custodian”);
3. Recommend the report be referred to a Law Enforcement Agency (LEA) if the allegations are of a criminal nature;
4. Forward the CA/N intake report and records search information to a Hotline Intake Supervisor for review and approval of the recommendation to screen it out. This may be done electronically; and
5. The Hotline Intake Specialist will either make direct contact with the Supervisor to confirm receipt or will assure receipt through a standardized delivery process such as a high-priority in-box, an incoming CA/N intake report log, etc.

The Hotline Intake Supervisor will approve or deny the decision to screen out the report.

A centralized Screen-Out Committee will exist to review a sample of all CA/N intake reports that have been recommended for screen-out. The Screen-Out Committee will act as an advisory committee and will make recommendations about screen-outs.

The Screen-Out Committee members will consist of the following four (4) people:

1. DCS Child Abuse Hotline Director or designee;
2. DCS Hotline Intake Supervisor or Hotline Intake Specialist;
3. Member of a local Child Protection Team¹; and
4. DCS Central Office Attorney.

¹ This representative may not be a DCS employee.

After a Hotline Intake Supervisor approves a CA/N intake report for screen-out, the following will occur:

1. Another Hotline Intake Supervisor will complete the following within 24 hours of the conclusion of the initial call from the reporter:
 - a. Review the CA/N intake report and records search information,
 - b. Agree with or disagree with the Hotline Intake Supervisor's recommendation, and
 - c. Contact Hotline Intake Supervisor who received the initial report to communicate his or her decision.
2. If the Hotline Intake Supervisors agree, the Hotline Intake **Supervisor** who received the initial report will document the decision in the notes section of the CA/N intake report in the Indiana Child Welfare Information System (ICWIS) and leave the report open in ICWIS so the other Hotline Intake Supervisor can enter their decision at a later date. Assure that a hard copy of the report and search information is properly filed for the Screen-Out Committee review;
3. If the Hotline Intake Supervisors do not agree, the Hotline Intake Supervisor who received the initial report will submit the report to the Child Abuse Hotline Director for a final decision;
4. The **Screen-Out Committee** will review a random sampling of all CA/N intake reports that have been recommended for screen-out within seven (7) days of the initial call made by the reporter:
 - a. The members of the Screen-Out Committee may meet in person or conduct the review via teleconference or e-mail,
 - b. Information from the records search will also be reviewed, and
 - c. The committee's discussion about each report will be documented, along with any recommendations. A hard copy of the documentation will be attached to a copy of the intake report and filed.
5. The **DCS Child Abuse Hotline Director** will consider the committee's recommendations before making a final decision and communicating the decision to the Hotline Intake Supervisor who received the initial report. Any decisions to disallow a screen-out must be communicated to the Hotline Intake Supervisor who received the initial report no later than two (2) hours after the committee adjourns;
6. The Hotline Intake **Supervisor** will document the date and final decision, with rationale, in the notes section of the CA/N intake report in ICWIS;
7. The Hotline Intake **Supervisor** will either:
 - a. Route the intake report for assessment. This must be done within two (2) hours of receiving the DCS Child Abuse Hotline Director's decision to disallow the screen-out, or
 - b. "Approve" the screen-out decision in ICWIS, thus closing the report. Consider referring the family for services. .

8. A Hotline Intake **Supervisor** will give feedback to the Hotline Intake Specialist who recommended the report for screen-out if the final decision was to disallow the screen-out;

The Hotline Intake Supervisor will contact professional report sources (i.e., medical professionals, schools, therapist, etc.) to inform them that a report was screened.

D. Describe the procedure for assessing suspected child abuse or neglect reports:

1. Please indicate when abuse assessments will be initiated.
 - a. Within 24 hours of complaint receipt. **3.9 Initiation Times for Assessment**
Yes No
 - b. Immediately, if the child is in imminent danger of serious bodily harm.
Yes No
2. Please indicate who will assess abuse complaints received during working hours. (Check all that apply)
 - a. CPS
 - b. CPS and Law Enforcement Agency (LEA)
 - c. LEA only
3. Please indicate who will assess abuse complaints received after working hours. (Check all that apply)
 - a. CPS only
 - b. CPS and LEA
 - c. LEA only
4. Please indicate when neglect assessments will be initiated. .
3.9 Initiation Times for Assessment

a. **Immediately, if the safety or well-being of the child appears to be endangered.**

Yes No

b. **Within a reasonably prompt time (5 calendar days).**

Yes No

5. **Please indicate who will assess neglect complaints received during working hours. (Check all that apply)**

a. CPS only

b. CPS and LEA

c. LEA only

6. **Please indicate who will assess neglect complaints received after working hours. (Check all that apply)**

a. CPS only

b. CPS and LEA

c. LEA only

E. **Describe the manner in which unsubstantiated child abuse or neglect reports are expunged. Refer to Indiana Child Welfare Manual Chapter 2 Section 13.**

Information on unsubstantiated allegations is automatically purged by ICWIS 180 days from the date the completed Assessment of Child Abuse or Neglect (SF113/CW0311) is approved.

Please indicate if you have received and are following the "Record Retention Guidelines."

Yes

No

F. Describe the policy and procedure you follow when receiving complaints of institutional child abuse/neglect regarding: (It should be noted items F1 and F2 reflect current DCS policy relating to reports of institutional abuse and neglect. These policies will need to be amended in 2010 to reflect the creation of a specialized Institutional Unit within the Indiana Department of Child Services. The Institutional Unit will pilot in March 2010 with the scope of service to include to assessments in residential settings. The purview of the Unit will be expanded to include foster care as well as other institutional settings by May 2010. Corresponding policies and protocols are being drafted and will be available to be amended into the Child Protection Plan by March 2010.)

1. County assessments: Please describe procedures for assessments and reporting foster family homes, child care homes, and schools. Refer to Indiana Child Welfare Manual subsection Chapter 12 Section 23

The Indiana Department of Child Services (DCS) will investigate any Child Abuse and/or Neglect (CA/N) allegation regarding licensees of Licensed Child Placing Agency (LCPA) or DCS local office licensed homes.

The DCS local office or LCPA responsible for licensing compliance will investigate allegations of licensing rule violations that do not meet the statutory definition of CA/N.

DCS or an LCPA licensing worker may use the results of the investigation as the basis for revocation of a license if CA/N is substantiated or a rule violation is established.

The results of the licensing allegation may be used as the basis for probationary status.

The option to use DCS investigative personnel to conduct an investigation will depend upon the nature of the allegations and the staff available (Child Protection Service (CPS), licensing, etc.). See separate policies, [3.4 Initial Evaluation of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#) and [4.1 Reviewing the Child Abuse and/or Neglect Intake Report and Other Records](#).

In accordance with Indiana Code, when a complainant alleges CA/N the identity of the complainant is confidential. The identity of the complainant is not to be a part of the public record, is not available to the licensee, and shall not be revealed to any person during the investigation. Disclosure of this information by design or by neglect shall be considered grounds for disciplinary action.

2. State assessments: Please describe procedures for reporting allegations in state institutions and facilities. Refer to Indiana Child

Welfare Manual subsection chapter 4 Section 30 Institutional Assessments

The Indiana Department of Child Services (DCS) local office will conduct an assessment of a report of possible Child Abuse and/or Neglect (CA/N) that occurred in an institution located within the county.

Institutions include:

1. Resource family homes,
2. Licensed childcare homes and centers,
3. Public and private schools,
4. Hospitals,
5. Group homes,
6. Residential treatment centers,
7. Emergency shelter care centers,
8. Correctional facilities, and
9. [NEW] Unlicensed registered child care ministries.

3. **Abandoned infants (IC 31-9-2-0.5, plus amendments): Please describe procedures for taking custody of an “abandoned infant,” for purposes of IC 31-34-21-5.6, as added by P.L.35-1998, Sec. 2, and amended by P.L.133-2000, Sec. 1. (Abandoned infant Protocols should be renewed at this time and can be incorporated here to satisfy this item.)**

Emergency Placement of Abandoned Infants

The DCS Local Office FCM who needs to place an abandoned infant in substitute care will initially place the child in emergency shelter care when the team cannot convene prior to the child’s need for substitute care.

Note: This placement should be emergency shelter care only and should not be considered a long-term placement for the child.

In order to determine the final recommendation of placement for the child, the DCS Local Office FCM will convene a multi-disciplinary team comprised of the following team members:

1. CASA or GAL;
2. DCS Local Office Director or designee;
3. Regional Manager;
4. Supervisor;
5. SNAP worker (if appropriate); and
6. Licensing FCM.

The team will make a recommendation for placement, documenting the best interests of the child and the reasoning used in determining the most appropriate placement for the child. This recommendation and report on the interests served with this decision shall first be submitted to the DCS Director, then to the juvenile court for review.

G. RM: Describe the inter-agency relations and protocols in existence regarding the provision of child protection service. Describe protocols outlining information sharing between DCS, law enforcement and prosecutors.

The Department of Child Services (DCS), law enforcement and local prosecutor have established a cooperative effort between agencies, wherein a multi-disciplinary team approach may be utilized in the investigation, assessment, referral for prosecution, medical and therapeutic treatment involving child victims of abuse, particularly sexual.

Each of the agencies has specific responsibilities with regard to the investigation, assessment, medical/therapeutic treatment, and prosecution of cases of child abuse and neglect. We acknowledge that the multi-disciplinary team approach, through the cooperation of these agencies will aid our community in the daily commitment to ensure the protection of our children.

Each agency will work with and assist the others to ensure that the best interest and protection of children will be served. The appropriate law enforcement agency is to investigate and determine whether or not a crime has been committed, and to present information to the proper authorities for prosecution. The Department of Child Services is responsible for the protection of children from harm by their parents or others responsible for their care. DCS is responsible for conducting an assessment to determine the degree of risk to the children and to make efforts to ensure their safety. The prosecutor is responsible for assessing the legal aspects of the case in accordance with his/her prosecutorial role.

It is expressly understood that each agency will work within its departmental mandates and policies. Nothing contained in this agreement supersedes the statutes, rules or regulations governing each agency. To the extent that any provision of this agreement is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail. Any conflict or divergence from the protocols and procedures that occur between agencies regarding cases shall be addressed by a meeting between designated agency representatives. All personnel participating in investigations agree to maintain confidentiality of all records and information gathered on all crimes against children cases and preserve the privileged nature of records and information.

These guidelines shall be reviewed and modified as needed by participating agencies. These guidelines and policies and procedure may be modified:

- a. To conform to existing or new statutes, rules, regulations, or departmental policies, which may conflict with any provisions of these guidelines;

- b. To better meet the needs of families and children in the provision of related services.
- c. To improve the procedures set forth in these guidelines;
- d. To add or delete agencies as parties to these guidelines;
- e. For such other purpose as the parties may agree.

H. Describe the procedures that you follow upon receiving and referring child abuse or neglect reports to another county or state where family resides or where abuse or neglect occurs. (Refer to Indiana Child Welfare Manual subsections 3.11)

When an Indiana Department of Child Services (DCS) local office receives allegations of Child Abuse and/or Neglect (CA/N) that took place in another Indiana county, the office will:

1. Notify the DCS local office that has jurisdiction in the county where the allegations occurred; and
2. Transfer the report to that DCS local office for evaluation.

I. Describe special circumstances warranting an inter-county investigation (Refer to Indiana child welfare manual 3.11)

When a DCS local office receives allegations of CA/N that may pose a conflict of interest due to relationships between subjects of the report and local office staff, the office may transfer the report to another county for assessment.

J. Describe the manner in which the confidentiality of records is preserved. (Refer to Indiana Child Welfare Manual subsection 2.6)

The Indiana Department of Child Services (DCS) will hold confidential all information gained during reports of Child Abuse and/or Neglect (CA/N), CA/N assessments, and ongoing case management.

DCS will abide by Indiana law and share confidential information with only those persons entitled to receive it.

DCS shall comply with any request to conduct CA/N history checks received from another state's child welfare agency, as long as the records have not been expunged, when:

1. The check is being conducted for the purpose of placing a child in a foster or adoptive home;
2. The check is being conducted in conjunction with a C/AN assessment; and
3. The requesting state agency has care, custody and control of the child and the request is to check Child Protection Services (CPS) history of an individual who has a prior relationship with the child.

DCS will advise individuals who make calls reporting CA/N, parents, guardian, or custodian and perpetrators of their rights regarding access to confidential CA/N information.

DCS will make available for public review and inspection all statewide assessments, reports of findings, and program improvement plans developed as a result of a full or partial Child and Family Services Review (CFSR) after approval of Chief Legal Counsel.

DCS will provide unidentifiable CA/N information of a general nature to persons engaged in research. The DCS Central Office shall provide such information upon written request.

DCS Central Office will submit all public records requests for substantiated fatality or near fatality records to the juvenile court in the county where the child died or the near fatality occurred for redaction and release to the requestor.

All records sent from DCS shall be labeled or stamped "CONFIDENTIAL" at the top of each record. Any envelope containing records shall also be labeled "CONFIDENTIAL".

[NEW] DCS will protect the confidentiality of all information gained from non-offending parents in families experiencing domestic violence. Prior to releasing any information (i.e. during court proceedings where disclosure of certain information is mandatory), the non-offending parent will be notified so they may plan for their safety and the safety of the child(ren).

Does your county have written policies regarding confidentiality of reports in addition to those in IC-31-33-18?
Yes x No (If yes, please attach a copy.)

K. Describe the follow-up provided relative to specific investigations:

Are 30-/90-day follow-up reports specified in IC 31-33-7-8, (to hospital administrators, referring physicians, licensed psychologists, dentists, and school principals, community mental health centers, managed care providers, hospitals, or schools) sent within required time frame?

Yes x No (If no, please attach policy in use at this time.)

The Indiana Department of Child Services (DCS) will provide a summary of the information contained in the Assessment Report to the administrator of the following facilities if such a facility reported the Child Abuse and/or Neglect (CA/N) allegations:

1. Hospitals;

2. Community mental health centers;
3. Managed care providers;
4. Referring physicians, dentists;
5. Licensed psychologists; and
6. Schools

DCS will provide this summary 30 days after receipt of the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (CA/N intake report).

L. Describe GAL/CASA appointments in your region.

Describe how guardian ad litem or court appointed special advocates are appointed in your county?

This varies by County. Tippecanoe County is the only County in the Region that has a CASA program. The CASA office is notified at the removal of a child and scheduling of a detention hearing. A representative from that staff attends the hearing and the courts immediately appoint CASA to the case. A specific volunteer is selected by that CASA staff to represent the specific child. Until that time a representative from the paid staff from CASA maintains communication and organization on the child's file and services until the time a volunteer accepts the new assignment.

In Benton, Carroll, Clinton and White County the Judge appoints whatever attorney he chooses as the GAL, when it is requested by DCS or when he decides it would be useful.

In Fountain and Warren County the Judge appoints a GAL on every case at the CHINS detention hearing.

What percentage of CHINS are able to have advocates assigned?

About 90% region wide.

- Tippecanoe 100%
- Benton 50%
- Carroll 71%
- Clinton 75%
- Fountain 100%
- Tippecanoe 100%
- Warren 100%
- White 75%

M. Describe the procedure in place in your county with the CAPTA appeals process.

The Administrative Review is a process by which the alleged perpetrator has the opportunity to have a review of the assessment done by an Indiana Department of Child Services (DCS) employee not previously connected to the case. The alleged perpetrator

can present information at the Administrative Review to see if the substantiation should be upheld.

DCS requires that the Administrative Review be conducted by one of the following:

1. The DCS Local Office Director in the county responsible for the assessment;
2. The DCS Local Office Deputy Director in the county responsible for the assessment;
3. The Regional Manager in the region responsible for the assessment; or
4. The DCS Local Office Division Manager in the county responsible for the assessment.

If the DCS Local Office Director, Deputy Director, or Division Manager was the person who approved the initial [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) determination, or was otherwise involved in the assessment or preparation of the report, or if there is a conflict of interest, the request will be referred to the Regional Manager for this review and decision.

The individual identified by DCS to conduct the Administrative Review may at his/her discretion and subject to the time limits stated herein, refer the request to the community Child Protection Team (CPT) to review and make a recommendation.

The objectives of an Administrative Review are to:

1. Determine if the assessment presented provides sufficient evidence and supports the conclusion to substantiate the allegation(s);
2. Provide an opportunity for the alleged perpetrator to submit documentation (not testimony) relating to the allegation(s) substantiated that the alleged perpetrator believes may make the substantiation inappropriate;
3. Provide an internal review of the assessment by DCS at the request of the perpetrator; and
4. Comply with due process mandates that DCS gives a perpetrator the opportunity to challenge substantiations. An Administrative Review is one step in due process prior to an Administrative Appeal.

DCS will require that the decision as to the outcome of the Administrative Review be made by the appropriate DCS Local Office Director or Regional Manager. Local Office Deputy Directors and community CPTs are prohibited from making the decision.

DCS will complete the Administrative Review and will notify the alleged perpetrator in writing of the outcome within thirty (30) calendar days of the receipt of the request.

If the DCS Local Office Director or Regional Manager, determines that further assessment and reconsideration of the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) is necessary, the DCS Local Office Director will:

1. Notify the alleged perpetrator by sending the [Notice of Administrative Review Decision and Right to Administrative Appeal \(CAPTA080802RDA\)](#) informing

- them that the assessment has been referred back to Child Protection Services (CPS) for further assessment and preparation of a revised [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) report. DCS will not send the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to the alleged perpetrator until the reassessment is complete;
2. Notify the Supervisor that the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) has been reopened for further evaluation; and
 3. Following the reassessment, if substantiated, refer to separate policy, [2.1 Requests for Administrative Review](#) outlining procedures.

The DCS Local Office Director or designee will maintain a record of:

1. The date of the Administrative Review;
2. The person who conducted the Administrative Review; and
3. The Administrative Review decision.

This policy does not apply to child abuse and/or neglect (CA/N) substantiated cases involving child care workers. See separate policy, [2.4 Child Care Worker Investigation Review Process](#).

This policy does not apply to CA/N substantiated cases involving DCS employees. See separate policy, [2.5 Investigation and Review of DCS Staff Alleged Perpetrator](#)

Please explain your current process once a Request for Administrative Review has been made and how your county will comply with the timelines required?

The Indiana Department of Child Services (DCS) recognizes the right of each alleged perpetrator to request an Administrative Review of the related Child Abuse and/or Neglect (CA/N) substantiation. The process outlined herein will apply to all substantiated CA/N determinations made on or after October 15, 2006.

DCS will have **ten (10) calendar days** from approval of the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to provide [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(CAPTA080802AOR\)](#) and a copy of the redacted [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to the alleged perpetrator.

If the substantiation is against a minor, the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(CAPTA080802AOR\)](#) must be sent via mail to the following:

1. Parent;
2. Guardian;
3. Custodian;
4. Child's attorney (if representation for specific substantiation) ;
5. Guardian ad Litem; or

6. Court Appointed Special Advocate (CASA), if applicable.

DCS will require that the request for an Administrative Review be made in writing using the [How to Request for an Administrative Review for Child Abuse or Neglect Substantiation \(CAPTA080802ADR\)](#).

DCS will require that the request for Administrative Review is **received** by the DCS local office within **thirty-three (33) calendar days** of the date that the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(CAPTA080802AOR\)](#) was mailed.

Note: If the request for an Administrative Review is received on a day that the DCS local office is closed, the **thirty-three (33) days** is extended to the next business day.

DCS **will not conduct** an Administrative Review if:

1. A Child in Need of Services(CHINS) petition has been filed based on the facts and circumstances of the substantiated determination, until the court has ruled on the petition:
 - a. Any request received for an Administrative Review will be stayed during the stay, the substantiation will remain on the Child Protection Index (CPI); and
 - b. DCS will send the perpetrator the [Stay of Administrative Review or Appeal of DCS Substantiation of Child Abuse and/or Neglect \(CAPTA080801SRA\)](#).

Note: In the event the CHINS petition results in adjudication of CA/N by the person who requested the review, the request for Administrative Review will be dismissed.

2. Criminal charges or Juvenile Delinquency/Juvenile Status (JD/JS) have been filed on the same facts and circumstances on which the report of CA/N was substantiated, until the court has ruled on the charges:
 - a. Any request received for an Administrative Review will be stayed due to a pending criminal or JD/JS matter;
 - b. During the stay, The substantiation will remain on the CPI; and
 - c. DCS will send the perpetrator the [Stay of Administrative Review or Appeal of DCS Substantiation of Child Abuse and/or Neglect \(CAPTA080801SRA\)](#).

Note: In the event that the perpetrator is convicted of any charges based on the substantiated CA/N, the request for an Administrative Review will be dismissed.

3. An Informal Adjustment (IA) has been filed and the court has not ruled on the IA. During the stay:
 - a. Any request received for an Administrative Review will be stayed due to a pending IA; and
 - b. During the stay, the substantiation will remain on the CPI; and
 - c. DCS will send the perpetrator the [Stay of Administrative Review or Appeal of DCS Substantiation of Child Abuse and/or Neglect \(CAPTA080801SRA\)](#) if the perpetrator requests an Administrative Review prior to completion of the IA .

Note: Following the completion of the IA, the DCS local office will reactivate the review process without a request from the alleged perpetrator, if the request was made timely upon original [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(CAPTA080802AOR\)](#).

DCS will reactivate each alleged perpetrator’s Administrative Review process when:

1. The alleged perpetrator notifies the DCS local office within **30 days** of the court’s action, of their desire to continue with the Administrative Review; and
2. The alleged perpetrator provides an official court document reflecting that issues relating to the same facts and circumstances have been resolved or will not be determined by the court.

The DCS local office will determine whether to set the Administrative Review or dismiss it based on the official court document provided by the alleged perpetrator. The DCS local office will notify the alleged perpetrator whether or not an Administrative Review will occur based on the official court document.

The DCS Local Office Director or designee will maintain a record of all requests for Administrative Reviews and Appeals.

This policy does not apply to either of the following situations:

1. Administrative Appeals of license denials or revocations that are currently heard and decided by the FSSA Office of Hearings and Appeals; or
2. A court proceeding requesting expungement of reports entered into the CPI that are governed by the procedures specified in the law, [IC 31-39-8](#) and [IC 31-33-7-6.5](#).

If the substantiation is against a minor, the request for an Administrative Review must be made by one of the child’s:

1. Parent;
2. Guardian;
3. Custodian;
4. Child’s attorney ;
5. Guardian ad Litem; or
6. CASA, if applicable.

This policy does not apply to CA/N substantiated assessments involving childcare workers.

This policy does not apply to CA/N substantiated assessments involving DCS employees.

Are you automatically filing the Administrative Review on all Child Care Workers and DCS employee’s substantiated abuse and neglect charges?

Yes No

The CCWAR will occur regardless of the attendance of the alleged child care worker or resource parent perpetrator. DCS will require that the CCWAR occurs prior to supervisory approval of the assessment finding.

Do you feel that your county allows reasonable notice in scheduling the administrative reviews, allows the client ample time to attend the hearing and to reschedule them if there is good cause for their not attending?

Yes _____ No _____

V. Community Child Protection Team

A. Have confidentiality forms been signed by all team members?

Yes *(except for Fountain County) No _____

B. How often are CPT meetings scheduled at the present time? Include the date of the last meeting.

1. _____ weekly 3. _____ by telephone
2. monthly (for all Region 5 counties except Tippecanoe that holds them 2 times a month.) 4. _____ as necessary, but at least _____

Date of last meeting: 12/15/09

C. How many meetings were held in:

1. SFY 2008 90
2. SFY 2009 91

D. Are emergency CPT meetings held?

Yes _____ No

If yes, how many:

- a. in SFY 2008? _____
b. in SFY 2009? _____

E. What was the average attendance for the CPT meetings?

1. in SFY 2008? 7.5
2. in SFY 2009? 7.5

F. What was the number of reports reviewed by the CPT:

1. in SFY 2008? 1391
2. in SFY 2009? 1355

G. What was the number of complaints reviewed by the CPT:

1. in SFY 2008? 0
2. in SFY 2009? 0

H. Please list names, addresses, and telephone numbers of CPT members (Refer to I.C. 31-33-3) and note the name of the coordinator by adding ** next to their name: (Attached)

1. Director of local CPS or director's designee

Benton County

Elva James, Director
P.O. Box 226
Fowler, IN 47944
(765) 884-0120

Carroll County

Sarah Sailors, Director
6931 West 300 North
Delphi, IN 46923-9134
(765) 564-2409

Clinton County

Sandy Lock, Director
Clinton County DFC
P. O. Box 725
Frankfort, IN 46041
(765) 654-8571

Fountain County

Cindy Mason, Director
981 E. State St., Suite A
P.O. Box 67
Veedersburg, IN 47987
(765) 294-4126

Tippecanoe County

Angela Smith-Grossman, Director
111 North 4th St.
Lafayette, IN 47901-1305
(765) 742-0400

Warren County

Sonya Janssen, Director
Anita Phelps, Caseworker
20 West Second Street
Williamsport, IN 47993
(765) 762-6125

White County

Barbara S. Bedrick**, Director
715 N. Mains Street
Monticello, IN 47960
(574) 583-5742

2-3 Two (2) designees of juvenile court judge

Benton County

Jake Kuckartz, School Official
2758 S 400 E.
Oxford, IN 47971
(765) 884-3000

Marci Maris, Chief Probation Officer
706 E. 5th St.
Fowler, IN 47944
(765) 884-1236

Carroll County

Justin Sheagley, Chief Probation Officer
Melissa Chapman
Carroll Co. Probation Office
101 West Main Street
Carroll County Courthouse, 3rd Floor
Delphi, IN 46923

Clinton County

Nancy Ward, Chief Probation Officer
207 N. Jackson Street
Frankfort, IN 46041
(765) 659-6355

Fountain County

Randy Hankins, Probation

Vacant

Tippecanoe County

Vacant

Vacant

Warren County

Stacy Miley
Warren County Probation
Warren County Courthouse
Williamsport, IN 47993
(765) 762-3640

Vacant

White County

Garry Foster, Probation Officer
White County Probation Department
Monicello, IN 47690
(574) 583-8217

Vacant

4. County prosecutor or prosecutor's designee

Benton County

John Wright, County Deputy Prosecutor
Weist Building, P.O. Box 101
Fowler, IN 47944
(765) 884-1042

Carroll County

Tricia Thompson, County Prosecutor
101 West Main Street
Carroll County Courthouse, 2nd Floor
Delphi, IN 46923

Clinton County

Larry Sells, Deputy Prosecutor
475 Courthouse Square
Frankfort, IN 46041
(765) 659-6350

Fountain County

Terry Martin, Prosecutor

Tippecanoe County

Laura Zeman, Deputy Prosecuting Attorney
Court House
Lafayette, IN 47901
(765) 423-9305

Warren County

Nancy Litzenberger
P.O. Box 187
Williamsport, IN 47993
(765) 762-6184

White County

Robert Guy, White County Prosecutor
Courthouse
Monticello, IN 47960
(574) 583-5230

5. County sheriff or sheriff's designee

Benton County

Don Munson, County Law Enforcement
105 S. Lincoln
Fowler, IN 47944
(765) 884-0080

Dennis Rice, Chief Local Law Enforcement
311 E. 5th Street
Fowler, IN 47944
(765) 884-0450

Carroll County

Justin Darling, Chief Law Enforcement Officer
Delphi Police Department
City Building
201 South Union Street
Delphi, IN 46923

Tony Burn, Sheriff
Carroll County Sheriff's Department
310 Main Street
Delphi, IN 46923

Clinton County

Jeff Ward, Frankfort Police Department
201 W. Washington Street
Frankfort, IN 46041
(765) 654-4431

Rick Morgan, Sheriff Rep.
301 E. Walnut Street
Frankfort, IN 46041
(765) 659-6393

Fountain County

Bob Kemp, Sheriff's Department

Tippecanoe County

Dan McGrew, Lieutenant
Tippecanoe County Sheriff's Department
2640 Duncan Road
Lafayette, IN 47904
(765) 423-9388

Scott McCoy
Lafayette Police Department
20 North 6th Street
Lafayette, IN 47901
(765) 807-1265

Warren County

Rusty Hart
Warren County Sheriff
29 East Second Street
Williamsport, IN 47993
(765) 764-4367

White County

James Bolen, Chief Deputy
White County Sheriff's Department
915 Hanawalt Road
Monticello, IN 47960
(574) 583-2251

6. **Either** president of county executive or president's designee **or** executive of consolidated city or executive's designee

Benton County

Adena Vanderweilen
106 S. Main Street
Otterbein, IN 47970
(765) 583-0186

Carroll County

Judy Ayres
105 E. Columbia Street
Flora, IN 46929

Clinton County

Vacant

Fountain County

Vacant

Tippecanoe County

Tom Murtaugh, Tippecanoe County Commissioner
20 North Third Street
Lafayette, IN 47901
(765) 742-5046

Warren County

Vacant

White County

Steven Burton, White County Commissioner
White County Courthouse
Monticello, IN 47960
(574) 583-4879

7. Director of CASA/GAL program or director's designee (*See note after 11.)

Benton County

Dr. Shari Stembel
708 E. 9th Street
P.O. Box 307
Fowler, IN 47944
(765) 884-1506

Carroll County

Vacant

Clinton County

Vacant

Fountain County

Sue White, GAL

Tippecanoe County

Coleen Hamrick
CASA – Superior Court #3
Courthouse
Lafayette, IN 47901
(765) 423-9109

Warren County

Vacant

White County

Vacant

The following members are to be appointed by the county director:

8. **Either** public school superintendent or superintendent’s designee **or** director of local special education cooperative or director’s designee

Benton County

Destin Haas, Public School Official
4241 E 300 S
Oxford, IN 47971
(765) 884-1600

Carroll County

Angela S. Bieghler
Delphi Middle School
501 Armory Road
Delphi, IN 46923

Clinton County

Dianna Magee, School Rep.
Frankfort High School
One South Maish Road
Frankfort, IN 46041
(765) 659-6235, ext. 2151

Fountain County

Dr. Judy Bush

Tippecanoe County

Pat Babbs
Lafayette School Corporation
Murdock Elementary School
Lafayette, IN 47905
(765) 771-6120

James Sands, Director
G.L.A.S.S.
2300 Cason Street
Lafayette, IN 47904
(765) 771-6008

Warren County

Ralph Shrader, Superintendent
MSD of Warren County
101 North Monroe Street
Williamsport, IN 47993
(765) 762-3364

White County

Gloria Kinnard, Principal
Woodlawn Elementary
300 E. Beach Drive
Monticello, IN 47960
(574) 583-7211

9. Two (2) persons, each of whom is a physician or nurse experienced in pediatrics or family practice

Benton County

Janie Petersen, RN
5465 N 600 E
Fowler, IN 47944
(219) 261-2871

Julie Brouillette, School Nurse
262 S 600 W
Fowler, IN 47944
(765) 884-8439

Carroll County

Anne Hunte
Wabash Valley Hospital
1265 N. Bradford Drive
Delphi, IN 46923

Deb Mears, RN
Family Health Clinic of Carroll County
P.O. Box 597
Delphi, IN 46923

Clinton County

Dr. Joseph Dominik
1201 Oak Street
Frankfort, IN 46041
(765) 656-3970

Vacant

Fountain County

Kathi Lang, Mental Health

Tippecanoe County

James P. Bien, M.D.
Clarion Arnett Health
1759 S 500 E
Lafayette, IN 47905
(765) 838-6207

Marcia Muller
Tippecanoe County Health Department
629 North 6th Street
Lafayette, IN 47901
(765) 423-9221

Dianna Huddleston
Wabash Valley Hospital
2900 North River Road
West Lafayette, IN 47906
(765) 463-2555

Veronique LeBlanc
Community Health Clinic
1716 Hartford Street
Lafayette, IN 47904
(765) 742-4644

Warren County

Sean Sharma
P.O. Box 221
Williamsport, IN 47993
(765) 762-4170

White County

Kathy Halverson, Nurse Practitioner
Monticello Medical Center
826 N 6th Street
Monticello, IN 47960

Linda Pagels, White County Health Nurse
315 N. Illinois Street
Monticello, IN 47960
(574) 583-8254

11. One (1) citizen of the community

Benton County

Chris Sheetz**
8502 E 150 S
Fowler, IN 47944
(765) 853-4315

Jean Glotzbach
1101 E. 5th Street
Fowler, IN 47944
(765) 884-0541

Carroll County

Natalie Betz
Delphi Elementary School
300 West Vine Street
Delphi, IN
(765) 564-3895

Kristen Seward
Carroll High School Guidance Office
Carroll Junior-Senior High School
2362 E. St Rd 18 East
Flora, IN 46929

Clinton County

Susan Moody, Community Counseling Center
250 Alhambra Avenue
Frankfort, IN 46041
(765) 659-4771

Chuck Toney, Building Insp.
301 E. Clinton Street, Ste. 105
Frankfort, IN 46041
(765) 654-5278

Fountain County
JoAnn Koekenberg

Tippecanoe County
William K. Gettings
672 Main Street
P.O. Box 750
Lafayette, IN 47902
(765) 742-7366

Warren County
Maureen Hegg
4319 W. Third Street
West Leababnon, IN 47991

Jane Haddock
2056 E 400 N
Attica, IN 47918
(765) 762-2500

David Poor
106 Maple Cove
Williamsport, IN 47993
(765) 762-5556

John Larson
P.O. Box 96
Williamsport, IN 47993
(765) 762-2625

White County
Elizabeth Little
701 W. Broadway
Monticello, IN 47960
(574) 583-2201 or (574) 583-4827

Dorothy Snowberger
301 S. Railroad Street
Monticello, IN 47960
(574) 583-4827

12. Other (Crises Center)
Benton County
Vacant

Carroll County
Vacant

Clinton County
Ed Cripe, Coroner
209 N. Jackson Street
Frankfort, IN 46041
(765) 659-6385
(765) 652-4115 (Cell)
(765) 659-6387 – Fax
Child Fatality Member Only

Fountain County
Toni McGowen

Tippecanoe County
Pam Biggs-Reed**
Community & Family Resource Center, Inc.
P.O. Box 1186
Lafayette, IN 47902-1186
(765) 742-4848

Warren County
Kathi Lange, Family Therapist
Families United, Inc.
P.O. Box 340
Attica, IN 47918
(765) 762-0611

Anne Carlson
P.O. Box 415
Attica, IN 47918
(765) 762-6187

White County
Shard Gard
CDC Resources
5053 Norway Road
Monticello, IN 47960
(574) 583-8227

***Note:** If #7 was left blank because your county does not yet have a CASA or GAL program, add another citizen of the community to make your number of team members total 11 as specified by I.C. 31-33-3-1 Director of local CPS or director's designee

VI. County Child Protection Service Data Sheet

A. **RM List the cost of the following services for CPS only: (Please do not include items which were purchased with Title IV-B or other federal monies.)**

		<u>2008</u>	<u>2009</u>
1.	List items purchased for the Child Protection Team and costs	0	0
a.	_____		
b.	_____		
c.	_____		
2.	Child Advocacy Center/Other Interviewing costs	0	0

B. Please provide the annual salary for the following positions and total the salaries for each of the classifications listed below: (Please include all staff with dual responsibilities and estimate and indicate percentage of salary for CPS time only. For example, if a Family Case Manager works 40% CPS and 60% ongoing child welfare services, use 40% of the salary, the CPS portion. Also, if the Local Director acts as line supervisor for CPS, include the proper percentage of salary on the line for Family Case Manager Supervisors. Attach a separate sheet showing your computations.)

Average salaries to be used in calculations:

	<u>Average Salary</u>	<u>Fringe</u>
FCM	\$34,987.32	\$16,629.52
FCM Supervisor	\$42,392.64	\$18,076.52
Local Office Director	\$51,390.09	\$19,834.62
Clerical	\$25,211.30	\$14,719.29

		<u>2008</u>	<u>2009</u>
1.	Family Case Manager IIs 23.5	\$1,212,925.24	\$1,212,925.24
2.	FCM Supervisors (or Local Director)		

3.	Clerical Support Staff	12	\$479,167.08	\$479,167.08
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Total Cost of Salaries

C. Grand Total of VI (Total Cost of Services in A, plus Total Cost of Salaries)

CERTIFICATION

I certify and attest that the local Child Protection Service Plan of Region 5 is in compliance with IC 31-33-4-1; and copies of the plan have been distributed in conformity with same.

Signature of Regional Manager

Regional Manager's Name

Date

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare Services	Effective Date: May 1, 2009
	Section 6: Sharing Confidential Information	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will hold confidential all information gained during reports of Child Abuse and/or Neglect (CA/N), CA/N assessments, and ongoing case management.

DCS will abide by Indiana law and share confidential information with only those persons entitled to receive it.

DCS shall comply with any request to conduct CA/N history checks received from another state’s child welfare agency, as long as the records have not been expunged, when:

4. The check is being conducted for the purpose of placing a child in a foster or adoptive home;
5. The check is being conducted in conjunction with a C/AN assessment; and
6. The requesting state agency has care, custody and control of the child and the request is to check Child Protection Services (CPS) history of an individual who has a prior relationship with the child.

DCS will advise individuals who make calls reporting CA/N, parents, guardian, or custodian and perpetrators of their rights regarding access to confidential CA/N information.

DCS will make available for public review and inspection all statewide assessments, reports of findings, and program improvement plans developed as a result of a full or partial Child and Family Services Review (CFSR) after approval of Chief Legal Counsel.

DCS will provide unidentifiable CA/N information of a general nature to persons engaged in research. The DCS Central Office shall provide such information upon written request.

DCS Central Office will submit all public records requests for substantiated fatality or near fatality records to the juvenile court in the county where the child died or the near fatality occurred for redaction and release to the requestor.

All records sent from DCS shall be labeled or stamped "CONFIDENTIAL" at the top of each record. Any envelope containing records shall also be labeled "CONFIDENTIAL".

[NEW] DCS will protect the confidentiality of all information gained from non-offending parents in families experiencing domestic violence. Prior to releasing any information (i.e. during court proceedings where disclosure of certain information is mandatory), the non-offending parent will be notified so they may plan for their safety and the safety of the child(ren).

Code References

1. [IC 5-14-3 Confidentiality of and Public Access Records](#)
2. [IC 31-33-22-2 Obtaining child abuse information under false pretenses; knowingly falsifying records or interfering with an assessment](#)
3. [IC 31-33-7-8 Reports to health care providers and schools; contents; confidentiality](#)
4. [31-33-18 Disclosure of Reports; Confidentiality Requirements](#)
5. [31-33-18-2 Release of CPS Records Disclosure of unredacted material to certain persons](#)
6. [31-33-18-3 Disclosure to qualified researchers](#)
7. [IC 31-33-18-4 Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs](#)
8. [465 IAC 2-5-1](#)

PROCEDURE

DCS (Intake and Assessment) Records

All CA/N reports and assessment information, including written reports and photographs are confidential. It is a Class B misdemeanor for a person to knowingly obtain or to falsify CA/N information or records. In addition, it is a Class A misdemeanor for a public employee knowingly and intentionally to disclose information classified as confidential by state statute.

Upon receipt of a written request, the Family Case Manager (FCM) may disclose intake or assessment information to the following after approval from the DCS Local Office Attorney:

1. A legally mandated child protection agency investigating a report or treating a child or family who are subjects of a report;
2. A law enforcement agency, prosecutor or coroner investigating a report;
3. A physician treating a child whom the physician suspects may be abused or neglected;
4. Anyone legally authorized to take protective custody of an abused or neglected child when the information is needed to determine whether to remove the child and make an out-of-home placement;
5. An agency with legal responsibility or authorization to provide care, treatment, or supervision for the subject child, or the child's parent, guardian, or custodian, or other person responsible for the child's welfare;

6. The alleged victim (if requested as an adult) the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA), or both, of the alleged victim;
7. The parent, including non-custodial parent, guardian, custodian, or other person responsible for the welfare of a child named in a report and an attorney of any of those persons, provided that the identity of the reporting source and other persons is protected;

Note: Each parent, guardian, or custodian must be given verbal and written notice of the availability of the investigative report and must be provided with a copy upon written request. See separate policy, [4.10 Interviewing the Parent/Guardian/Custodian](#).

8. A court that requires the information to decide an issue before it;
9. A grand jury;
10. Any state or local official responsible for CPS or legislation who has a need for the information to carry out that person's official functions; a consent form must be signed by the subject of the report prior to release of information to a legislator who has been approached to intercede on their behalf;
11. The Child Protection Team (CPT), upon request, in order to carry out its purpose;
12. A person, about whom a report has been made, provided that the identity of the reporting source and other appropriate persons is protected.
13. An employee of DCS, a FCM, or a Juvenile Probation Officer conducting a criminal history check to assess the appropriateness of a family for placement and to make a placement recommendation to the court for a child in out-of-home care;
14. A local child fatality review team established under [IC 31-33-24-6](#);
15. The statewide child fatality review committee established;
16. The Division of Family Resources (DFR), in relation to a license applicant, licensee, employee or volunteer of a child care center, child care home, or child care ministry;
17. An employee of DCS, in relation to a license applicant, licensee, employee or volunteer of a child caring institution, group home, a child placing agency, or foster home in relation to a household member of a foster home;
18. Any authorized employee of DCS for an appropriate purpose, as determined by the Director or Deputy Director of Field Operations; and
19. A citizen's review panel, established under [IC 31-25-2-20.4](#).

Providing Information to Another CPS Agency

Within one (1) business day of receiving the request the FCM will:

1. Determine whether the requesting agency is a legally mandated public or private CPS agency;

Note: The requesting agency must send a written request for information on agency letterhead with complete job and unit titles of the requesting person (e.g., Jane Doe, Family Case Manager, CPS Unit, Marion County DCS Local Office).

2. Determine the basis for the agency's request (i.e., whether the requesting agency is assessing a report of child abuse or neglect or assessing a family for the purpose of placement of a child for whom the agency has care or placement responsibility;
 - a. The written request shall contain a listing of the specific information needed and any information that would assist the FCM in identifying the appropriate CPS case file. For example, if a child's name is Charles Smith, a date of birth or social security number may be requested to ensure the release of accurate information,

Note: If the CPS agency requests the immediate release of records based on an emergency, the FCM shall acquire the approval of the Unit Supervisor or DCS Local Office Attorney prior to the release of records.
 - b. The FCM will orally collect the information needed to make the determinations outlined above from the requesting CPS agency and document this information within the case file,
 - c. The FCM will Request a follow-up written request for the records which complies with the procedures outlined above,
 - d. The DCS Local Office Attorney will determine if the records are accessible to the CPS agency based upon the information provided and shall orally advise the FCM of the appropriate response to the requesting CPS agency.
3. Redact the name of the report source and information concerning any children or adults that are not the subject of the request prior to sending to the requesting agency.

Providing Information to Parent, Guardian, or Custodian or Perpetrator

Upon written request from the parent, guardian, or custodian, subject child (if an adult at the time of request), appointed CASA/GAL, representative, or perpetrator, the FCM will provide the requested information regarding the assessment, after deleting the identities of the person making the report and other appropriate individuals. The FCM will carefully review to determine what information should be redacted to protect the safety of a non-offending parent and children of families with identified domestic violence. See separate policy [2.1 Request for Administrative Review](#), Practice Guidance and Related Information.

Note: "Other appropriate individuals" refers to individuals, other than law enforcement officers, mentioned in the report if disclosure, in the judgment of the FCM, could endanger the person's life or safety. Protection also must be given for the identity of any other person or agency providing information, if that other person or agency advises that disclosure of the person's identity would be likely to endanger that person's life or safety.

Note: No prerequisites for obtaining information beyond a written request may be imposed upon the parent/guardian/custodian other than reasonable copying costs.

Release of Information for Research Purposes

All requests to release CA/N information for research purposes must be approved by the Central Office Deputy Director of Field Operations or his/her designee and the Chief Legal Counsel.

1. All requests for CA/N information must be submitted on the [Application for Child Abuse Research \(SF116/CW 0321\)](#);
2. The Deputy Director or his/her designee will evaluate the request. If approved, the request will be forwarded to the appropriate staff member for the release of the requested information;
3. Information released may include:
 - a. Statistical data,
 - b. Social data used for studies, reports, surveys, or
 - c. Information concerning the functions and activities of the DCS or CPT.

Note: No name-specific or other identifying information may be included in the data. No information, general or case-specific, can be released that tends to identify involved parties. Further, no case information can be released if it is the subject of pending litigation.

Release of Child Fatality and Near Fatality Records

All fatality and near fatality records for which DCS has substantiated CA/N are subject to release.

Upon receipt of a public records request (phone, written, e-mail, fax or by walk-in), the DCS local office will within one (1) business day of receiving the request, e-mail the Central Office Fatality Consultant the following information:

1. Name, address and phone number of the requestor;
2. Relationship, if any, of the requestor to the identified child; and
3. Organizational affiliation of the requestor (e.g. Indianapolis Star, Indianapolis Channel 6 News).

The DCS Central Office Fatality Consultant will:

1. Send a notice to the requestor regarding DCS' ability to process the request; and
2. If the record(s) requested are a substantiated fatality or near fatality locate the records and submit the file to the juvenile court judge in the county where the child died or the near fatality occurred.

Note: Only the juvenile court judge has the authority to release fatality or near fatality records.

Case Records for Children in Foster Care or Residential Placement

DCS will keep all records regarding children and information gathered about the child, the parent, guardian, or custodian, or their relatives confidential [IC 31-27-4-21](#).

Information about children involved in ongoing services cases may be released to the following:

1. A state agency involved in the licensing of the substitute care home or facility where the child is placed;
2. A legally mandated child protection agency. Refer to procedure outlined above in CPS Intake and Assessment Records; Providing information to another state agency;
3. A Law Enforcement Agency (LEA).
4. An agency having legal responsibility to care for a child placed in a substitute care home or facility;
5. The parent, guardian, or custodian of the child in a substitute care home or facility; and
6. Citizens Review Panel.

Licensing Records

Information contained in licensing files is considered public information with the **exception** of the following:

1. CA/N information;
2. Information concerning children in substitute care, day care children or the parent, guardian, or custodian of these children;
3. Medical or psychological information;
4. Federal Bureau of Investigation (FBI) transcript reports;
5. Financial information; and
6. Inter-agency and intra-agency decision making communications.

Adoption Records

Adoption records are confidential and may not be released. Some information may be accessible under the Indiana Adoption History Program or the Indiana Medical History Program (See separate policies in [Chapter 10 Adoption](#)).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Application for Child Abuse Research \(SF116/CW 0321\)](#)

RELATED INFORMATION

Copying Cost

No fee may be charged for inspection of public records. However, a copying fee may be charged which is not to exceed the average cost of copying or 10 cents per page, whichever is greater.

Benton County Protocols

**JUSTICE SYSTEM ACTION PLAN
FOR
COOPERATIVE SCHOOL SERVICES**

1. *A description of the collaborative effort entailed in composing this action plan, and listing of the local key players, and their positions, who were involved in the development of the plan.*

This action plan has been reviewed by representatives of Probation, Sheriff's Department, Judges, Step Ahead Coordinators, Mental Health, DFC, Community Transition Council, and public schools in each of the five counties served through Cooperative School Services. A formal meeting was held on March 24, 1998 to review the plan. Meetings will continue to be held periodically until the action plan has been implemented.

2. *A description of the new collaborative "Corrections Council", or how this issue will become part of any existing "council".*

Representatives from the following will be invited to participate in the Corrections Council:

- a. **Benton County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- b. **Jasper County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- c. **Newton County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- d. **Pulaski County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- e. **White County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- f. **Wabash Valley Mental Health Services**
- g. **Four County Mental Health Services**
- h. **Community Transition Council Members**
- i. **Public School Superintendents or their designees**
- j. **Parent representative**
- k. **Jasper County Community Corrections**

3. *A listing of the NON-DEPARTMENT OF CORRECTION correctional facilities within the planning district's geographic jurisdiction, including the name and type of facility, and the name of the administrator.*

NON-DEPARTMENT OF CORRECTION correctional facilities are:

- a. **Benton County Jail
607 E. 6th Street
Fowler, IN 47944-0512
765-884-0080
Sheriff: Ernest Winchester**
- b. **Jasper County Jail
202 S. Cullen Street
Rensselaer, IN 47978
Sheriff: Orville J. Perry**
- c. **Newton County Jail
304 E. Seymour Street
Kentland, IN 47951
219-474-5661
Sheriff: Myron Sutton**

d. Pulaski County Jail
110 Meridian Street
Winamac, IN 46996
Sheriff: Paul Grandstaff

e. White County Jail
315 N. Illinois Street
Monticello, IN 47960
Sheriff: John Roberts

4. *A description of the efforts to involve parents (any general parent volunteers and/or the parents of students specifically involved in the justice system) in planning and implementing the action plan and in the delivery of services.*

No parents were involved in the development of the current action plan; however, parent involvement will be accessed through case conference participation. Any interested parents will be welcome to join the Corrections Council. To ensure consistency a current educational surrogate parent will be asked to join the Corrections Council to represent parental interests.

5. *A description of the planning district's policies and procedures for "tracking" the whereabouts of any special education student not in school on a given day.*

The planning district will utilize the attendance policy and procedures established by each of the eight school corporations for all students. In specific circumstances, school personnel may investigate student absences. The projected plan is for the local jails or other correctional facilities to contact the Director of Special Education when students are detained. The Director of Special Education's office will:

- a) verify special education status,
- b) notify the local school corporation,
- c) and determine if a CC is needed to adjust the educational plan.

6. *A brief description of the intake procedure(s) for each correctional facility listed in #3.*

The projected plan is for the intake officers to ask the following three questions:

- a) Last school attended?
- b) Currently enrolled or not?
- c) Special education programming or not?

This information will be forwarded to the local Director of Special Education for review and action, if needed. The local Director of Special Education will forward information on any students who are not within the Cooperative School Services area to the appropriate Director of Special Education within the state.

7. *For those students known to be in any correctional facility listed in #3, a description of the method(s) of addressing: confidentiality, transfer of tuition, determination of "parent" or wardship, request for pertinent (not entire) school records, court orders.*

The services will be administered under, and in compliance with, Article 7 and IDEA. Appropriate Cooperative School Services policies and procedures will be implemented, as well. Confidentiality measures will be followed as with other students. Parent status or wardship will be determined for each student as per existing procedures. Current state statute and local procedures will be utilized in transfer tuition situations. Pertinent school records will be shared as with other students and according to current policies and procedures. Finally, school personnel will obtain copies of court orders as quickly as possible and will follow the applicable provisions.

8. *For those students known to be in any correctional facility outside of #3, a description of the method(s) of addressing: confidentiality, transfer of tuition, determination of "parent" or wardship, request for pertinent (not entire) school records, court orders.*

For students in correctional facilities outside of those described in #3 the same procedures will be used as for students in residential facilities. Federal and state regulations along with local policies and procedures case conferences, confidentiality, surrogate or legal guardian/parent, student records, and transfer tuition will be followed. School personnel will obtain copies of court orders as quickly as possible and will follow the applicable provisions.

9. *For those students known to be in a Department of Correction facility, a description of the method(s) of addressing: confidentiality, transfer of tuition, determination of "parent" or wardship, request for pertinent (not entire) school records, court orders.*

Same procedures as listed in item #8.

10. *A description of the planning district's policies and procedures for completion of school courses/credits, i.e. accepting work accomplished when 1) the planning district conducts the education program, 2) when the correctional facility conducts the education program.*

The practice for addressing courses/credits in correctional facilities is to refer each individual situation to the local high school where the student will be re-enrolling. It is the responsibility of each high school to accept/reject courses/credits based upon the local policy of each of the planning district's eight school corporations. The above will be reviewed by the Case Conference Committee, which will include the parent/guardian/educational surrogate parent and the student, as appropriate.

11. *Procedure for students in correctional facilities participating in all general education evaluations, e.g. ISTEP, the graduation exam, GED.*

Students with disabilities placed in correctional facilities will participate in general education evaluations in accordance with the student's IEP and specifically designed arrangements for such participation; this would include district-wide assessments, statewide assessments, and GED.

12. *A description of how students will be transitioned back into community and school, including re-enrollment policies and procedures.*

School personnel should be aware of the student's exit date from jail or other facilities if the above mentioned arrangements are in place. A case conference will be held, prior to public school re-enrollment if at all possible, to review the ITP/IEP and services.

13. *See attached.*

COPY

MEMORANDUM OF AGREEMENT

Between

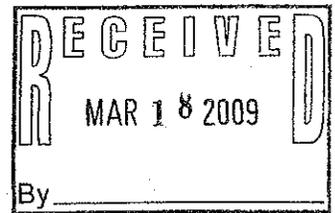
First Steps of Mid-North Indiana

Cluster D

And

Benton County Department of Child Services and Family Resources

April 1, 2009 – March 31, 2010



Purpose Statement;

This memorandum of agreement (MOA) will outline the activities and responsibilities of participating parties for purposes of referring children, age birth to 3 years that have or may be at risk of having a developmental delay and may be in need of early intervention services in compliance with Federal and State laws and regulations.

With This Agreement:

1. Benton County Department of Child Services and Family Resources will agree to make referrals to First Steps Services of Mid North Indiana (877-811-1644) in a timely manner.
2. First Steps Services of Mid North Indiana and will make referrals to Department of Child Services and Family Resources in a timely manner.

Benton County Department of Child Services and Family Resources and First Steps of Mid-North Indiana will:

1. Ensure that each agency cooperatively maintain communication and share leadership responsibility at the local level to ensure that available resources are utilized in the most effective manner.
2. Ensure that cooperative agreements between Department of Child Services and Family Resources and First Steps of Mid-North Indiana are developed, implemented and preserved.

Children Who Should Be Referred

A child, birth to 3 years old, who might have a developmental delay, is eligible for screening and assessment to identify any early intervention needs. Some children may be developmentally vulnerable because of an identifiable condition including chromosomal abnormalities, fetal alcohol or drug syndromes, premature birth, neurological disorders and chronic illness. (Other children may be developmentally vulnerable because of child abuse, and neglect and other substantial environmental factors.

Referral for Evaluation

Benton County Department of Child Services and Family Resources and First Steps of Mid-North Indiana will:

1. Obtain a release from Parents for the referral process.
2. Provide any needed information, including Denver Screen, ASQ and initial screenings.
3. Provide any pertinent records to First Steps.

First Steps will:

1. Indicate what information is needed for evaluation.
2. Obtain qualified personnel for evaluations.
3. Obtain a signed release from the family to share information, (e.g. Evaluation reports, IFSP, Quarterly provider reports when necessary) with DFC as requested.

Confidentiality

First Steps of Mid-North Indiana and Benton County Department of Child Services and Family Resources shall follow the requirements outlines in the Family Education Rights to Privacy Act (FERPA).

Termination/ Review

This Memorandum of Agreement will be reviewed and revised by Benton County Department of Child Services and Family Resources and First Steps of Mid-North Indiana and DFC on an as needed basis. Any party upon thirty (30) days written notice may terminate this Agreement.



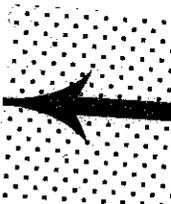
First Steps of Mid-North Indiana



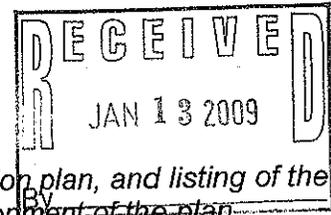
Benton County Department of
Child Services and Family Resources

4-1-09
Date

4-1-09
Date



**JUSTICE SYSTEM ACTION PLAN
FOR
COOPERATIVE SCHOOL SERVICES**



1. *A description of the collaborative effort entailed in composing this action plan, and listing of the local key players, and their positions, who were involved in the development of the plan.*

This action plan has been reviewed by representatives of Probation, Sheriff's Department, Judges, Step Ahead Coordinators, Mental Health, DFC, Community Transition Council, and public schools in each of the five counties served through Cooperative School Services. A formal meeting was held on March 24, 1998 to review the plan. Meetings will continue to be held periodically until the action plan has been implemented.

2. *A description of the new collaborative "Corrections Council", or how this issue will become part of any existing "council".*

Representatives from the following will be invited to participate in the Corrections Council:

- a. **Benton County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- b. **Jasper County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- c. **Newton County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- d. **Pulaski County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
- e. **White County: Sheriff Dept., DFC, Probation, Step Ahead Coordinator, Judges**
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219-866-7334
Sheriff: Orville Perry**
- c. **Newton County Jail
304 E. Seymour Street, Kentland, IN 47951
219-474-5661
Sheriff: Don Hartman**

- d. Pulaski County Jail
110 Meridian Street, Winamac, IN 46996
574-946-6655
Sheriff: Michael L. Gayer
- e. White County Jail
915 W. Hanawalt Street, Monticello, IN 47960
574-583-7103
Sheriff: John I. Roberts

4. *A description of the efforts to involve parents (any general parent volunteers and/or the parents of students specifically involved in the justice system) in planning and implementing the action plan and in the delivery of services.*

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- a) verify special education status,
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The projected plan is for the intake officers to ask the following three questions:

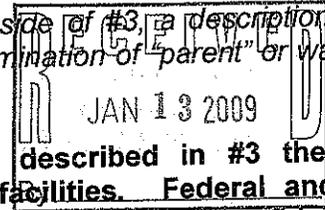
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13. See attached.

**Protocol between the local Benton County Office of the Indiana Department of
Child Services
and the Prosecutor for Benton County**

Pursuant to IC 31-33-8-5, the local office of the Indiana Department of Child Services (DCS) must deliver to the County Prosecutor all substantiated investigations of child abuse or neglect.

There are options for the delivery of the substantiated investigations. They may be delivered:

as a soft copy, via electronic means, i.e. email

as a hard copy, sent via the United States Postal Service (an itemized list will be attached with a signature line to verify receipt of substantiated reports to be faxed or mailed back to DCS).

as a hard copy, hand delivered by DCS staff members (an itemized list will be attached with a signature line to verify receipt of substantiated reports)

By marking an above option, the Benton County Prosecutor and the local office of the Indiana Department of Child Services agrees to use that specified delivery option.

Prosecutors and local DCS staff may wish to agree on the frequency of delivery of the substantiated investigations and may choose one of the following timelines or specify the timeline that works for the County:

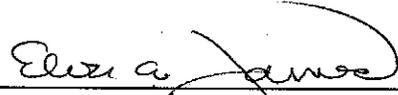
daily, as substantiated investigations are approved in the local office

weekly, on Friday

monthly, on the last day of month

other planned frequency: _____

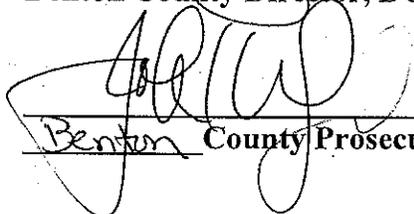
Agreement with this protocol is acknowledged by signatures below and is effective upon the dates of the signatures.



Benton County Director, DCS

8-20-08

Date 8



Benton County Prosecutor

8/20/08

Date

**Protocol between the local Benton County Office of the Indiana Department of
Child Services
and Law Enforcement Agencies for Benton County**

Pursuant to IC 31-33-8-2 and 8-9, the local office of the Indiana Department of Child Services (DCS) must make information on reported child abuse and neglect available to local Law Enforcement Agencies when a joint investigation of abuse or neglect is needed.

There are options for the delivery of this reported information. Delivery may be:

as a soft copy, via electronic means, i.e. email

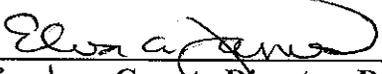
as a hard copy, sent via facsimile (FAX)

as a hard copy, hand delivered by DCS staff members (an itemized list will be attached with a signature line to verify receipt of reports)

By marking an above option, the Law Enforcement Agency and the local office of the Indiana Department of Child Services agrees to use that specified delivery option.

DCS will need to make the information available to law enforcement as immediately as is possible, so that investigations are not prolonged unnecessarily, waiting upon information.

Agreement with this protocol is acknowledged by signatures below and is effective upon the dates of the signatures.



Benton County Director, DCS

8-20-08
Date *g*



Benton County Law Enforcement Agency

8-20-08
Date

HEALTHY FAMILIES

FOUNTAIN, WARREN & BENTON COUNTIES
1-765-762-0611
FAX 1-765-762-0611

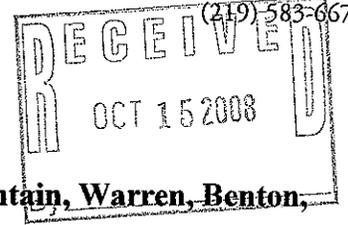


P.O. Box 340
ATTICA, IN 47918

OF FAMILIES UNITED, INC.

familiesunited@k-inc.com

WHITE COUNTY
(219) 583-6672



MEMORANDUM OF UNDERSTANDING

This agreement is between **Healthy Families of Families United, Inc. serving Fountain, Warren, Benton, and White Counties and the Benton County Department of Child Services**

Whereas both above named entities seek to provide early intervention/prevention/health services to the children and families of Fountain, Warren, Benton and White Counties. The Benton County DCS agrees to provide the following to Healthy Families of Fountain, Warren, Benton and White Counties:

1. Provide information to Healthy Families about services available within your Department.
2. Provide referrals into Healthy Families services as deemed appropriate.
- * 3. Provide the 10% match on the TANF and HFI dollars (billed to State but out of County budget).
4. Be willing to pay for families who are non-eligible for other funds because of citizenship status or poverty level.
5. Provide a representative to serve on the Healthy Families Advisory Council.

Healthy Families of Families United, Inc. agrees to:

1. Provide eligible families with a standardized assessment tool and home visiting services if appropriate.
2. Provide information regarding services offered by the Department of Child Services and Division of Family Resources.
3. Make referrals to DCS/DFR and other community services as needed.
4. Cooperate with CPS investigations.
5. Provide regular feedback to DCS through the Advisory Council or upon request.

This agreement will be renewed every two years and reviewed annually.

Mathy Pond
Families United, Inc. Program Director

10-9-08
Date

Elva Gomez
Entity Representative

10-15-08
Date

** May no longer be within my authority*

SINCE 1986

**BENTON COUNTY
MEMORANDUM OF UNDERSTANDING**

We, the undersigned, understand that this is the "Indiana Drug Endangered children Response Protocol, and we agreed to work in cooperation with all parties involved.

INDIANA DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

Procedures for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found to be living in meth labs/homes.

Drug Endangered Children are children under age 18 found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home ("meth labs") or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue ("meth homes"). Both scenarios fall within Indiana's statutory definition of child abuse/neglect. Children will be removed, given necessary health care and placed with alternate caregivers, as outlined below.

A. INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM OPERATIONAL METH LABS

Appropriate Responder: Law Enforcement Authority (LEA)

For the purposes of this protocol, a meth lab is considered operational when the chemicals and/or equipment used to make methamphetamine are present, regardless of whether the lab is actively "cooking" or not.

1. Only OSHA-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
2. No one other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.
3. Responders will contact DCS if a family case manager is not already on the scene (call 800-800-5556 and request immediate dispatch; state that children have been found at a meth lab and state the number of children).
4. Fire departments will not use water to fight meth lab fires if explosion/fire is occurring and anhydrous ammonia and/or lithium is detected or suspected. Water will ignite these chemicals.
5. LEA will enter the lab wearing appropriate safety gear; (Refer to OSHA Standards 1910.132-137 (Personal Protective Equipment) secure the scene; and remove adults and children from home.
6. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. If medications and eyeglasses must be removed, place in a sealed bag.
7. LEA will determine if the children live in the home. Visiting children who are not under the care and custody of an adult living in the home or in the home at the time of the bust are not considered victims of child abuse/neglect. These children should be reunited with their caregivers unless juvenile charges will be pressed (defer to LEA). Caregivers should be given details of children's possible chemical/drug exposure and advised to seek appropriate health care for children.

B. INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM HOME WHERE ACCESS TO METH

Appropriate Responder: LEA, and if LEA gives clearance, additional responders

1. Any responder who discovers children living in a home where meth is being used/dealt and where the children have access to the drug or drug residue will contact LEA (call 9-1-1) and DCS (800-800-5556) and request dispatch to the scene.
2. If while in the home, any responder other than LEA sees or smells any signs of a potential meth lab, he/she will exit immediately without alarming the suspects and contact LEA (see Procedure A above).
3. Other responders may only enter the crime scene if it has been secured and determined safe by LEA. Other responders will work under the direction of LEA to assist in removing children, and if directed to do so, their belongings, from the home.

C. PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN

Appropriate Responder: Medically-trained personnel

Medically-trained personnel will do an initial assessment *immediately* upon removal of children from meth lab/home to determine whether the children are in need of emergency care. Refer to Indiana DEC Comprehensive Care Protocol for details.

D. EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY

Appropriate Responder: Emergency Medical Services (EMS)

If children have critical injuries, illness, or severe emotional trauma, transport to the Emergency Room (ER) immediately. If children were removed from a meth lab, call prior to arrival, alert of possible chemical contamination and follow ER procedures.

E. PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN REMOVED FROM METH LAB

Appropriate Responder: Any available, with special consideration given to age and sex of child

Special consideration should be given to who helps the children undress. A child may be uncomfortable being undressed by a man or a woman who is not a medical professional.

1. If possible given specific circumstances; photograph and decontaminate the children (remove chemical residue) *at the scene* by taking the children to a safe location that affords privacy and doing the following: Wear latex gloves; photograph children in original clothing to document cleanliness; remove clothing down to undergarments; photograph any visible injuries; use wet-wipes to cleanse body, including face; dress in disposable Tyvex® suit or clean clothing provided by a responder; follow LEA procedure for disposal of contaminated gloves, wipes and clothing.
2. If not possible to decontaminate at the scene, protect responders and response vehicles from chemical residue on child prior to transport by doing the following: Wear latex gloves; leave child in existing clothing; use wet-wipe to cleanse hands and

face; wrap child in a disposable emergency blanket or a thick blanket; or put oversized coat/sweat suit over child's clothing; follow LEA procedure for disposal of contaminated gloves and wipes.

F. OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 12 HRS

Appropriate Responder: Department of Child Services (DCS) or medical personnel

A urine sample should be collected from all children who are removed from *meth labs*. For children removed from *meth homes* (where meth was being used or dealt but not manufactured), DCS should collaborate with LEA to determine whether a urine screen should occur, based on the likelihood of exposure, weighing such factors as the child's access to the drugs. Any urine samples must be collected within 12 hours of the child's removal to yield the most accurate results (for medical analysis and for evidence for prosecuting child endangerment). Consideration should be given to the age and sex of the child when determining who will monitor (and assist, if necessary) the child during this process.

1. If possible given specific circumstances, a DCS family case manager or medical personnel will collect a urine sample from the child *at the scene*. Collection at the scene should only happen without compromising child safety or privacy. Examples of other appropriate locations for urine collection are the local DCS office, a child advocacy center, medical facility, etc.
2. Observe the following chain-of-evidence procedures: witness the collection of the urine; seal the container; label the container with the date, time, the child's name and the witness's name; sign the label.
3. Follow local procedures for storing prior to delivery to lab for analysis.
4. Order a urine screen that is quantitative for the level of meth (performed at 50 nanograms or lower with confirmatory results reported at any detectable level) and qualitative for drugs of abuse.

G. INITIAL FORENSIC INTERVIEW OF CHILDREN

Appropriate Responder: Personnel trained in child-friendly forensic interview techniques

The purpose of this brief interview is to determine the children's primary caregiver, the kind of care the children are receiving and the degree of access children have had to the meth lab and/or drugs.

1. If possible given specific circumstances, conduct preliminary forensic interview of child at the scene to ascertain:
 - a. Last meal eaten and who prepared it
 - b. Last bathing and by whom
 - c. How child feels physically and mentally
 - d. Child aware if anyone in home smokes?
 - e. If yes, what do they smoke?
 - f. Anything in house that bothers the child?
 - g. Other siblings living in the house who aren't home right now?
2. Follow-up with a full forensic interview in a child-friendly setting within 48 hours of removal from meth home.

H. TRANSFER OF CHILDREN TO SHELTER

Appropriate Responder: DCS

By Indiana statute, children found living in meth labs/homes are considered to be victims of child abuse/neglect. (For exceptions, see Procedure A, Item 7). DCS must intervene on behalf of these children and determine the appropriate out-of-home placement. If DCS is unable to respond to the scene in a timely fashion, any available responder should contact a local DCS office for the location of the nearest child advocacy center, emergency shelter, etc., and transport the child. Other responders may not release children to neighbors, relatives, etc.

1. DCS will obtain children's birth and medical information from caregivers, if present, and serve notice of detention hearing.
2. DCS will decontaminate the children if not done previously (see Procedure E details).
3. DCS will follow local procedures and take child to local DCS office, child advocacy center, or emergency shelter for care and supervision while out-of-home placement options are evaluated.
4. DCS will transport children to out-of-home placement and explain the following to the children's caregivers:
 - a. The children were removed from a meth home and had exposure to: ____ (chemicals, drugs, etc.)
 - b. The children must be taken to a medical facility by ____ (time) on ____ (date) for a complete pediatric physical exam that also includes a developmental, dental and mental health screen (time/date must be within 24 hours of removal from meth home). If any child exhibits signs of critical health problems prior to the exam, immediately transport to ER.
 - c. The children will need additional exams/care within 30 days (See Indiana DEC Comprehensive Care Protocol)
 - d. *If the children were taken from an operational meth lab, the following should also be explained to the caregiver:*
 - i. If child has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing separately from other clothing in hot water and laundry detergent or placed in the garbage in a closed plastic bag.
 - ii. None of the child's personal belongings were removed from the home due to danger of chemical contamination.

I. LOCATION OF OTHER CHILDREN

Appropriate Responder: DCS

1. DCS will attempt to locate all other children known to live in the meth home who were not present at the time of the bust.
2. DCS will arrange an initial child-friendly forensic interview to determine how many hours it has been since the children have been in the home and an initial medical assessment to determine whether children need of emergency care.
3. DCS will coordinate the completion of all other appropriate steps contained in this protocol.

J. DOCUMENTATION OF CHILD ENDANGERMENT

Appropriate Responder: LEA

1. The clandestine lab and/or anything else that can support a finding of child endangerment will be documented. The documentation should make clear the degree of accessibility of the child. Documentation will occur in writing, photos and/or video and will include any of the following risk factors:
 - a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals
 - b. Children's accessibility to drugs, drug residue, chemicals, syringes and drug paraphernalia
 - c. Other hazards and indications of neglect
 - d. Access to pornography
 - e. Access to weapons
 - f. Food quantity and quality

- c. Proximity of hazards to children's play and sleep areas
- h. Sleeping conditions
- 2. Document any surveillance equipment, weapons (note if loaded) and/or explosives (note if live).
- i. Sanitary conditions
- 3. Take measurements to document location of chemicals/equipment/drugs (The measurements will later be compared to each child's height and reach).
- 4. Retrieve samples for forensic laboratory.
- 5. Interview neighbors and other witnesses as appropriate.
- 6. Dismantle meth lab (Should be done by personnel certified to dismantle clandestine labs)

K. COMPLETE MEDICAL EVALUATION OF CHILDREN

Appropriate Responder: Medical Doctor

A complete medical evaluation must be administered within 24 hours of the children's removal from the meth lab/home. If a urine sample has not yet been collected, the complete medical evaluation should occur within 12 hours of removal from the meth lab/home and the urine collection should be part of the evaluation. If available given time of day, a primary care center, clinic, or other medical facility is preferable to an ER. Refer to Indiana DEC Comprehensive Care Protocol, Procedure C for details of the medical evaluation.

L. PROSECUTION AND ADMINISTRATIVE FOLLOW-UP

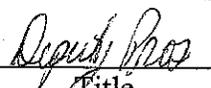
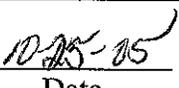
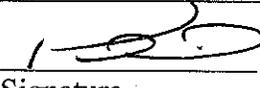
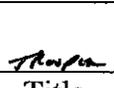
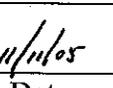
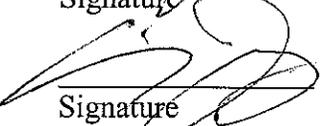
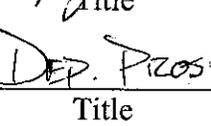
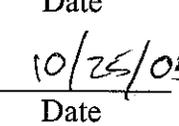
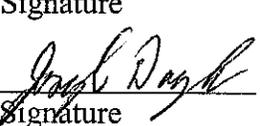
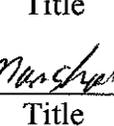
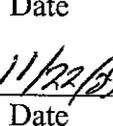
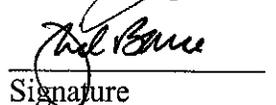
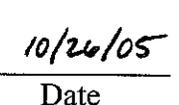
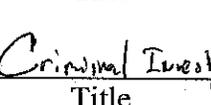
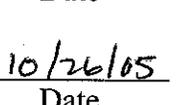
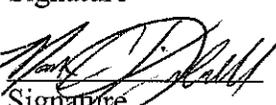
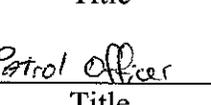
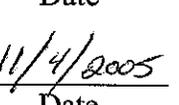
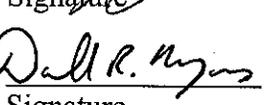
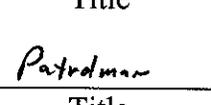
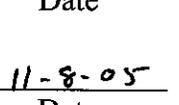
Applies to: LEA, DCS, prosecution, medical providers

- 1. LEA and DCS collaborate to complete a full forensic interview of child. The interview should be conducted within 48 hours of removal in a child-friendly location by a professional who is trained in child-friendly forensic interview techniques.
- 2. LEA will complete a case report that includes autopsy reports, documentation of child endangerment, etc.
- 3. LEA will notify the local health department of all meth lab discoveries.
- 4. LEA, DCS and medical providers will coordinate exchange of information contained in DCS intake/investigation report(s), medical report (including urine screen results), and LEA case report for prosecution purposes.

M. FOLLOW-UP CARE FOR CHILDREN

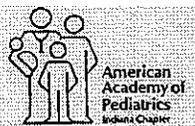
Applies to: DCS, medical/mental/developmental/dental health providers

- 1. For children that are under the care and custody of the State of Indiana, DCS family case manager will ensure that all follow-up medical, dental, mental health and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child (see Indiana DEC Comprehensive Care Protocol).
- 2. DCS will collaborate with medical/mental/developmental health care providers to evaluate adequacy of any out-of-home placements with regard to the needs of the children.
- 3. DCS will provide information on appropriate follow-up care to children's caregivers.
- 4. DCS will not allow child/parent visits to occur in homes that formerly housed meth labs. This is because presently Indiana has no standardized method for tracking and certifying decontamination of such sites.

 Signature	 Title	 Date	 Signature	 Title	 Date
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Indiana State Department of Health



ATTACHMENT

INVESTIGATION OF CHILD ABUSE AND NEGLECT IN-SCHOOL INTERVIEWS OF ALLEGED VICTIMS

When at all possible, Child Protective Services, when investigating reported abuse, will notify the principal of the school to be visited of the date and time the interviews will take place at the school. Because of the irregularity of abuse reports, which are required by law to be received 24 hours a day, it is not always possible for workers and officers in the field to know from the outset what the scope of their day's investigations will be. Similarly, because investigators never know how long any investigative interview may last, it may be impossible to inform a school administrator about the exact time investigators will be at the school. Working within these limitations, therefore, **child protection services will do its best to give school officials advance warning of their visit, at that time identifying the child who is to be interviewed.**

The school should not notify parents of the child at this point. Notification of the parent or guardian at this point serves only to obstruct investigation required by law, and should not be made.

Parental consent is necessary prior to interviewing a child in an abuse/neglect investigation, whether the child is the victim, the alleged perpetrator or a witness. A court order will be obtained prior to the interview if the parent refuses to give permission. **However, if there are exigent circumstances present that indicate the child is in immediate danger, parental consent is not necessary.**

Prior to the interview with the child, the CPS worker/investigative team and the school representative will decide where the interview will be conducted and who will be present.

In many instances the presence of a third adult at the interview may only inhibit the child's ability to describe hi/her experience. In other instances, the presence of the school staff member-possibly already familiar with and trusted by the child-may make the child more willing to express himself. This initial consultation between the investigative team and school representative may reveal facts (nature of the alleged abuse, etc.), which will affect the decision as to who should be present at the interview.

It is generally not a good idea for the school principal or other authority figure to represent the school at the interview. The child who is the victim of abuse by a family authority figure is not likely to respond freely in the presence of yet another such figure.

The school representative will arrange to have the child brought from the classroom to the designated area. The CPS worker/investigative team will conduct the interview.

At the conclusion of the interview, the CPS worker/investigative team may decide that protection of the child requires the immediate taking of the child into custody. This decision, and the reason(s) for the decision, will be promptly and clearly communicated to the school representative. **If a child is taken into custody, the local child protection**

service shall notify the child's parent, guardian, or custodian not more than two (2) hours after the child has been taken into custody that the child has been taken into custody as the result of alleged child abuse or neglect. IC31-34-3-1

The CPS worker will notify the child's parent, guardian or custodian of any interview conducted at the school. Every attempt will be made to provide notification before the end of the day.

LETTER OF AGREEMENT
Between
Families United, Inc.
And
Benton County Office of Family and Children

This agreement, entered into by and between the Benton County Office of Family and Children (herein referred to as "OFC") and Families United, Inc. (herein referred to as Service Provider), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

I. Purpose

The purpose of this agreement is to provide funding to the Service Provider so that the Service Provider may provide Healthy Families services to two additional families per month through the Child Welfare Fund.

II. Term

This agreement shall be effective for a 12-month period of time from January 1, 2005 through December 31, 2005 and shall not exceed \$9,000 total. The project funding is to be used for time, mileage, supplies, materials, and other family specific needs of the program.

III. Independent Contractor

Both parties, hereto, in the performance of this agreement, shall act in an individual capacity and not as agents, employees, partners, joint ventures or associates of one another. Neither party will assume liability for any injury (including death) to any person, or damage to any property arising out of the acts or omissions of the agents or employees of the other party.

IV. Insurance

Service Provider agrees to maintain liability insurance coverage for bodily injury and property insurance and adequate automobile coverage.

V. Confidentiality

The Service Provider understands and agrees that data, materials, and information disclosed to Service Provider may contain confidential and protected data. Therefore, the Service Provider promises and assures that data, material, and information gathered, based upon or disclosed to the Service Provider for the purpose of this Agreement, will not be disclosed to others or discussed with third parties without the prior written consent of the Benton County Office of Family and Children. The Service Provider agrees to receive and maintain client information in a confidential manner commensurate with the requirements of applicable state or federal laws, rules, and regulations.

VI. Development and Maintenance of Records and Access to Records

The Service Provider agrees to develop individual goals, progress reports, and service plans with each individual client.

The Service Provider shall maintain all documentation, client records and contacts, financial, time and travel records and documentation, and such records will be made available upon request of the Benton County Office of Family and Children.

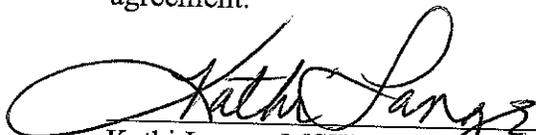
The Service Provider agrees to provide quarterly summary reports and an end of the year report to the Benton County Office of Family and Children.

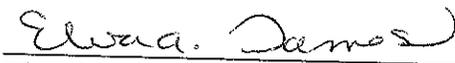
VII. Agreement Modification

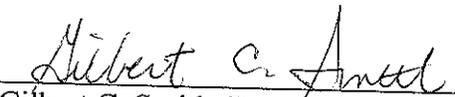
The parties acknowledge that this agreement is subject to modification by mutual agreement of the parties. Such modification, if any, shall be set forth in writing and shall become a part of the contract. Service Provider shall notify the OFC within (10) days of any termination of services reimbursable within this agreement. The Service Provider shall execute its responsibilities by following and applying at all times the highest professional and technical guidelines and standards. If the Service Provider fails to execute its responsibilities the OFC may terminate this agreement in whole or in part.

ef **VIII. Agreement Acceptance**

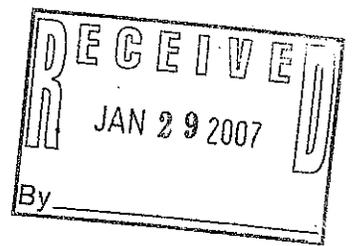
Service Provider agrees to comply and carry out the responsibilities required of this agreement.


Kathi Lange, MSW, LCSW, LMFT
President & CEO, Families United, Inc. 12/21/04
Date


Elva A. James, Director
Benton County Office of Family and Children 12-23-04
Date


Gilbert C. Smith, Regional Manager 1/11/05
Date

**Benton County Protocols
Abandoned Infants**



Definition of Emergency Medical Services Provider under IC 16-41-10-1, Sec 1.:

An emergency medical services provider means a firefighter, law enforcement officer, paramedic, emergency medical technician, or other person who provides emergency medical services in the course of the person's employment.

Definition of "Abandoned Infant" for purposes of IC 31-34-21-4 and IC 31-35-2-6.5 means: a child who is, or appears to be, not more than forty-five (45) days of age and whose parent:

- 1) Has knowingly or intentionally left the child with an emergency medical service provider; and
- 2) Did not express an intent to return for the child.

Emergency Medical Services Provider Responsibilities

1. A Benton County emergency medical service provider shall, without court order, take custody of a child who is, or who appears to be, not more than forty-five (45) days of age if:
 - (1) The child is voluntarily left with the provider by the child's parent; and
 - (2) The parent does not express an intent of return for the child.
2. A Benton County emergency medical service provider who takes custody of the child shall perform any act necessary to protect the child's physical health or safety. It is necessary that the abandoned infant be thoroughly examined for signs or symptoms of physical abuse and nutritional or medical neglect. Symptoms or signs may include, but not exclusively: unusual bruises, marks, or burns, lack of adequate food or hydration, coughs, soiled condition, etc.
3. Any person who in good faith voluntarily leaves a child with an emergency medical services provider is not obligated to disclose the parent's name or their name.
4. If the emergency medical services provider is unable to complete a physical health analysis, arrangements will be made for the evaluation by the Benton County Department of Child Services.
5. The emergency medical services provider will complete identification and screening intake information regarding the abandoned infant, if possible. The intake information will be immediately provided to the Benton County Department of Child Services. The emergency medical service provider will provide a copy of the trip sheet, if available (the parent abandoning the infant is not required to provide identifying information).
6. Immediately after the Benton County emergency medical service provider takes custody of an abandoned infant, the provider will notify the Benton County Department

of Child Services, Child Protection Services, at 1-765-884-0120. After hours the emergency medical service provider will call the Benton County Sheriff's Office at 1-765-884-0080. The Sheriff's Office will then page the Department of Child Service's on-call staff.

Child Protection Service Responsibilities

1. The Benton County Department of Child Service, Child Protection Services, shall assume the care, control, and custody of the child immediately after receiving notice from the emergency medical service provider.
2. Not later than forty-eight (48) hours after the Benton County Department of Child Services has taken custody of the child, the Child Protection Office shall contact the Indiana clearinghouse for information on missing children established by IC 10-1-7-3 to determine if the child has been reported missing.
3. Either the Family Case Manager or the Director of the Benton County Department of Child Services will be responsible for taking custody of the child from the emergency medical service provider at the provider's location and will deliver the child to a caretaker selected and approved by the Benton County Department of Child Services, Child Protection Services.
4. The Benton County Department of Child Services will advise the Department of Child Service attorney to request that the juvenile court do the following:
 - a. Hold a detention hearing after the emergency medical services provider takes custody of a child under 31-34-2.5. The court shall hold the detention hearing not later than forty-eight (48) hours after the emergency medical services provider takes the child into custody, excluding Saturdays, Sundays, and legal holidays.
 - b. The Benton County Department of Child Services may notify the emergency medical service provider that has taken emergency custody of a child under IC-31-34-2.5 of the detention hearing. The emergency service provider may be heard at the detention hearing.
 - c. If the parent of the abandoned child does not disclose the parent's name as allowed by IC-31-34-2.5-1 (c), the parent is not required to be notified of the proceeding.
5. In addition to parties already identified under IC 31-34-21-4, the Benton County Department of Child Services will notify the emergency medical service provider, at least 10 days in advance, of a Periodic Case Review hearing and a Termination of Parental Rights hearing involving the abandoned infant.

By signing this protocol, the parties below hereby acknowledge the above protocols. They understand, and agree to the defined responsibilities, given an abandoned infant is left in their care.

B. M. D. Lambert / Director
Emergency Service Provider

Date: 1/26/7

Elva A. James
Director, Benton Co. DCS

Date: 1-28-07

Carroll County Protocols

PROTOCOL FOR CHILD ABUSE OR NEGLECT REPORTS, INVESTIGATIONS
BETWEEN ALL CARROLL COUNTY LAW ENFORCEMENT AGENCIES, PROSECUTOR
AND THE CARROLL COUNTY OFFICE OF FAMILY AND CHILDREN.

A. All initial reports of suspected child abuse or neglect during business hours shall be reported to the Carroll County Office, Division of Family and Children. After hours calls are to go to the Carroll County Sheriff's Department who will contact Carroll County CPS on call worker. In case of imminent danger, reports shall go to law enforcement agencies in White County who will contact the Carroll County Sheriff's Department who will then notify CPS.

B. Emergency reports of life threatening or imminent danger of serious bodily harm to a child, or a sexual abuse emergency will be acted upon as follow:

Division of Family and Children

1. Co-investigate within one hour with LEA, if possible
2. Protective custody services (emergency placement) if necessary with preference being given to appropriate family members
3. Advise Juvenile Court and follow up with detention hearing and/or petition when protective custody is initiated
4. Provide mandated and needed reports, advisements, color photographs, and/or services, including central registry information as required.
5. Obtain or help to obtain a protective order to stop direct/indirect contact between the alleged perpetrator and victim pursuant to IC-31-6-4-4 (c)

Law Enforcement

1. Immediate investigation with or without DFC. LEA must make an initial assessment of "imminent danger of serious bodily harm" and the "need for an immediate, on-site investigation".
2. Take protective custody of child if necessary with preference given to appropriate family members-CPS should be advised immediately to assist with removal and placement.
3. Oral report to Juvenile Court and DFC and prosecutor, followed by written report and color photos.
4. Consider removing an alleged perpetrator pursuant to IC 31-6-4-4 (c)
5. Communicating sexual abuse investigations and child fatality investigations that were completed solely by LEA to CPS.

C. Non emergency report of child abuse or neglect will acted upon as follows:

Division of Family and Children

1. Will initiate primary investigation within 24 hours (abuse) or within 5 days (neglect)
2. Provide all mandated reports, advisements (including Central Registry), color photos and/or services

Law Enforcement

1. Oral referral for investigation to DFC
2. Provide information to DFC for State Registry and written reports and color photos if investigated.

D. Disposition of reports/cases-DFC will:

1. Share all reports with the Child Protection Team
2. Expunge all unsubstantiated reports from DFC records no later than 1 week prior to 180 days from the date of the report.
3. For substantiated reports provide:
 - a. services to include (as needed) treatment, X Rays, color photographs taken by DFC or law enforcement, case management and referral services, and protective custody.
 - b. Provide a written report of investigation to agencies per state and local agreement when appropriate to the following-Juvenile Judge, Prosecuting Attorney, Law Enforcement, CPT, hospital, coroner (if child dies as a result of child abuse/neglect) and schools, mental health and physicians who have been reporting source. Reports will also be sent to the central office of the DFC.
 - c. Enter substantiated reports in the registry per state law, advise parents, guardians, or custodians of a child named in the report as a victim, and the alleged perpetrator of the entry, and maintain confidentiality of the registry and provide access to the registry information to appropriate individuals or organizations.

E. Report of Abandoned Infant

All parties will follow the revised Abandoned Infant Protocol based on the Safe Haven Laws.

F. Methamphetamine Protocols

1. CPS caseworker will advise LEA of any meth lab components/precursors seen by CPS or of any information received alleging the existence of a meth lab or precursors.
2. CPS will request LEA to accompany caseworker when investigating any allegation of children present in a home where there is an alleged lab or precursors.
3. LEA will alert CPS if information is received about a lab where children are believed to be present.
4. LEA will contact CPS before executing a warrant for a meth lab search where children are believed to be present and ask the CPS worker to be available to ensure the children's safety
5. CPS will arrange to have a foster care placement available if there is a probability of children being removed from the home.
6. LEA will advise if a parent is found with precursors, paraphernalia, or methamphetamine or is seriously impaired due to the influence of drugs.
7. CPS will assume responsibility for the safety of the child by responding to the scene or advising LEA of acceptable alternatives and facilitating those alternatives.

G. Prosecutor's Office

1. Prosecutor's office will advise CPS of any reports received alleging child abuse and/or neglect, including sexual abuse of a minor if the Prosecutor's office believes LEA or other source has not informed CPS
2. Will advise of filing of criminal charges and/or arrest of alleged perpetrator in any child abuse or neglect case, including sexual abuse of a minor.

**PROTOCOL FOR CHILD ABUSE OR NEGLECT REPORTS, INVESTIGATIONS
BETWEEN ALL CARROLL COUNTY LEA, PROSECUTOR, 911, AND CPS**

The Carroll County Department of Child Services (DCS) and Local Law Enforcement Agencies (LEA) agree to the following.

- A. All initial reports of suspected child abuse or neglect during business hours shall be reported to the Carroll County Office, Department of Child Services. After hours calls are to go to the Carroll County Sheriff's Department who will contact Carroll County DCS on call worker. In case of imminent danger, reports shall go to law enforcement agencies in Carroll County who will contact the Carroll County Sheriff's Department who will then notify DCS.
- A. Emergency reports of life threatening, imminent danger of serious bodily harm or fatality of a child, or a sexual abuse emergency will be acted upon as outlined below.

Child Protection Services

- 1. Co-investigate within one hour with LEA.
- 2. Protective custody services (emergency placement) if necessary with preference being given to appropriate family members
- 3. Advise Juvenile Court and follow up with detention hearing and/or petition when protective custody is initiated
- 4. Provide mandated and needed reports, advisements, color photographs, and/or services, including central registry information as required.
- 5. Mandated information, will be entered into the State Central Registry (SCR) via the Indiana Child Welfare Information System (ICWIS)
- 6. The DCS Supervisor will notify persons entered into the SCR.
- 7. DCS will advise parents/caregivers of their right to obtain a copy of completed DCS investigations as mandated.
- 8. Obtain or help to obtain a protective order to stop direct/indirect contact between the alleged perpetrator and victim pursuant to IC-31-6-4-4 (c)

Law Enforcement

- 1. Immediate investigation with or without DCS. LEA must make an initial assessment of "imminent danger of serious bodily harm" and the "need for an immediate, on-site investigation".
- 2. Take protective custody of child if necessary with preference given to appropriate family members-CPS should be advised immediately to assist with removal and placement.
- 3. Verbal report to Juvenile Court, CPS, and prosecutor, followed by written report and color photos.
- 4. Consider removing an alleged perpetrator pursuant to IC 31-6-4-4 (c)
- 5. Communicating sexual abuse investigations and child fatality investigations that were completed solely by LEA to DCS.

B. Non emergency report of child abuse or neglect will acted upon as follows:

Child Protection Services

1. Will initiate primary investigation within 24 hours(abuse) or within 5 days (neglect)
2. Provide all mandated reports, advisements (including Central Registry), color photos and/or services
3. Provide mandated and needed reports, advisements, color photographs, and/or services, including central registry information as required.
4. Mandated information, will be entered into the State Central Registry (SCR) via the Indiana Child Welfare Information System (ICWIS)
5. The DCS Supervisor will notify persons entered into the SCR.
6. DCS will advise parents/caregivers of their right to obtain a copy of completed DCS investigations as mandated.

Law Enforcement

1. Verbal and or written referral for investigation to DCS
2. Provide information to DCS for State Registry and written reports and color photos if investigated.

D. Disposition of reports/cases-DCS will:

1. Share all completed investigation with the Child Protection Team.
2. Report defined as SCREEN OUT will be reviewed by the screen out committee before approval.
3. Expunge all unsubstantiated reports from CPS records no later than 1 week prior to 180 days from the date of the report.
4. For substantiated reports provide:
 - a. services to include (as needed) treatment, X Rays, color photographs taken by CPS or law enforcement, case management and referral services, and protective custody.
 - b. Provide a written report of investigation to agencies per state and local agreement when appropriate to the following-Juvenile Judge, Prosecuting Attorney, Law Enforcement, CPT, hospital, coroner (if child dies as a result of child abuse/neglect) and schools, mental health and physicians who have been reporting source. All reports of Child Fatality or Near Fatality as the result of abuse or neglect will be sent to the central office of the DFC.
 - c. Enter substantiated reports in the registry per state law, advise parents, guardians, or custodians of a child named in the report as a victim, and the alleged perpetrator of the entry, and maintain confidentiality of the registry and provide access to the registry information to appropriate individuals or organizations.
 - D. Indicated report will be sent to the Carroll County Prosecutor as well as LEA when appropriate.

E. Report of Abandoned Infant

All parties will follow the revised Abandoned Infant Protocol based on the Safe Haven Laws.

F. Methamphetamine/ Drug Endangered Child Protocols

5. DCS caseworker will advise LEA of any meth lab components/precursors seen by DCS or of any information received alleging the existence of a meth lab or precursors.
6. DCS will request LEA to accompany caseworker when investigating any allegation of Drug Endangered Child or children present in a home where there is an alleged lab or precursors.
7. LEA will alert DCS if information is received about a lab where children are believed to be present.
8. LEA will contact DCS before executing a warrant for a meth lab or any other drug related where children are believed to be present and ask the DCS worker to be available to ensure the children's safety
9. DCS will arrange to have a foster care placement available if there is a probability of children being removed from the home.
10. LEA will advise if a parent is found with precursors, paraphernalia, or methamphetamine or is seriously impaired due to the influence of drugs.
11. DCS will assume responsibility for the safety of the child by responding to the scene or advising LEA of acceptable alternatives and facilitating those alternatives.

G. Prosecutor's Office

12. Prosecutor's office will advise DCS of any reports received alleging child abuse and/or neglect, including sexual abuse of a minor if the Prosecutor's office believes LEA or other source has not informed DCS
13. Will advise of filing of criminal charges and/or arrest of alleged perpetrator in any child abuse or neglect case, including sexual abuse of a minor.

Local Office Protocol for ensuring that the Carroll County Prosecutor receives a copy of the 311

- Each completed 311 will be delivered to the Carroll County Prosecutor by;
 - Mail or,
 - Hand delivery and,
 - Child Protection Team Packet

- 2. Each investigation file folder does include a "checklist". The approving Supervisor will ensure the Prosecutor's box is appropriately checked and dated with date sent.

REQUEST FOR APPROVAL OF CHILD PROTECTION PLAN

I. Name and code of County Office of Family and Children:

A. 08
Code numbers(s) 1-92

B. Carroll
County name(s)

II. Type of County Child Protection Plan. (Please check only one)

A. Separate child protection services (CPS) organizational unit (counties with a population of 100,000 or more).

B. **Single county child protection plan.**

C. Joint county child protection plan.

D. Multi-county child protection plan. (Also includes cross county investigations.)

E. Child protection services purchased by County Office of Family and Children from a public or private agency.

III. Planning and Community Involvement: (Please attach a copy of the notice(s) of the hearings on the county child protection plan. Also attach a copy of the publisher's statement if one is required.)

A. Was the notice of the public hearing posted or published at least 48 hours in advance of the hearing (excluding weekends and holidays)?

1. Yes No (Please explain)

B. Was the procedure for notice of hearing according to IC 5-14-1.5-5 (attached) followed in detail? (Please check all that apply.)

1. Public Notice was given by the Local Office Director.

2. Notice was posted at the building where the hearing occurred and/or at the County Office of Family and Children. (Required procedural element)

3. The following news media were notified that a public hearing was to be held (Required if a written request for notification of 2005 meetings was received before January 1, 2005; recommended for public relations purposes.):
Carroll County Comet, Herald Journal

C. Give the date(s) and location(s) of the public hearings and attach a copy of the notice posted as well as a copy of the newspaper notice including publisher's statement.

Date: January 7, 2005 4PM

Place: Carroll County OFC , 6931 W 300 N, Delphi, IN 46923

2. Since the 800 number crosses county lines, other counties may take reports that will need to be passed on to your county. List the **local** 24-hour CPS telephone number(s) for receipt of child abuse or neglect reports during:

a. **Working hours: 8:00 a.m. to 4:30 p.m.
Telephone number: (765) 564-4555 or (765) 564-2409**

b. **Non-working hours: 4:30 p.m. to 8:00 a.m.
Telephone number: (765) 564-4555**

3. What agency personnel will be answering the after-hours child abuse hotlines? (**Please check only the primary agency responsible for initially receiving complaints.**)

a. After-hours CPS personnel

b. **Sheriff's Department**

c. Local Police Department

d. Indiana State Police Department

e. Hospital

f. Other (Please specify.)

4. Please indicate the manner in which the non-COFC personnel receiving after-hours calls will refer those reports to on-call CPS staff for investigation.

a. **Beeper/pager is used.**

b. **Report is telephoned to on-call worker.**

c. Law enforcement agency will investigate.

d. Not applicable. (Please explain)

C. Describe your current system of screening calls reporting allegations of child abuse and neglect. Refer to Child Welfare Manual subsection 204.3. (Attach any tools you presently use if helpful.)

Calls alleging child abuse or neglect are given directly to the FCM2 with primary responsibility for intake/investigation. In his absence the call is given to the other FCM2, the County Director or in their absence to the PA supervisor. The worker taking the call will determine if the allegations meet the legal definition of child abuse and neglect and in all cases except sexual abuse determine whether the necessary caretaker relationship is present. If these standards are present, the worker will enter the report with a request for investigation. Questionable situations will be discussed with the CPS staff prior to a screening decision being made. Screened out calls will be referred to appropriate agencies and the caller given information as to child abuse and neglect definitions/standards.

D. Describe the procedure for investigating suspected child abuse or neglect reports:

1. Please indicate when abuse investigations will be initiated.
 - a. Within 24 hours of complaint receipt.
Yes X No ___
 - b. Immediately, if the child is in imminent danger of serious bodily harm.
Yes X No ___
2. Please indicate who will investigate abuse complaints received during working hours.
(Check all that apply)
 - a. X CPS
 - b. X CPS and Law Enforcement Agency (LEA)
 - b. ___ LEA only
3. Please indicate who will investigate abuse complaints received after working hours.
(Check all that apply)
 - a. X CPS only
 - b. X CPS and LEA
 - c. X LEA only
4. Please indicate when neglect investigations will be initiated.
 - a. Immediately, if the safety or well-being of the child appears to be endangered.
Yes X No ___
 - b. Within a reasonably prompt time (5 calendar days).
Yes X No ___
5. Please indicate who will investigate neglect complaints received during working hours.
(Check all that apply)
 - a. X CPS only
 - b. X CPS and LEA
 - c. ___ LEA only

G. Describe the manner in which medical neglect of disabled infants is handled.

1. Briefly describe the procedures related to the reporting and investigation of suspected medical neglect of disabled infants. Refer to IC 31-34-1-9 of the Juvenile Code and Child Welfare Manual subsection 210.3.

When CPS receives a report of the withholding of medical treatment to a disabled infant, the local CPS will request information from the reporting source and/or the hospital administrator. Reports will be investigated further if the allegation indicates the disabled child is 1) deprived of nutrition necessary to sustain life or is 2) deprived of medical or surgical intervention necessary to remedy or ameliorate the life threatening situation, if said nutrition or interventions are normally provided to a child who is not disabled.

2. Please duplicate a copy of the attached form entitled "Hospital Liaison Information" for each health care facility in your area that you utilize. Complete a form for each facility, and attach a copy of any hospital policies or guidelines obtained.

Forms have been mailed to the following: White County Memorial Hospital, Logansport Memorial Hospital, Home/St. Elizabeth Hospitals, St. Joseph Hospital, Howard Co. Community Hospital and Riley Hospital for Children. The liaison forms will be added to the plan when returned.

H. Describe the inter-agency relations and protocols in existence regarding the provision of child protection service. Refer to Child Welfare Manual subsection 202.311. **NOTE: Since the state Central Registry has now been established, all required protocols must include an agreement on procedures for registry entry, access to registry information, and advisement of registry entry to parents and alleged perpetrators. LEA protocols should also include agreements in regards to handling methamphetamine and other drug related responsibilities for the protection of children.**

Please indicate the types of agencies with whom child protection services has established a specific **written** inter-agency working agreement. **These agreements must be attached to the Plan.** We strongly recommend putting all interagency agreements in writing. (Enter number of all that apply; e.g., 3 - schools, 1 - prosecuting attorney.)

1. Community Mental Health
2. Private Social Services Agencies
3. **Law Enforcement Agency (required)**
4. School(s)
5. **Prosecuting Attorney (required)**
6. Hospital(s)
7. Military Installation
8. Other (Please specify.)

- I. Describe the procedures that you follow upon receiving and referring child abuse or neglect reports to another county or state where family resides or where abuse or neglect occurs. (Refer to Child Welfare Manual subsections 210.51 and 210.52)

Child abuse/neglect should be investigated in the county where the abuse/neglect occurred. If another county receives the report, the report is taken and transferred to the appropriate county. A phone contact with the county is made prior to transfer of the report. An immediate contact is made if the child is possibly in immediate danger. Abuse or neglect that occurred in another state is referred directly to CPS in that state.

- J. Describe special circumstances warranting an inter-county investigation (Refer to child welfare manual subsection 210.53)

Another county will be requested to conduct the investigation if the report of child neglect/abuse involves a member of a CPS FCM's family either as victim or perpetrator. If the report involves a COFC administrative staff member, Central Office must be contacted.

- K. Describe the manner in which the confidentiality of records is preserved. (Refer to Child Welfare Manual subsection 205.54)

Child abuse/neglect reports are confidential and are not released to anyone without parental permission as appropriate or to those people required having this information per state law. Report source information is removed if released to parent or their designee. Statistics are provided as long as confidentiality can be maintained. Files are stored in CPS workers' offices which are kept locked. Files are not available to those not involved in the case.

Does your county have written policies regarding confidentiality of reports in addition to those in IC-31-33-18?

Yes___ No X (If yes, please attach a copy.)

- L. Describe the follow-up provided relative to specific investigations:

Are 30-/90-day follow-up reports specified in IC 31-33-7-8, (to hospital administrators, referring physicians, licensed psychologists, dentists, and school principals, community mental health centers, managed care providers, hospitals, or schools) sent within required time frame?

Yes X No___(If no, please attach policy in use at this time.)

- M. Describe GAL/CASA appointments in your county.

Are guardian ad litem or court appointed special advocates appointed in your county?

Yes X No___

(If yes, in what percentage of CHINS cases? 50 %)

V. Community Child Protection Team

A. Have confidentiality forms been signed by all team members?

Yes X No ___

B. How often are CPT meetings scheduled at the present time? Include the date of the last meeting.

1. ___ weekly 3. ___ by telephone
2. X monthly 4. ___ as necessary, but at least _____

Date of last meeting: 12-28-04.

C. How many meetings were held in:

1. 2003 12
2. 2004 12

D. Are emergency CPT meetings held?

Yes ___ No X ___

If yes, how many:

- a. in 2003? 0 ___
b. in 2004? 0 ___

E. What was the average attendance for the CPT meetings:

1. in 2003? 7 ___
2. in 2004? 8 ___

G. What was the number of reports reviewed by the CPT:

1. in 2003? 260
2. in 2004? 216

H. What was the number of complaints reviewed by the CPT:

1. in 2003? 0
2. in 2004? 0

H. Please list names, addresses, and telephone numbers of CPT members (Refer to I.C. 31-33-3) and note the name of the coordinator by adding ** next to their name:

1. Director of local CPS or director's designee

****Darrel Noonkester_____** **Carroll County OFC** **(765)564-2409**
P.O. Box 276
Delphi, IN 46923

2-3. Two (2) designees of juvenile court judge

Justin Sheagley **Carroll County Chief Probation Officer** **(765-)564-2460**

Melissa Redelk **Carroll County Dep. Probation Officer** **(765) 564-2460**
Carroll County Court House
101 West Main Delphi, IN 46923

4. County prosecutor or prosecutor's designee

Robert T. Ives **Carroll County Prosecutor** **(765)-564-4514**
Carroll County Court House
101 West Main, Delphi, IN 46923

5. County sheriff or sheriff's designee

Dennis Randle **Carroll County Sheriff** **(765)-564-2413**
Carroll County Jail
310 West Main, Delphi, IN 46923

6. **Either** president of county executive or president's designee **or** executive of consolidated city or executive's designee

Judy Ayres **105 E Columbia** **(574)-967-3772**
Flora, IN 46929

7. Director of CASA or GAL program or director's designee (*See note after #11.)

No Program in this county

The following members are to be appointed by the county director:

8. **Either** public school superintendent or superintendent's designee **or** director of local special education cooperative or director's designee.

Kristen Seward **Carroll High School Counselor** **(574)-967-3000**
Carroll Jr. Sr. High School
2362 E. St. Rd. 18 East
Flora, IN 46929

- B. Please provide the annual salary for the following positions and total the salaries for each of the classifications listed below: (Please include all staff with dual responsibilities and estimate and indicate percentage of salary for CPS time only. For example, if a Family Case Manager works 40% CPS and 60% ongoing child welfare services, use 40% of the salary, the CPS portion. Also, if the Local Director acts as line supervisor for CPS, include the proper percentage of salary on the line for Family Case Manager Supervisors. **Attach a separate sheet showing your computations.**)

	2003	2004
1. Family Case Manager IIs	_____	_____
2. FCM Supervisors (or Local Director)	_____	_____
3. Clerical Support Staff	_____	_____
Total Cost of Salaries	_____	_____
C. Grand Total of VI (Total Cost of Services in A, <u>plus</u> Total Cost of Salaries in B)	_____	_____

CERTIFICATION

I certify and attest that the local Child Protection Service Plan of _____ County Office of Family and Children is in compliance with Public Law 276, Acts of 1979, and IC 31-33-4; and copies of the plan have been distributed in conformity with same. Further, I certify and attest that copies of all completed Investigation of Alleged Child Abuse or Neglect reports (FPP 311) have been and will continue to be submitted to the Division of Family and Children.

Signature of County Director County Director's Name Date

Signature of Regional Manager Regional Manager's Name Date

The request for approval of Child Protection Plan has been:

Approved _____ Denied _____

Signature of the Director Date
Division of Family and Children

Comments:

Distribution:	Regional Manager (1)	Child Protection Team
	DFC-ICPS (2)	Law Enforcement Agencies
	Court (Juvenile Jurisdiction)	COFC File

Clinton County Protocols



EMS Emergency Medical Services

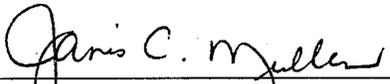
January 29, 2007

Abandoned Infant Protocol

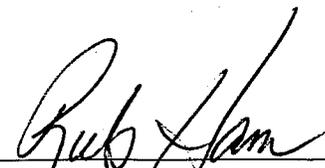
Effective, July 1, 2000, Public Law 330 allows an Emergency Medical Services (EMS) provider to take custody of an abandoned infant under specified conditions.

Emergency Medical Provider Responsibilities:

1. An emergency medical services (EMS) provider will, without a court order, take custody of an infant who is, or appears to be, not more than thirty days of age if:
 - a). The infant is voluntarily left with the provider by the infant's parents, guardian, or custodian, AND
 - b). The parent does not express an intent to return for the infant.
2. The EMS provider will perform any act necessary to protect the infant's physical health or safety, and will obtain as much information as possible regarding medical history, identity, and circumstances of the abandonment.
3. Immediately after taking custody of an abandoned infant, contact the Clinton County Child Protection Services at 765-654-8576 during office hours of 8:00 am to 4:30 pm. After hours, contact the Clinton County Sheriff Dept (654-5563), or Frankfort Police Dept (654-4431). The will contact an on-call CCCPS worker.
4. The EMS provider will then transport the abandoned infant to the Saint Vincent Frankfort Hospital Emergency Room. The CCCPS worker will meet the EMS provider and the abandoned infant at the emergency room, so that the CPS worker may take custody of the infant.


Janis C. Mullen, DCJ Director

1-29-2007


Rick Ham, EMS Director

**PROTOCOL BETWEEN THE CLINTON COUNTY DEPARTMENT OF CHILD SERVICES,
FRANKFORT POLICE DEPARTMENT, CLINTON COUNTY SHERIFF'S OFFICE
AND THE CLINTON COUNTY PROSECUTOR'S OFFICE**

- I. All initial reports of suspected child abuse or neglect shall be reported to either the Clinton County Office of Family and Children and Child Protection Service or the law enforcement agencies in Clinton County.
- II. All reports of child abuse or neglect that involve life threatening or imminent danger of serious bodily harm to a child, or sexual abuse where the alleged perpetrator has access to the child will be acted upon as follows:

DCS

1. Co-investigation immediately with law enforcement, if possible
2. Emergency custody of the child(ren) if necessary.
3. Advise the Juvenile Court of the removal and schedule a Detention Hearing within forty-eight work hours of the removal.
4. Notify the Parents of the Detention Hearing and read them their legal rights.
5. Provide each caregiver with the Notice of Availability.
6. Petition the Court for CHINS, if necessary.
7. Provide a Summary to the Court of the reason for removal of the child(ren).
8. Obtain a Protective Order to stop direct/indirect contact between the alleged perpetrator and the child pursuant to IC 31-6-4-4 (c).

Law Enforcement:

1. Immediate investigation with or without a CPS worker.
2. Take Emergency Custody of the child(ren), if necessary.
3. Oral report to the Juvenile Court and DCS followed by a written police report.
4. Consider removing an alleged perpetrator pursuant to IC 31-6-4-4 (c).
5. In sexual abuse cases that may result in criminal charges being filed, law enforcement will conduct the interview and interview with the alleged perpetrator.

- III: Non-Emergency reports of child abuse or neglect.

DCS

1. Primary investigation within twenty-four hours for abuse or within five days for neglect.
2. Completion of all mandated reports.
3. Notice of Availability to all caregivers.
4. All substantiated reports of abuse and/or neglect will be forwarded to the Prosecutor's Office for possible charges.

Law Enforcement:

1. Oral or written referral for investigation to the DCS within twenty-four hours of receipt of the report.

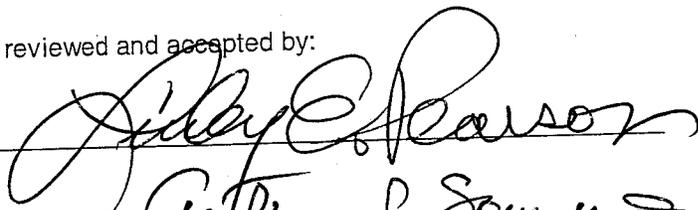
IV. Disposition of reports/cases:

1. Unsubstantiated reports shall be expunged from the DCS records at the end of six months.
2. Substantiated reports will receive needed services per evaluation. Services may include treatment, x-rays, photographs (taken by DCS or law enforcement) pursuant to IC 31-6-11-11 (e), case management services, referrals, or protective custody.
3. Written report of investigation (311) shall be given to the appropriate agency per statute and local agreement. This could include the Juvenile Court, Prosecutor's Office, law enforcement, hospital, coroner, schools, mental health and physicians who make referrals, and the State and DCS.

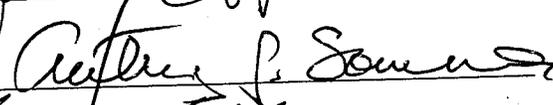
- V. The Juvenile Court will be notified about voluntary and involuntary placements prior to placement, if possible. Appropriate relative placement will be considered prior to the placement of the child(ren) in foster care per IC 31-6-4-6 (b).

This protocol has been reviewed and accepted by:

Judge Linley Pearson



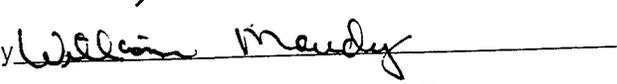
Prosecutor Anthony Sommers



Sheriff Mark Mitchell



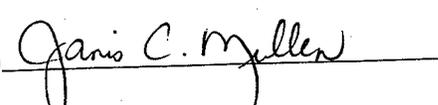
Police Chief William Moudy



Nancy Ward, Probation



Clinton County DCS Director Janis Mullen



CLINTON COUNTY
DRUG ENDANGERED CHILDREN RESPONSE PROTOCOL

Procedures for LEA, CPS, Public Health, Emergency Medical Services,
Social Services and Others Who Respond to Help Children
Found To Be Living in Meth Labs/Homes

Definition: Drug Endangered Children are children under 18 years of age found to be living in homes with caregivers who are manufacturing methamphetamine in/around the home (meth labs) or where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue (meth homes). Both scenarios fall within Indiana's statutory definition of child abuse/neglect.

Purpose: In compliance with Indiana Code 31-34-1-2 and in accordance with Indiana Department of Child Services guidelines, the following process has been developed with input from community partners who are also involved.

I). INVESTIGATION PROCEDURE

- A. Any responder who discovers children living in a home where meth is being used/dealt and where the children have access to the drug or drug residue will contact LEA who will contact DCS.
- B. Medically trained personnel will do an initial assessment immediately upon removal of children from meth lab/home to determine whether the children are in need of emergency care.
- C. When children are involved and further investigation by LEA is warranted, LEA may Contact CPS for assistance in seeking a court order authorizing emergency detention, Medical assessment and placement of the children as probably Children In Need Of Services (CHINS).
- D. LEA may contact City/County Dispatch to request the HAZMAT Team to respond to the scene.
- E. If possible to decontaminate the children at the scene, the children need to be afforded privacy while undressing. Remove clothing to undergarments; photograph any visible injuries; use wet-wipes to cleanse body and face; dress child in clean clothing provided by a responder.
- F. If not possible to decontaminate at the scene, leave child in existing clothing; use wet-wipe to cleanse hands and face; wrap child in disposable emergency blanket or a thick blanket.
- G. The children will be transported by ambulance or LEA to a local hospital emergency department for medical examination, assessment, and necessary testing.

II). MEDICAL PROCEDURE

- A. Immediate Preliminary Medical Assessment must be performed within 2 hours of discovering children in a meth home. This will determine if the children discovered at the scene are in need of emergency care.
- B. Children with obvious critical injury or illness will be transported immediately to a medical facility.
- C. A complete medical evaluation must be administered within 24 hours of the children's removal from the meth lab/home. If a urine sample has not yet been collected, the complete medical evaluation should occur within 12 hours of removal from the meth lab/home, and the urine sample should be part of the evaluation. Refer to Indiana DEC Comprehensive Care Protocol, Procedure C for details of the medical evaluation.
- D. Results of the screenings shall be provided to LEA and CPS.
- E. A visit for initial follow-up care occurs within 30 days of the Complete Evaluation.

Fountain County Protocols

**INTER-AGENCY AGREEMENT BETWEEN MENTAL HEALTH
AND FOUNTAIN COUNTY OFFICE OF DEPARTMENT OF CHILD
SERVICES**

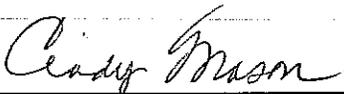
In compliance with Public Law 135 and IC31-33-5, IC31-33-7-7, the Fountain County Office of Department of Child Services has established Child Protective Services to insure that every effort is made to prevent, identify and treat a child who may be a victim of child abuse or neglect.

To assist the staff of Child Protective Services:

WABASH VALLEY HOSPITAL AGREE:

1. To refer to Child Protective Services suspected cases of child abuse or neglect for investigation.
2. To accept referrals from the staff of Child Protective Services when the expertise of this agency may assist in the care and/or treatment of the child and his/her family.
3. To a professional exchange of information inasmuch as it does not violate the child's/family's confidentiality.
4. To meet with the staff of Child Protective Services and other professionals and agencies, as necessary, to exchange expertise as it relates to Child Protection Services.

Entered into this 24 day of January 2007, between the Fountain County Office of Department of Child Services and Wabash Valley Hospital.



Cindy Mason, Fountain County Director



Ron Knabel Wabash Valley Hospital

**INTER-AGENCY AGREEMENT BETWEEN MENTAL HEALTH
AND FOUNTAIN COUNTY OFFICE OF DEPARTMENT OF CHILD
SERVICES**

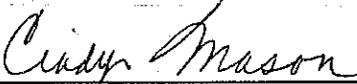
In compliance with Public Law 135 and IC31-33-5, IC31-33-7-7, the Fountain County Office of Department of Child Services has established Child Protective Services to insure that every effort is made to prevent, identify and treat a child who may be a victim of child abuse or neglect.

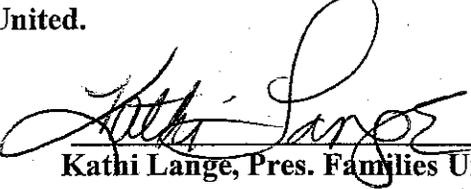
To assist the staff of Child Protective Services:

FAMILIES UNITED AGREE:

1. To refer to Child Protective Services suspected cases of child abuse or neglect for investigation.
2. To accept referrals from the staff of Child Protective Services when the expertise of this agency may assist in the care and/or treatment of the child and his/her family.
3. To a professional exchange of information inasmuch as it does not violate the child's/family's confidentiality.
4. To meet with the staff of Child Protective Services and other professionals and agencies, as necessary, to exchange expertise as it relates to Child Protection Services.

Entered into this 24 day of Jan 2007, between the Fountain County Office of Department of Child Services and Families United.


Cindy Mason, Fountain County Director


Kathi Lange, Pres. Families United

**PROTOCOL BETWEEN
FOUNTAIN COUNTY OFFICE OF DEPARTMENT OF CHILD SERVICES AND
LAW ENFORCEMENT AGENCIES OF FOUNTAIN COUNTY**

As agreed, the following procedures are to be implemented effective **January 1, 2007**

IC 31-33-7-1

Sec. 1. The local child protection service shall arrange for receipt, on a twenty-four (24) hour, seven (7) day per week basis, of all reports under this article of suspected child abuse or neglect.

Prior to January 1 and July 1 each year, the Family Case Manager Supervisor will make available to every law enforcement agency in Fountain County the rotation list of CPS workers who will be covering all CPS calls after hours (4:30 P.M.-8:00 A.M., Monday-Friday,) weekends and holidays. The list will include the name of the CPS worker on call, that person's pager number and home phone number. Also, the name, phone number, pager, of the supervisor, and the name, pager number and home phone number of the director.

Fountain County's CPS phone will ring into the Attica Police Department after hours, on weekends and holidays.

IC 31-33-7-7 Sec. 7 (a)

When a law enforcement agency receives an initial report under IC31-33-5-4 That a child may be a victim of child abuse or neglect, the law enforcement agency shall:

1. immediately communicate the report to the local child protection service, whether or not the law enforcement agency has reason to believe there exists an imminent danger to the child's health or welfare; and

2. conduct an immediate, onsite investigation of the report along with the local child protection service whenever the law enforcement agency has reason to believe that an offense has been committed.

(b) In all cases, the law enforcement agency shall forward any Information, including copies of investigation reports, on incidents of cases in which a child may be a victim of child abuse or neglect, whether or not obtained under this article to

- (1) the local child protection agency; and**
- (2) the juvenile court**

This requirement includes reports of:

(1) Investigations of sexual abuse, including rape involving a child victim under the age 18, conducted by police without the involvement of the local CPS

Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the County Office of Family and

Children to assure that the office is aware of the death. The County Office of DCS will complete a Preliminary Report of Alleged Child Abuse or Neglect (310) and will make a copy available to the law enforcement agency. The County Office and the LEA will discuss whether or not the County Office needs to be involved in the investigation to assist in some interviews, to assess risk to surviving siblings, or to help evaluate elements related to possible abuse or neglect. When the investigation is complete, LEA will forward a copy of the Investigation to the County Office. The County Office's written report of the investigation (311) will be made available to LEA.

Suspicious child fatalities include, but are not limited to the following:

- Homicide with an alleged perpetrator in a caregiver role
- Accidental death where questions of caregiver negligence are raised
- Natural death (including SIDS) where the condition of the body or autopsy suggests abuse or neglect
- Suicide, if abuse or neglect may be a contributing factor
- Death from undetermined or no definite cause
- Death of a child being supervised by the Division, either as a Child in Need of Services or by Informal Adjustment or by a Services Referral Agreement

[Local law enforcement and the Fountain County Office of Department of Child Services agree that domestic violence, when witnessed by a child in which the parent/custodian is injured or put in a life endangering situation, is child neglect in that the child is living in an unsafe, life endangering environment. This will be immediately reported to CPS as child neglect and addressed as other reports Under IC 31-33-7-7.]

[Local law enforcement, the Prosecutor's Office and the Fountain County Office of Department of Child Services agree that even though "evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child's physical or mental health is seriously endangered" these situations will also be referred to CPS. IC 31-34-1-2 Sec. 2 (b)]

IC 31-33-8-2

(Sec. 2. (a) Upon the receipt of each report under this chapter of known or suspected child abuse, the local child protection service shall contact the law enforcement agency in the appropriate jurisdiction.

(b) The law enforcement agency, with the local child protection service shall conduct an immediate onsite investigation of the report if the law enforcement agency has reason to believe that an offense has been committed. The law enforcement agency shall investigate the alleged child abuse or neglect under this chapter in the same manner that the law enforcement agency conducts any other criminal investigation.

IC31-33-8-1

Sec. 1. (a) The local child protection service shall initiate an immediate and appropriately thorough child protection investigation of every report of known or suspected child abuse or neglect the child protection service receives, whether in accordance with the article or otherwise.

(b) Subject to subsections (d) and (e), if the report alleges a child may be a victim of child abuse, the investigation shall be initiated **immediately**, but not later than 24 hours after receipt of the report.

(c) Subject to subsections (d) and (e), if reports of child neglect are received, **The** investigation shall be initiated within a reasonably prompt time, but not later than five (5) days, with the primary consideration being the well being of the child who is the subject of the report.

(d) If the immediate safety or well being of a child appears to be endangered or the facts otherwise warrant, the investigation shall be initiated regardless of the time of day.

(e) If the child protection service has reason to believe that the child is in imminent danger of serious bodily harm, the child protection service shall initiate within **one (1) hour** an immediate, onsite investigation.

IC 31-33-8-3

Sec. 3. (a) Except as provided in Subsection (b), the local child protection service shall:

- (1) cause color photographs to be taken of the areas of trauma visible on a child who is subject to a report; and
- (2) if medically indicated, cause a radiological examination of the child to be performed

(b) If the law enforcement agency participated in the investigation, the Law enforcement agency shall cause the color photographs to be taken as provided by this section.

(c)The division of family and children shall reimburse the expenses of the photographs and x-rays.

IC 31-33-8-6

Sec. 6. The local child protection service shall promptly make a thorough Investigation upon either the oral or written report. The primary purpose of the investigation is the protection of the child.

IC 31-33-8-8

Sec. 8. (a) If, before the investigation is complete, the opinion of the law Enforcement agency or the local child protection service is that immediate removal is necessary to protect the child from further abuse or neglect, the juvenile court may issue an order under IC 31-32-13.

(b) The child protection service shall make a complete written report of the Investigation

(c) If a law enforcement agency participates in the investigation, the law

Enforcement agency shall also make a complete written report of the investigation.

IC 31-33-8-9

Sec. 9 (a) The local child protection service's report shall be made available to: the appropriate law enforcement agency upon request

IC 31-33-8-11

Sec. 11. In all cases, the law enforcement agency shall release information on an incident in which a child may be a victim of alleged child abuse or neglect, whether obtained under this article or not, to the local child protection service.

IC 31-33-17-1

Sec.1. The Division of family and children shall establish and maintain a centralized, computerized child abuse registry...

IC31-33-17-2

Sec.2. The division of family and children shall enter a substantiated report into the registry only if at least one (1) of the following applies:

- (1) An arrest of the alleged perpetrator of the child abuse or neglect is made.
- (2) Criminal charges are filed in state or federal court against the alleged perpetrator of child abuse or neglect.
- (3) A court determines that a child is a child in need of services based on a report of child abuse or neglect.
- (4) A court approves a program of informal adjustment relating to the child abuse or neglect report under IC 31-34-8.
- (5) A person does not substantially comply with the terms of a services referral agreement under IC 31-33-13.

IC31-33-17-6

Sec.6. Upon request, a person or an organization may have access to information contained in the registry as follows:

- (1) A law enforcement agency or local child protective service may have access to a substantiated report.

IC 31-33-17-8

Sec. 8. (a) This section does not apply to substantiated cases if a court determines that a child is child in need of services based on a report of child abuse or neglect.

(b) Not later than thirty (30) days after the Department of Child Services enters a substantiated report into the registry, the Department of Child Services shall notify:

- (1) the parent, guardian, or custodian of the child who is named in the report as the victim of the child abuse or neglect; and
- (2) the alleged perpetrator, if other than the child's parent guardian, or custodian named in the report under IC31-33-5-4

(c) **The Department of Child Services shall state the following in a notice to an alleged perpetrator of substantiated report under subsection (b):**

- (1) **The report has been classified as substantiated.**
- (2) **The alleged perpetrator may request that a substantiated report be amended or expunged at an administrative hearing if the alleged perpetrator does not agree with the classification of the report unless a court is in the process of making a determination described in IC 31-33-19.**

IC 31—34-2-1

Sec. 1. A law enforcement officer under order of the court may take a child into custody.

IC 31-34-2-2

Sec. 2. (a) A law enforcement officer may take a person into custody if the law enforcement officer has probable cause to believe that the person is the alleged perpetrator of an act against a child who the law enforcement officer believes to be a child in need of services as a result of the alleged perpetrator's act. The law enforcement officer may take the alleged perpetrator into custody under this section only for the purpose of removing the alleged perpetrator from the residence where the child believed to be in need of services resides.

- (b) **The law enforcement officer shall immediately contact the attorney for the county department or another authorized person for the purpose of initiating a protective order under IC 31-34-17 that will require the alleged perpetrator to refrain from having direct or indirect contact with the child.**

IC 31-34-2-3

Sec. 3. (a) If a law enforcement officer's action under section 2 of this chapter will not adequately protect the safety of the child, the child may be taken into custody by a law enforcement officer, probation officer, or caseworker acting with probable cause to believe the child is a child in need of services if:

- (1) **it appears that 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 service to prevent removal of the child.**

(b) **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.**

(c) **If a person takes a child into custody under this section, the person shall make written documentation not more than twenty-four (24) hours after the child is taken into custody as provided in section 6 of this chapter.**

IC 31-34-3-1

Sec. 1. If a child is taken into custody under IC 31-34-2, the local child protection service shall notify the child's parent, guardian, or custodian not more than two (2) hours after the child has been taken into custody that the child has been taken into custody as the result of alleged child abuse or neglect.

Reports made during work hours (8:00 A.M. – 4:30 P.M.) to law enforcement should be referred to a CPS worker at 294-4126. After hour reports should be reported to the CPS worker on call.

IC 31-34-4-2

Sec. 2. (a) If a child alleged to be a child in need of services is taken into custody under an order of the court under this chapter, the court shall consider placing the child with a suitable and willing blood or adoptive relative caretaker, including a grandparent, an aunt, an uncle, or an adult sibling, before considering any other out-of-home placement.

- (b) Before placing a child in need of services with a blood relative or an adoptive relative caretaker, the court may order the division of family and children to:
 - 1. complete a home study of the relative's home; and
 - 2. provide the court with a placement recommendation
- (c) Except as provided in subsection (e), before placing a child in need of services in an out-of-home placement, including with a blood or an adoptive relative caretaker, the court shall order the division of family and children to conduct a criminal history check of each person who is:
 - (1) currently residing in the location designated as the out-of-home placement or
 - (3) in the reasonable belief of the division of family and children, expected to be residing in the location during the time the child would be placed in the location
- (d) Except as provided in subsection (f), a court may not order an out-of-home placement if a person described in subsection © (1) or © (2) has:
 - (1) committed an act resulting in a substantiated report of child abuse or neglect
 - (2) been convicted of a felony listed in IC 12-17.4-4-11 or had a juvenile adjudication for an act that would be a felony listed in IC 12-17.4-4-11 if committed by an adult.
- (e) The court is not required to order the division of family and children to Conduct a criminal history check under subsection © if the court orders an out-of-home placement to an entity or a facility that is not a residence (as defined in IC 3-5-2-42.5) or that is licensed by the state.

Agreeing to the Protocol established between Law Enforcement Agencies of
Fountain County and the Fountain County Office of ~~Family and Children~~ effective
January 1, 2007. DCS

Neil E. Beck

Veedersburg Town Marshall

1-24-07
DATE

Gene W. Smoebere
Attica Chief of Police

1-24-07
DATE

Kingman Town Marshall

DATE

Jenny Kuecht

Covington Chief of Police

1/24/07
DATE

Cindy Mason

Cindy Mason
Director, Fountain Co. DCS

1/24/07
DATE

Booby Bass
for *D. J. Zell*
Fountain County Sheriff

1/24/07
DATE

Charles Willes
Charles Willes
Hillsboro Town Marshall

1-24-07
DATE

ADMINISTRATIVE GUIDELINES AND PROCEDURES FOR HANDLING CHILD ABUSE AND NEGLECT IN THE ATTICA CONSOLIDATED SCHOOL CORPORATION

The Indiana Juvenile Code requires any individual who has reason to believe that a child is a victim of child abuse or neglect to report to the Child Protection Services IC31-33-5-1,2,3,4. All Attica School Corporation staff is obligated under this law. Any staff member who has reason to believe that a child is a victim of abuse or neglect should notify the principal immediately. The principal also has a duty to report but may delegate the responsibility. When it is decided who should report, the report should be made to the Fountain County Office of the Division of Family and Children, (294-4080). The law also provides penalties for failure to report.

NOTE: If the staff member and the principal do not agree that the situation Warrants contact with the Fountain County Office of the Division of Family and Children, the staff person must still make the report. Failure To report suspected abuse or neglect, when known is a Class B Misdemeanor. IC 31-22-1.

An individual making such a report in good faith is immune from any civil or criminal liability that might otherwise be imposed because of such action. The individual making the report is presumed by law to have acted in good faith. **IC 31-33-6.**

The report should include: name and address of the child, name and address of the child's parents, guardian, or other person responsible for the child's care, the child's age and sex, nature and apparent extent of the child injuries, abuse or neglect, including any evidence of prior injuries of the child, or abuse or neglect of the child or the child's siblings, name of the person allegedly responsible for causing the injury, abuse, or neglect, the source of the report, name of person making the report, and where the person can be reached, the actions taken by the reporting source, including the taking of photographs and x-rays, keeping of the child, notifying of the coroner, and other information that the person making the report believes might be helpful.

Under Indiana Law, IC 31-33-8, the Child Protection Service (CPS) of the Fountain County Office of the Division of Family and Children is required to initiate an appropriately thorough child protection investigation of every report of known or suspected child abuse or neglect which it receives. When the report alleges a child may be a victim of child abuse (as opposed to neglect), **CPS must initiate the investigation within 24 hours of the receipt of the report.** If the report alleges a child may be a victim of neglect, **CPS must initiate the investigation within 5 days.** However, if the immediate safety or well being of a child appears to be endangered, the CPS investigation must be initiated immediately.

PHYSICAL ABUSE is defined as a willful or negligent act against a child (age 18 and younger) by his **parent or caretaker** resulting in the child's physical condition to be seriously impaired or seriously endangered. This includes **bruises, welts, abrasions, burns, fractures, cuts, or gross malnutrition, which** require care, treatment, or rehab.

SEXUAL ABUSE is defined as inappropriate sexual contact with a child. This would include fondling, indecent exposure, intercourse, and deviate sexual conduct, showing pornographic pictures, rape, and sodomy or allowing the child to participate in any of the above.

CHILD NEGLECT is defined as the **chronic failure** of the parent or caretaker to **provide adequately** for the child. Children who are neglected may be malnourished; living in an unsafe environment, receiving inadequate supervision; or kept from attending school. Head lice and lack of immunizations do not meet legal sufficiency of child neglect.

Frequently, the investigation will include an interview with the alleged victim at his/her school during regular school hours. So that such interviews may be conducted with as much predictability, orderliness, and effectiveness as possible, the attached guidelines for Child Protection Service Personnel, law enforcement officers, and school administrators have been developed. (See Attachment 1).

These guidelines are appropriate in terms of the law and in protecting the interest of the child, parents, and school personnel while affording authorities latitudes within which they may discharge their duties.

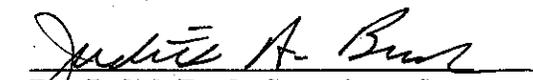
At the conclusion of the interview, the investigative worker/team may determine that protection of the child requires the immediate taking of the child into custody. Although Indiana law provides for a method whereby a child who is alleged to be the victim of abuse may be taken into custody pursuant to a court order, IC 31-34-2-1; it should be recognized by the school administrator that the statutorily described procedure is slow and cumbersome. IC 31-34-2-3 provides that "A child may be taken into custody by any law enforcement officer, probation officer, or case-worker acting with probable cause to believe the child is a child in need of services if: (1) it appears that the child's physical or mental condition will be seriously impaired or seriously endangered if he is not immediately taken into custody; (2) there is no reasonable opportunity to obtain an order of the court, (3) consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child." If a person takes a child into custody under this section, the person shall notify the child's parent, guardian, or custodian not more than two (2) hours after the child has been taken into custody as the result of alleged child abuse or neglect. Parental notification is not the responsibility of school personnel. Nor should school personnel notify a parent or custodian that CPS is coming to interview their child/ ward concerning an abuse or neglect allegation.

that contains any additional information that was not covered in the prior report. **This must include** (the name of the alleged victim of child abuse or neglect, the name of the alleged perpetrator and the alleged perpetrator's relationship to the victim, whether the case is closed, whether information concerning the case has been expunged, the name of any agency to which the alleged victim has been referred, whether the local child protection service has made an investigation of the case and has not taken any further action, whether a substantiated case of child abuse or neglect was informally adjusted, whether the alleged victim was referred to the juvenile court as a child in need of services, whether the alleged victim was returned to the victim's home, whether the alleged victim was placed in residential care outside the victim's home. Whether wardship was established for the alleged victim, whether criminal action is pending or has been brought against the alleged perpetrator, a brief description of any casework plan that has been developed by the child protection service, the caseworker's name and telephone number, and date the report is prepared, and other information that the division of family and children may prescribe.

If the local DCS receives an abuse or neglect report involving a school worker or child care giver, DCS will conduct the investigation according to state policy and state time lines. If the investigation concerning the school employee (child care worker) is going to be substantiated, the local office will follow state policy and notify the child care worker of the intent to substantiate, using the **Notice of Intent to Substantiate**. If after following proper procedure that results in a **Child Care Worker Investigation Review** process and an agreement to uphold the substantiation, the school will be notified within 48 hours of the substantiation by use of the **Notice of Employee Substantiation** form.

NOTE: The reporting and investigating of suspected child abuse and neglect are not discretionary matters; law requires them. It is hoped that the proposed procedural guidelines for the handling of in-school interview of alleged victims will facilitate the cooperative efforts of school administrators, CPS workers, and law enforcement officers to protect the children of the Attica School Corporation.

This protocol is effective **January 1, 2007**


Dr. Judith Bush, Superintendent
Attica Consolidated School Corporation

Cindy Mason, Director
Fountain County Office
Department of Child Services

1-25-07
Date

Date

ADMINISTRATIVE GUIDELINES AND PROCEDURES FOR HANDLING CHILD ABUSE AND NEGLECT IN THE COVINGTON CONSOLIDATED SCHOOL CORPORATION

The Indiana Juvenile Code requires any individual who has reason to believe that a child is a victim of child abuse or neglect to report to the Child Protection Services IC31-33-5-1,2,3,4. All Covington School Corporation staff is obligated under this law. Any staff member who has reason to believe that a child is a victim of abuse or neglect should notify the principal immediately. The principal also has a duty to report but may delegate the responsibility. When it is decided who should report, the report should be made to the Fountain County Office of the Division of Family and Children, (294-4080). The law also provides penalties for failure to report.

NOTE: If the staff member and the principal do not agree that the situation Warrants contact with the Fountain County Office of the Division of Family and Children, the staff person must still make the report. Failure To report suspected abuse or neglect, when known is a Class B Misdemeanor. IC 31-22-1.

An individual making such a report in good faith is immune from any civil or criminal liability that might otherwise be imposed because of such action. The individual making the report is presumed by law to have acted in good faith. **IC 31-33-6.**

The report should include: name and address of the child, name and address of the child's parents, guardian, or other person responsible for the child's care, the child's age and sex, nature and apparent extent of the child injuries, abuse or neglect, including any evidence of prior injuries of the child, or abuse or neglect of the child or the child's siblings, name of the person allegedly responsible for causing the injury, abuse, or neglect, the source of the report, name of person making the report, and where the person can be reached, the actions taken by the reporting source, including the taking of photographs and x-rays, keeping of the child, notifying of the coroner, and other information that the person making the report believes might be helpful.

Under Indiana Law, IC 31-33-8, the Child Protection Service (CPS) of the Fountain County Office of the Division of Family and Children is required to initiate an appropriately thorough child protection investigation of every report of known or suspected child abuse or neglect which it receives. When the report alleges a child may be a victim of child abuse (as opposed to neglect), **CPS must initiate the investigation within 24 hours of the receipt of the report.** If the report alleges a child may be a victim of neglect, **CPS must initiate the investigation within 5 days.** However, if the immediate safety or well being of a child appears to be endangered, the CPS investigation must be initiated immediately.

PHYSICAL ABUSE is defined as a willful or negligent act against a child (age 18 and younger) by his **parent or caretaker** resulting in the child's physical condition to be seriously impaired or seriously endangered. This includes **bruises, welts, abrasions, burns, fractures, cuts, or gross malnutrition, which** require care, treatment, or rehab.

SEXUAL ABUSE is defined as inappropriate sexual contact with a child. This would include fondling, indecent exposure, intercourse, and deviate sexual conduct, showing pornographic pictures, rape, and sodomy or allowing the child to participate in any of the above.

CHILD NEGLECT is defined as the **chronic failure** of the parent or caretaker **to provide adequately** for the child. Children who are neglected may be malnourished; living in an unsafe environment, receiving inadequate supervision; or kept from attending school. Head lice and lack of immunizations do not meet legal sufficiency of child neglect.

Frequently, the investigation will include an interview with the alleged victim at his/her school during regular school hours. So that such interviews may be conducted with as much predictability, orderliness, and effectiveness as possible, the attached guidelines for Child Protection Service Personnel, law enforcement officers, and school administrators have been developed. (See Attachment 1).

These guidelines are appropriate in terms of the law and in protecting the interest of the child, parents, and school personnel while affording authorities latitudes within which they may discharge their duties.

At the conclusion of the interview, the investigative worker/team may determine that protection of the child requires the immediate taking of the child into custody. Although Indiana law provides for a method whereby a child who is alleged to be the victim of abuse may be taken into custody pursuant to a court order, IC 31-34-2-1; it should be recognized by the school administrator that the statutorily described procedure is slow and cumbersome. IC 31-34-2-3 provides that "A child may be taken into custody by any law enforcement officer, probation officer, or case-worker acting with probable cause to believe the child is a child in need of services if: (1) it appears that the child's physical or mental condition will be seriously impaired or seriously endangered if he is not immediately taken into custody; (2) there is no reasonable opportunity to obtain an order of the court, (3) consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child." If a person takes a child into custody under this section, the person shall notify the child's parent, guardian, or custodian not more than two (2) hours after the child has been taken into custody as the result of alleged child abuse or neglect. Parental notification is not the responsibility of school personnel. Nor should school personnel notify a parent or custodian that CPS is coming to interview their child/ ward concerning an abuse or neglect allegation.

given at the time of the report. **Ninety (90) days** after the date the local child protection service receives a report of suspected child abuse or neglect, the service will send a report that contains any additional information that was not covered in the prior report. **This must include** (the name of the alleged victim of child abuse or neglect, the name of the alleged perpetrator and the alleged perpetrator's relationship to the victim, whether the case is closed, whether information concerning the case has been expunged, the name of any agency to which the alleged victim has been referred, whether the local child protection service has made an investigation of the case and has not taken any further action, whether a substantiated case of child abuse or neglect was informally adjusted, whether the alleged victim was referred to the juvenile court as a child in need of services, whether the alleged victim was returned to the victim's home, whether the alleged victim was placed in residential care outside the victim's home. Whether wardship was established for the alleged victim, whether criminal action is pending or has been brought against the alleged perpetrator, a brief description of any casework plan that has been developed by the child protection service, the caseworker's name and telephone number, and date the report is prepared, and other information that the division of family and children may prescribe.

If the local DCS receives an abuse or neglect report involving a school worker or child care giver, DCS will conduct the investigation according to state policy and state time lines. If the investigation concerning the school employee (child care worker) is going to be substantiated, the local office will follow state policy and notify the child care worker of the intent to substantiate, using the **Notice of Intent to Substantiate**. If after following proper procedure that results in a **Child Care Worker Investigation Review** process and an agreement to uphold the substantiation, the school will be notified within 48 hours of the substantiation by use of the **Notice of Employee Substantiation** form

NOTE: The reporting and investigating of suspected child abuse and neglect are not discretionary matters; law requires them. It is hoped that the proposed procedural guidelines for the handling of in-school interview of alleged victims will facilitate the cooperative efforts of school administrators, CPS workers, and law enforcement officers to protect the children of the Covington School Corporation.

This protocol is effective **January 1, 2007**.



Mr. Nate Evans, Superintendent
Covington Consolidated School Corporation



Cindy Mason, Director
Fountain County Office
Department of Child Services

1/24/07
Date

1/23/07
Date

ADMINISTRATIVE GUIDELINES AND PROCEDURES FOR HANDLING CHILD ABUSE AND NEGLECT IN THE SOUTHEAST FOUNTAIN SCHOOL CORPORATION

The Indiana Juvenile Code requires any individual who has reason to believe that a child is a victim of child abuse or neglect to report to the Child Protection Services IC31-33-5-1,2,3,4. All Southeast Fountain School Corporation staff is obligated under this law. Any staff member who has reason to believe that a child is a victim of abuse or neglect should notify the principal immediately. The principal also has a duty to report but may delegate the responsibility. When it is decided who should report, the report should be made to the Fountain County Office of the Division of Family and Children, (294-4080). The law also provides penalties for failure to report.

NOTE: If the staff member and the principal do not agree that the situation warrants contact with the Fountain County Office of the Division of Family and Children, the staff person must still make the report. Failure To report suspected abuse or neglect, when known is a Class B Misdemeanor. IC 31-22-1.

An individual making such a report in good faith is immune from any civil or criminal liability that might otherwise be imposed because of such action. The individual making the report is presumed by law to have acted in good faith. IC 31-33-6.

The report should include: name and address of the child, name and address of the child's parents, guardian, or other person responsible for the child's care, the child's age and sex, nature and apparent extent of the child injuries, abuse or neglect, including any evidence of prior injuries of the child, or abuse or neglect of the child or the child's siblings, name of the person allegedly responsible for causing the injury, abuse, or neglect, the source of the report, name of person making the report, and where the person can be reached, the actions taken by the reporting source, including the taking of photographs and x-rays, keeping of the child, notifying of the coroner, and other information that the person making the report believes might be helpful.

Under Indiana Law, IC 31-33-8, the Child Protection Service (CPS) of the Fountain County Office of the Division of Family and Children is required to initiate an appropriately thorough child protection investigation of every report of known or suspected child abuse or neglect which it receives. When the report alleges a child may be a **victim of child abuse** (as opposed to neglect), **CPS must initiate the investigation within 24 hours of the receipt of the report.** If the report alleges a child may be a **victim of neglect**, **CPS must initiate the investigation within 5 days.** However, if the **immediate safety or well being of a child appears to be endangered, the CPS investigation must be initiated immediately.**

PHYSICAL ABUSE is defined as a willful or negligent act against a child (age 18 and younger) by his **parent or caretaker** resulting in the child's physical condition to be seriously impaired or seriously endangered. This includes **bruises, welts, abrasions, burns, fractures, cuts, or gross malnutrition, which** require care, treatment, or rehab.

SEXUAL ABUSE is defined as inappropriate sexual contact with a child. This would include fondling, indecent exposure, intercourse, and deviate sexual conduct, showing pornographic pictures, rape, and sodomy or allowing the child to participate in any of the above.

CHILD NEGLECT is defined as the **chronic failure** of the parent or caretaker **to provide adequately** for the child. Children who are neglected may be malnourished; living in an unsafe environment, receiving inadequate supervision; or kept from attending school. Head lice and lack of immunizations do not meet legal sufficiency of child neglect.

Frequently, the investigation will include an interview with the alleged victim at his/her school during regular school hours. So that such interviews may be conducted with as much predictability, orderliness, and effectiveness as possible, the attached guidelines for Child Protection Service Personnel, law enforcement officers, and school administrators have been developed. (See Attachment 1).

These guidelines are appropriate in terms of the law and in protecting the interest of the child, parents, and school personnel while affording authorities latitudes within which they may discharge their duties.

At the conclusion of the interview, the investigative worker/team may determine that protection of the child requires the immediate taking of the child into custody. Although Indiana law provides for a method whereby a child who is alleged to be the victim of abuse may be taken into custody pursuant to a court order, IC 31-34-2-1; it should be recognized by the school administrator that the statutorily described procedure is slow and cumbersome. IC 31-34-2-3 provides that "A child may be taken into custody by any law enforcement officer, probation officer, or case-worker acting with probable cause to believe the child is a child in need of services if: (1) it appears that the child's physical or mental condition will be seriously impaired or seriously endangered if he is not immediately taken into custody; (2) there is no reasonable opportunity to obtain an order of the court, (3) consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child." If a person takes a child into custody under this section, the person shall notify the child's parent, guardian, or custodian not more than two (2) hours after the child has been taken into custody as the result of alleged child abuse or neglect. Parental notification is not the responsibility of school personnel. Nor should school personnel notify a parent or custodian that CPS is coming to interview their child/ ward concerning an abuse or neglect allegation.

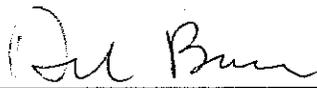
If the local child protection service receives a report of suspected child abuse or neglect from the school...**the local child protection service shall send a report to the principal of the school within thirty (30) days.** This report will contain the information given at the time of the report. **Ninety (90) days** after the date the local child protection service receives a report of suspected child abuse or neglect, the service will send a report

that contains any additional information that was not covered in the prior report. **This must include** (the name of the alleged victim of child abuse or neglect, the name of the alleged perpetrator and the alleged perpetrator's relationship to the victim, whether the case is closed, whether information concerning the case has been expunged, the name of any agency to which the alleged victim has been referred, whether the local child protection service has made an investigation of the case and has not taken any further action, whether a substantiated case of child abuse or neglect was informally adjusted, whether the alleged victim was referred to the juvenile court as a child in need of services, whether the alleged victim was returned to the victim's home, whether the alleged victim was placed in residential care outside the victim's home. Whether wardship was established for the alleged victim, whether criminal action is pending or has been brought against the alleged perpetrator, a brief description of any casework plan that has been developed by the child protection service, the caseworker's name and telephone number, and date the report is prepared, and other information that the division of family and children may prescribe.

If the local DCS receives an abuse or neglect report involving a school worker or child care giver, DCS will conduct the investigation according to state policy and state time lines. If the investigation concerning the school employee (child care worker) is going to be substantiated, the local office will follow state policy and notify the child care worker of the intent to substantiate, using the **Notice of Intent to Substantiate**. If after following proper procedure that results in a **Child Care Worker Investigation Review** process and an agreement to uphold the substantiation, the school will be notified within 48 hours of the substantiation by use of the **Notice of Employee Substantiation** form

NOTE: The reporting and investigating of suspected child abuse and neglect are not discretionary matters; law requires them. It is hoped that the proposed procedural guidelines for the handling of in-school interview of alleged victims will facilitate the cooperative efforts of school administrators, CPS workers, and law enforcement officers to protect the children of the Southeast Fountain School Corporation.

This protocol is effective **January 1, 2007**



Dr. Debra Barnes, Superintendent
Southeast Fountain Consolidated School Corporation



Cindy Mason, Director
Fountain County Office
Department of Child Services

1-25-07
Date

1/25/07
Date

**PROTOCOL BETWEEN FOUNTAIN COUNTY OFFICE OF
DEPARTMENT OF CHILD SERVICES
AND
FOUNTAIN COUNTY PROSECUTOR**

In compliance with HEA 1650 and [IC31-33-2-4, IC 31-33-7-5, IC 31-33-8-5, IC 31-33-8-9]

- 1. The Child Protection Service worker shall forward all substantiated reports of abuse and/or neglect to the Prosecutor.**
- 2. A copy of all reports of abuse and neglect shall be forwarded immediately by the Child Protection Service worker to the Prosecutor when written request for the copy has been made to the Service by the Prosecutor.**
- 3. The Child Protection Service's report shall be made available to the appropriate Court, the Prosecutor, or the appropriate law enforcement agency upon request.**
- 4. The Protocols established between Fountain County Law Enforcement and the Fountain County Office of Department of Child Services are acknowledged and endorsed by the Fountain County Prosecutor.**
- 5. IC 31-33-17-1**
Sec.1. The Department of Child Services shall establish and maintain a centralized, computerized child abuse registry...

IC31-33-17-2

Sec.2. The division of family and children shall enter a substantiated report into the registry only if at least one (1) of the following applies:

- (1) An arrest of the alleged perpetrator of the child abuse or neglect is made.**
- (2) Criminal charges are filed in state or federal court against the alleged perpetrator of child abuse or neglect.**
- (3) A court determines that a child is a child in need of services based on a report of child abuse or neglect.**
- (4) A court approves a program of informal adjustment relating to the child abuse or neglect report under IC 31-34-8.**
- (5) A person does not substantially comply with the terms of a services referral agreement under IC 31-33-13.**

IC31-33-17-6

Sec.6. Upon request, a person or an organization may have access to information contained in the registry as follows:

- (1) A law enforcement agency or local child protective service may have access to a **substantiated** report.

IC 31-33-17-8

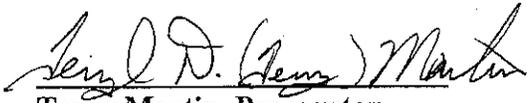
Sec. 8. (a) This section does not apply to substantiated cases if a court determines that a child is child in need of services based on a report of child abuse or neglect.

(b) Not later than thirty (30) days after the DCS enters a substantiated report into the registry, the division of family and children shall notify:

- (1) the parent, guardian, or custodian of the child who is named in the report as the victim of the child abuse or neglect; and
- (2) the alleged perpetrator, if other than the child's parent guardian, or custodian named in the report under IC31-33-5-4

(c) The division of family and children shall state the following in a notice to an alleged perpetrator of substantiated report under subsection (b):

- (1) **The report has been classified as substantiated.**
- (2) The alleged perpetrator may request that a substantiated report be amended or expunged at an administrative hearing if the alleged perpetrator does not agree with the classification of the report unless a court is in the process of making a determination described in IC 31-33-19.


Terry Martin, Prosecutor
Fountain County


Cindy Mason, Director
Fountain County Office of
Department of Child Services

1/24/07
Date

1/24/07
Date

**PROTOCOL BETWEEN ST. VINCENT HOSPITAL-
WILLIAMSPORT AND THE FOUNTAIN COUNTY OFFICE OF
DEPARTMENT OF CHILD SERVICES**

In accordance with IC31-33-5, IC31-33-6, IC 31-33-10, IC 31-33-11, IC 31-33-7 St. Vincent Hospital - Williamsport and the Fountain County Office of Department of Child Services agree to the following protocol:

ST. VINCENT - WILLIAMSPORT HOSPITAL

Hospital staff shall immediately report any suspected child abuse or child neglect to the individual in charge of the facility or the designated agent of the individual in charge of the facility. This individual shall report or cause a report to be made to the Fountain County Office of Department of Child Services for those suspected victims living in Fountain County or for those children who were allegedly victimized in Fountain County. The individual who has a duty to report that a child may be the victim shall immediately make an oral report to the Fountain County Office of Department of Child Services.

The report should include: name and address of the child, name and address of the child's parents, guardian, custodian, or other person responsible for the child's care, child's age and sex, nature and apparent extent of the child's injuries, abuse or neglect, including any evidence of prior injuries of the child or abuse or neglect of the child or the child's siblings, name of the person allegedly responsible for causing the injury, abuse, or neglect, the source of the report, name of person making the report and where the person can be reached, the actions taken by the reporting source, including the taking of photographs and x-rays, keeping of the child, notifying of the coroner, and other information that the person making the report believes might be helpful.

Staff are immune from any civil or criminal liability (unless the person acted maliciously or in bad faith.)

Failure to report suspected abuse or neglect, when known, is a Class B Misdemeanor

It is the duty of the hospital to examine, photograph and X-ray a child who is the subject of a child abuse or neglect report. All photographs taken and a summary of x-rays and other medical care shall be sent to the Fountain County Office of Department of Child Services at the time the written report is sent or as soon thereafter as possible.

St. Vincent-Williamsport Hospital shall not release any child who is the subject of an investigation by the Fountain County Office of Department of Child Services for reported child abuse or neglect. The hospital will release the child only after

receiving authorization to do so from the Fountain County Office of Department of Child Services.

FOUNTAIN COUNTY OFFICE OF DEPARTMENT OF CHILD SERVICES

The Fountain County Office of Department of Child Services will receive all child abuse and neglect reports twenty-four (24) hours a day, seven (7) days a week. Monday through Friday, 8:00 A.M. - 4:30 P.M. calls will be received at (765) 294-4080. After hour calls and weekend calls are to be made to (765) 762-2449 or 911.

The Fountain County Office of Department of Child Services shall make a written report of a child who may be a victim of child abuse or neglect not later than forty-eight (48) hours after receipt of the oral report. This report will be sent to the administrator of the hospital within thirty (30) days after the receipt of this report. Within ninety (90) days of the receipt of a report, the Fountain County OFC will send a report that contains any additional information to the hospital administrator. The report must contain the following information: name of the alleged victim of child abuse or neglect, name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim, whether the case is closed, whether information concerning the case has been expunged, the name of any agency to which the alleged victim has been referred, whether Fountain County DCS has made an investigation of the case and has not taken any further action. Whether a substantiated case of a child abuse or neglect was informally adjusted, whether the alleged victim was referred to the juvenile court as a child in need of services, whether the alleged victim was returned to the victim's home, whether the alleged victim was placed in residential care outside the victim's home, whether a wardship was established for the alleged victim, whether criminal action is pending or has been brought against the alleged perpetrator, brief description of any casework plan that has been developed by the child protection service, caseworker's name and telephone number, date report is prepared, other information that may be prescribed.

Fountain County Office of Department of Child Services shall initiate within one (1) hour an immediate onsite investigation if there is reason to believe that the child is in imminent danger. Investigations of reports of alleged child abuse shall be initiated immediately, but not later than twenty-four (24) hours after receipt of the report. Reports of alleged child neglect shall be investigated within a reasonably prompt time, but not later than five (5) days.

The Fountain County Office of Department of Child Services shall reimburse the reasonable cost of photographs, e-rays, or physical medical examinations.

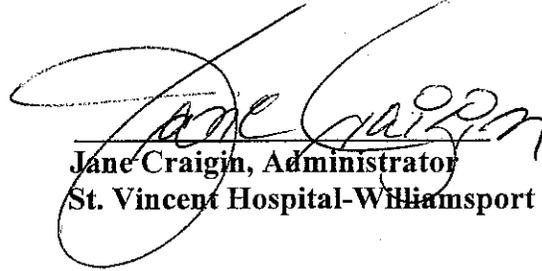
The Fountain County Office of Department of Child Services will fax an authorization to St. Vincent – Williamsport Hospital indicating that the hospital may release a child that has been the subject of an abuse or neglect investigation.

The Fountain County Office of Department of Child Services shall pay the expenses of an extended hospital stay that is the result of the child not being released because of an alleged child abuse or neglect report ONLY when there is NO individual or third party payer responsible financially for the hospital stay of the child.

Entered into this 25th day of January, 2007 by the Fountain County Office of Department of Child Services and St. Vincent Hospital-Williamsport.



Cindy Mason, Director
Fountain County DCS



Jane Craigin, Administrator
St. Vincent Hospital-Williamsport

HOSPITAL LIAISON INFORMATION

1. Name of Hospital: St. Vincent Williamsport Hospital
2. Address: 412 North Monroe Street, IN 47993
3. Name of Hospital Liaison: Trina Marlatt
4. Title: Director of Patient Care
5. Telephone: (765)762-4036
6. Has your hospital established a policy and/or guidelines concerning the withholding of medically indicated treatment from disabled infants with life-threatening conditions? Yes ___ NO XX . If yes, please attach a copy of this information. If no policies or guidelines have been developed, do you plan to do so? Yes ___ No XX .
7. Has your hospital established a review system, such as an Infant Care Review Committee? Yes ___ No XX. If yes and guidelines have been developed for this committee, please attach.

**St. Vincent Williamsport Hospital
Williamsport, Indiana**

Policies & Procedures	Subject: Child Abuse	P & P Number: AD. 100.14
Originating Department: Administration	Date Issued: 10/99 Date Revised: Date Reviewed: 11/01, 5/03, 11/04	Effective Date: 11/01

POLICY:

In the spirit of caring and understanding and in accordance with the Core Values of Reverence, intervention is directed toward assuring the protection of vulnerable children who may be victims of abuse and/or neglect. It is important to provide wholistic services to the family in a non-judgmental or non-critical atmosphere, bearing in mind the abusive/neglective individuals is also in need of our services and support.

1. Child abuse or neglect is defined in I.C. 31-6-4-3 (a) 1-6 as a child under eighteen years of age.
 - 1.1 (Whose) physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of his/her parent, guardian, or custodian to supply (him) with necessary food, clothing, shelter, medical care, education or supervision;
 - 1.2 (Whose) physical or mental health is seriously endangered due to injury by the act or omission of his/her parent, guardian, or custodian;
 - 1.3 (Who) is the victim of rape, criminal deviate conduct, public indecency, indecent exposure, prostitution, child exploitation, incest, or child molestation (which includes statutory rape, where consent is not a defense, of a child 12 or older but under 16 by his/her parent, guardian or custodian or statutory rape of a child under 16 by anyone);
 - 1.4 (Whose) parent, guardian or custodian allows him to participate in an obscene performance as defined by I.C. 35-49-2-2 (Matter or performance harmful to minors) or I.C. 35-49-3-2 (Obscene performance depicting or describing sexual conduct involving a child under 16 years of age);
 - 1.5 (Whose) parent, guardian or custodian allows him to commit an act of public indecency, indecent exposure, prostitution, patronizing a prostitute, promoting prostitution or voyeurism;
 - 1.6 (Who) is handicapped child and deprived of nutrition that is necessary to sustain life or is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life-threatening medical condition, if the nutrition or medical or surgical intervention is generally provided to similarly handicapped or non-handicapped children.

2. IC 31-6-11-3 of the Child Abuse Act makes mandatory the reporting of suspected child abuse or neglect and provides for investigation and court action by county authorities on behalf of the child. This act provides for the protection of a child believed to have sustained physical injury by other than accidental means from those responsible of the child's care or a child neglected by the person having custody by having life or health endangered or abandoned or cruelly confined or deprived of education or necessary support or permitted to participate in unlawful actions.

3. Although it is expected that all Hospital associates, members of the medical staff and other health care providers will use discretion in dealing with a situation involving possible child abuse or

neglect, it must be clearly understood that the Child Abuse Act makes it mandatory for one who "has reason to believe" that a child is a victim of child abuse or neglect to immediately make an oral report of such abuse or neglect or suspicion of same. The individual making the report must notify the designated individual for off-site locations of the suspected or actual abuse or neglect, in accordance with I.C. 31-6-1-3 (b). Willful failure to make said report will subject said individual to a criminal misdemeanor charge against him. However, said individual's immediate reporting of said suspicion to the above designees, will satisfy said individual's duty under the Child Abuse Act unless the Hospital fails to make said report, in which latter instance both the individual and the Hospital System could be charged with a Class B misdemeanor.

4. All individuals making a report of suspected child abuse or neglect shall immunity from any civil or criminal liability, providing said report was not made maliciously or in bad faith. Under I.C. 31-6-11-7, good faith in reporting is presumed.
5. When a patient under eighteen (18) years of age receiving care at the Hospital is suspected by any individual to have been abused or neglected, such individual must initiate without delay the reporting procedures outlined below.
6. Reporting Procedure:
 - 6.1 Any associate or member of the Hospital's medical staff suspecting child abuse or neglect relative to a child patient entering the Hospital system on either an inpatient or outpatient basis shall notify the charge nurse of the area and the patient's attending physician or the appropriate designee (for off-site areas) of such suspicion.
 - 6.2 In cases of obvious abuse or neglect, the charge nurse, or appropriate designee at off-site areas will make the oral report to the local Child Protection Division of the Department of Public Welfare immediately as required by I.C. 31-6-11-4, as well as the county of residence, if different.
 - 6.3 If "reason to believe" is unclear, i.e., in questionable cases, presentation of the information (evidence) will be made to the Director of Nursing, primary Medical Doctor and those designated persons will then review the case. "Reason to believe", according to the statute, and means evidence which, if presented to individuals of similar background and training, and would cause those individuals to believe that a child was abused or neglected. If suspicion exists following consultation with the designated persons CPS will be immediately notified.
 - 6.4 Photographs are required to be taken of the areas of trauma visible on said child, in accordance with the Child Abuse Act. This may be accomplished through one of the two following procedures:
 - 6.4.1 Whenever possible, the local law enforcement agency will be requested by the charge nurse or appropriate designee for off-site areas, to take appropriate photographs.
 - 6.4.2 The Hospital may also take such appropriate photographs as soon as possible. Any photographs taken should be signed, witnessed and dated. The child's name and date of birth should also be on the picture. 35 millimeter photographs should be taken whenever possible. A Polaroid camera should be used only when there is no other alternative.

6.5 All necessary provisions safeguarding the confidentiality of the patient will be in place with regard to the processing of any such photographs.

6.6 In addition, the physician should draw a picture of what he/she sees, designating the size of bruises, cuts, burns, the color of such, etc. This information is helpful in the event that there is a court case. In the event, in all cases of abuse, charge nurse, or the appropriate designee at off-site areas will ensure that appropriate photographs have been taken and forwarded to the appropriate child protection service or county welfare department. Negatives of such photographs must be filed in Medical Record Area or in a secured area in off-site areas.

7. Admission to Hospital Procedure:

7.1 In cases where the child is considered to be at risk of further injury to life and limb, the child should be admitted to the Hospital. The Hospital charge nurse shall call the appropriate law enforcement agency to have them place the child under temporary protective custody and shall call the Child Protection Service in the child's home county to notify them of the admission.

7.2 If no inpatient medical treatment is necessary, the law enforcement representative may take custody of the child for direct placement, such as to the county guardians' home or to foster placement.

7.3 The private physician will admit the child into the Hospital for medical observation and/or treatments, using the standard consent procedures. Should the parent or responsible party refuse to consent to the admission of the child and the decision to file a report to Child Protective Service, the parent or responsible party must be informed by the appropriate physician that the Hospital cannot release the child without written or witnessed telephone authorization by the Child Protection Service of the county of the child's residence. In addition, the physician will inform the parent or guardian that permission will be granted by the Child Protection Service or law enforcement agency to treat the child without the parent's consent.

8. Further Actions, Including Documentation, Discharge Procedures and Court Order for Release:

8.1 The Hospital Discharge Planner is responsible for the supervision of the discharge of the child. The Discharge Planner will inform the responsible administrative, nursing and medical personnel of the disposition of the case.

8.2 If returned to parents/guardian after hospitalization, Child Protection Service caseworker, or supervisor must Fax or present release information to the hospital. The Discharge Planner advises the attending physician and places the form on the patient's chart.

8.3 If the child is not to be released to the parents, a court order must be presented directing custody of the child. A copy of the court order must be placed in the child's medical record.

8.4 If by court order the child is released to the Child Welfare Division of the appropriate county welfare department, then the representative to whom the child is released must present professional credentials (i.e., the appropriate welfare department identification card) and the court order to the Hospital Discharge Planning acting in the case.

8.5 The Hospital Discharge Planner will then accompany the representative of the welfare department to the nursing unit in order to facilitate the actual transfer of custody.

- 8.6 I.C. 31-6-11-6 (c) requires that all photographs taken and a summary of x-rays and other medical care shall be sent to the local Child Protection Service or county Departments of Family and Children (for non-residents of Warren County) as soon thereafter as possible.
- 8.7 A statement of reasonable costs of photographs, x-rays, and other medical care may be sent to the local child protection service soon as possible.
- 8.8 All off-site venues can utilize the Utilization Review/Discharge Planning Department, or the Emergency Department for consultation. Each venue also have an identified protocol and designee to handle these situations.

**St. Vincent Williamsport Hospital
Williamsport, Indiana**

Policies & Procedures	Subject: Domestic Violence/ Partner Abuse	P & P Number: AD. 100.27
Originating Department: Administration	Date Issued: 10/99 Date Revised: Date Reviewed: 11/01, 5/03, 11/04	Effective Date: 11/01

POLICY:

In the spirit of caring and understanding and in accordance with the Core Values of Respect and Quality Service, the care of victims of abuse or domestic violence is directed towards assuring appropriate treatment and protection of the patient and family. St. Vincent associates will provide treatment and individualized care to the victims/families of domestic violence in a non-judgmental and non-critical atmosphere. Discharge Planning and Pastoral Care are available for immediate support.

"Domestic violence" refers to violent acts occurring between partners in an ongoing relationship, regardless of marital status. Many of these behaviors may be legally defined as battery/battering.

PROCEDURE:

1. For further information and resources, please refer to the complete Child Abuse Policy AD 100.14.
2. Any individual presenting to a facility should be screened as a possible victim. Women are at the highest risk for domestic violence and are typically:
 - 2.1 between the ages of 17 and 28 years;
 - 2.2 single;
 - 2.3 separated or divorced (planning a separation or divorce);
 - 2.4 abuse alcohol or drugs (or whose partners do);
 - 2.5 involved with partners who are excessively jealous or possessive.
3. Legal Reporting of Domestic Violence/Partner Abuse:
 - 3.1 The State of Indiana has no mandatory reporting laws for partners/spouse abuse. However, if injuries are a result of a gunshot or knife wound, the incident is reported to the local law enforcement agency.
 - 3.2 If child abuse or endangered adult abuse is also involved in a domestic violence situation, these incidents must be reported in accordance with the applicable Hospital Policies and Procedures and the respective protocols.
4. Assessment will include an interview with the patient, a history and mechanism of injury and a physical examination, in accordance with the previously referred to protocol.
5. Documentation will include the patient's description of what happened (in their own words), objective feelings and a completed body map and photographs if taken.
6. Hospital admission should be considered if the potential for continuing injury exists if the patient were to be discharged.

7. Provide resource and referral information to the patient, including:
 - 7.1 Information relating to safe accommodations;
 - 7.2 Education on the cycle of violence;
 - 7.3 An offer of medical record release to the Prosecutor's Office (appropriate County);
 - 7.4 An offer of resources for counseling or treatment options.

**St. Vincent Williamsport Hospital
Williamsport, Indiana**

Policies & Procedures	Subject: Abandoned Infant Protocol	P & P Number: AD 100.01
Originating Department: Administrative	Date Issued: 6-00 Date Revised: Date Reviewed: 11/01, 05/03, 10/04	Effective Date: 11/01

The Core Values act as underlying principles followed by St. Vincent Williamsport. Service of the Poor demonstrates our generosity of spirit, especially for persons in need. Integrity inspires trust through personal leadership. Wisdom requires integrating excellence and stewardship. When we revere life we act with deep respect and compassion for the dignity and diversity of all life. Creativity takes courage and stamina to carry out the future. Dedication to the mission inspires us to accept responsibility and accountability for our actions in providing care for an abandoned infant.

Policy

The definition of abandoned infant in section 1.1C 31-9-2--.5 was amended to state that an abandoned infant is a child who is or who appears to be not more than thirty days of age and whose parent has knowingly or intentionally left the child with an Emergency services provider and who did not express an intent to return for the child.

PROCEDURE

Any associate or member of the hospital medical staff who finds or in any way receives a child that appears to have been abandoned is to take the following steps:

1. Attempt to obtain the name of the person who is "handing in" the child.
2. Contact the charge person in their work area to contact the administrator on duty.
3. Take the child to the emergency department physician for examination.
4. Contact the Department of Child Protective Services and the police to report the Incident and arrange for the child's care.

Fountain County DCS Protocol for EMS Providers Taking Custody of Abandoned Infants

Emergency Medical Provider Responsibilities

1. An emergency medical services (EMS) provider will, without court order, take custody of a child who is, or who appears to be, not more than thirty (30) days of age if:
 - (a) The child is voluntarily left with the provider by the child's parent, guardian or custodian AND
 - (b) The parent does not express an intent to return for the child
2. The EMS provider will perform any act necessary to protect the child's physical health or safety and to obtain as much information as possible under the circumstances regarding medical history, identity and circumstances of the abandonment.
3. Immediately after an EMS provider takes custody of an abandoned infant, the EMS provider will contact the Fountain County Child Protection Service by calling the child abuse hotline to report that they have taken custody of an abandoned infant

The EMS provider will call the professional hotline at 294-4080 during office hours of 8:00a.m. to 4:30 p.m.

The EMS provider will call 762-2449 after office hours and on weekends and holidays

Child Protection Service Responsibilities

1. Upon receipt of an abandoned infant report from an EMS provider, the Family Case Manager will do the following:
 - a) During office hours: The screener will immediately notify Cindy Mason or the supervisor of child welfare. Cindy Will immediately assign the case for investigation. CPS will assume the care, control and custody of the child immediately after receiving the report of an abandoned infant. The Family Case Manager will take immediate custody of the child from the EMS provider at the provider's location and deliver the child to the caretaker selected and approved by CPS.
 - b) After office hours: The on call schedule is posted at the Sheriff's Department. The Family Case Manager on call will be immediately notified. The Family Case Manager will immediately notify the Director or the Child Welfare Supervisor. The Family Case Manager will make the necessary arrangements to take custody of and find suitable placement for the child.

2. The Family Case Manager will notify the Local Office Attorney that a CHINS petition needs to be prepared on an abandoned infant from an EMS provider. The attorney will then request the Juvenile Court to do the following:
 - a) Authorize the filing of a CHINS petition
 - b) Assure that the detention hearing and initial hearing are held concurrently
 - c) Hold an initial hearing under IC 31-34-10 no later than the next business day after the child is taken into custody. If the Juvenile Court is unavailable to hold initial hearing within the next business day, the hearing is not to be held any later than 3 days after child is taken into custody.

3. The Family Case Manager is required to notify the EMS provider of the initial hearing for the abandoned infant. The EMS provider is strongly encouraged to attend the proceeding as a witness to the actual abandonment.

4. The Family Case Manager will notify the EMS provider, in addition to parties identified under IC 31-34—21-4, 10 days in advance of a case review hearing and a termination of parental rights hearing involving the abandoned infant.

Additional information to remember:

- A baby left with an EMS provider per this statute is a defense against prosecution; therefore, these cases will not be assigned to law enforcement. The role of CPS is to place the infant in a safe environment and to file a CHINS petition. Once a CPS report is accepted it may be shared with law enforcement.
- Do not attempt to pressure the parent, guardian or custodian for information about their identity. Explain to this person that information about medical history, age and any significant event to the baby is important for the medical safety of the baby. Obtain as much information without causing them to flee.
- The Juvenile Court can waive the requirement for reasonable efforts because of rebuttable presumption that it is not in the best interest of the child, which will expedite permanency

The following emergency services providers and the Fountain County OFC agrees to abide by this protocol.

<i>Viviana McQueen</i>	<i>Fountain Co. Amb.</i>	<i>1-24-07</i>
NAME	AGENCY	DATE
<i>Cindy Mason</i>	<i>Fountain County DCS</i>	<i>1-24-07</i>
NAME	AGENCY	DATE

**PROTOCOL BETWEEN THE FOUNTAIN COUNTY CORONER
AND THE FOUNTAIN COUNTY OFFICE OF
DEPARTMENT OF CHILD SERVICES**

The Fountain County Coroner and the Fountain County Office of department of Child Services to be effective January 1, 2005, based on IC31-33-7-4, IC31-33-7-5, IC31-33-7-6, IC31-33-18-2, establish this protocol.

Whenever a suspicious child fatality occurs, the Fountain County Coroner and the Fountain County Office of DCS will make immediate telephone contact to assure that both agencies are aware of the death. The County DCS will complete a written report; make a copy available to the coroner. After an investigation, the coroner will submit any findings to the appropriate law enforcement agency, the prosecutor, the local OFC, and to a hospital, if the hospital made the referral. The Fountain County DCS's written report of the investigation, (311), will be made available to the coroner.

Suspicious child fatalities include, but are not limited to the following:

- Homicide with an alleged perpetrator in a caregiver role
- Accidental death where questions of caregiver negligence are raised
- Natural death (including SIDS) where the condition of the body or the autopsy suggests abuse or neglect
- Suicide, if abuse or neglect may be a contributing cause
- Death from undetermined or no definite cause
- Death of a child being supervised by the Office of Department of Child Services, either as a Child in Need of Services or by Informal Adjustment or by a Services Referral Agreement.

Entered into this 25th day of January, 2007 between the Fountain County Office of Department of Child Services and the Fountain County Coroner.



Cindy Mason, Director
Fountain County DCS



Tim Shumaker
Fountain County Coroner

**Protocol between Fountain County Department of Child Services
and Law Enforcement Agencies for Fountain County**

Pursuant to IC 31-33-8-2 and 8-9, the local office of the Indiana Department of Child Services (DCS) must make information on reported child abuse and neglect available to local Law Enforcement Agencies when a joint investigation of abuse or neglect is needed.

~~There are options for the delivery of this reported information. Delivery may be:~~

as a soft copy, via electronic means, i.e. email

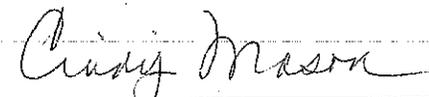
as a hard copy, sent via facsimile (FAX)

as a hard copy, hand delivered by DCS staff members (an itemized list will be attached with a signature line to verify receipt of reports)

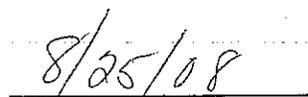
By marking an above option, the Law Enforcement Agency and the Fountain County Department of Child Services agrees to use that specified delivery option.

DCS will need to make the information available to law enforcement as immediately as is possible, so that investigations are not prolonged unnecessarily, waiting upon information.

Agreement with this protocol is acknowledged by signatures below and is effective upon the dates of the signatures.



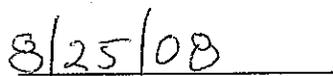
Fountain County Director, DCS



Date



Fountain County Law Enforcement Agency



Date

**Protocol between Fountain County Department of Child Services
and Law Enforcement Agencies for Fountain County**

Pursuant to IC 31-33-8-2 and 8-9, the local office of the Indiana Department of Child Services (DCS) must make information on reported child abuse and neglect available to local Law Enforcement Agencies when a joint investigation of abuse or neglect is needed.

~~There are options for the delivery of this reported information. Delivery may be:~~

as a soft copy, via electronic means, i.e. email

as a hard copy, sent via facsimile (FAX)

as a hard copy, hand delivered by DCS staff members (an itemized list will be attached with a signature line to verify receipt of reports)

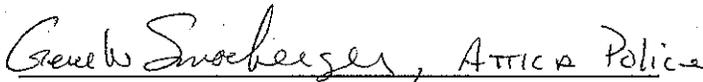
By marking an above option, the Law Enforcement Agency and the Fountain County Department of Child Services agrees to use that specified delivery option.

DCS will need to make the information available to law enforcement as immediately as is possible, so that investigations are not prolonged unnecessarily, waiting upon information.

Agreement with this protocol is acknowledged by signatures below and is effective upon the dates of the signatures.


Fountain County Director, DCS

8/26/08
Date

 , At-Large Police
Fountain County Law Enforcement Agency

8-26-08
Date

Protocol between Fountain County Department of Child Services
and the Prosecutor for Fountain County

Pursuant to IC 31-33-8-5, the local office of the Indiana Department of Child Services (DCS) must deliver to the County Prosecutor all substantiated investigations of child abuse or neglect.

There are options for the delivery of the substantiated investigations. They may be delivered:

as a soft copy, via electronic means, i.e. email

as a hard copy, sent via the United States Postal Service (an itemized list will be attached with a signature line to verify receipt of substantiated reports to be faxed or mailed back to DCS).

as a hard copy, hand delivered by DCS staff members (an itemized list will be attached with a signature line to verify receipt of substantiated reports)

By marking an above option, the Fountain County Prosecutor and the Fountain County Department of Child Services agrees to use that specified delivery option.

Prosecutors and local DCS staff may wish to agree on the frequency of delivery of the substantiated investigations and may choose one of the following timelines or specify the timeline that works for the County:

daily, as substantiated investigations are approved in the local office

weekly, on Friday

monthly, on the last day of month

other planned frequency: _____

Agreement with this protocol is acknowledged by signatures below and is effective upon the dates of the signatures.



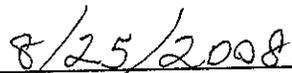
Fountain County Director, DCS



Date



Fountain County Prosecutor



Date

Tippecanoe County Protocols

**Heartford House
Tippecanoe County Indiana
Inter-Agency Agreement**

We, the undersigned agencies, do hereby agree to the following guidelines concerning the Heartford House in Lafayette, Tippecanoe County, and State of Indiana.

We have established a cooperative effort between the undersigned agencies, wherein a multi-disciplinary team approach may be utilized in the investigation, assessment, referral for prosecution, medical and therapeutic treatment involving child victims of abuse, particularly sexual.

Each of the undersigned agencies has specific responsibilities with regard to the investigation, assessment, medical/therapeutic treatment, and prosecution of cases of child sexual abuse. We agree to support the concept and adhere to the guidelines as outlined. We understand that on occasion exceptions to these guidelines will be necessary. We, the undersigned, do acknowledge that the multi-disciplinary team approach, through the cooperation of these agencies will aid our community in the daily commitment to ensure the protection of our children.

The mission of Heartford House is to provide a neutral, child-friendly, home-like environment where a single, comprehensive investigative interview can take place with alleged child abuse victims. The center aims to reduce the trauma to the child, while improving the quality of evidence gathered to quickly and efficiently resolve these cases through the use of a multi-disciplinary team and specially trained interviewers

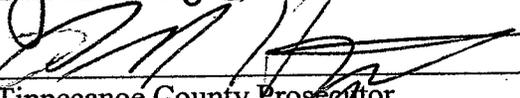
GUIDELINES

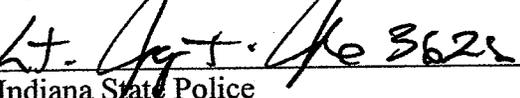
1. Each agency will work with and assist the others and Heartford House to ensure that the best interest and protection of children will be served.
2. The appropriate law enforcement agency is to investigate and determine whether or not a crime has been committed, and to present information to the proper authorities for prosecution.
3. The Department of Child Services is responsible for the protection of children from harm by their parents or others responsible for their care. DCS is responsible for conducting an assessment to determine the degree of risk to the children and to make efforts to ensure their safety.
4. The prosecutor is responsible for assessing the legal aspects of the case in accordance with his/her prosecutorial role.

5. Reasonable efforts will be made by each agency to coordinate each step of the investigation/assessment process in order to minimize the number of interviews and interviewers to which the child is subjected, thus reducing the potential trauma to the child.
6. Agencies participating in current investigations are expected to attend Multi-disciplinary Case Review meetings as scheduled.
7. It is expressly understood that each agency will work within its departmental mandates and policies. Nothing contained in this agreement supersedes the statutes, rules or regulations governing each agency. To the extent that any provision of this agreement is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail.
8. Appropriate agencies participating with Heartford House agree to provide trained professionals with the appropriate skills to handle the investigation of child sexual abuse cases.
9. Any conflict or divergence from the protocols and procedures that occur between agencies regarding cases being addressed at Heartford House shall be addressed by a meeting between designated agency representatives and the Center's executive director. If not resolved, then the dispute will be taken to the board for resolution.
10. All personnel participating in investigations at Heartford House agree to maintain confidentiality of all records and information gathered on all crimes against children cases and preserve the privileged nature of records and information.
11. These guidelines and policies and procedures for Heartford House and undersigned agencies shall be reviewed and modified as needed by participating agencies. These guidelines and policies and procedure may be modified:
 - a. To conform to existing or new statutes, rules, regulations, or departmental policies, which may conflict with any provisions of these guidelines;
 - b. To better meet the needs of families and children in the provision of related services.
 - c. To improve the procedures set forth in these guidelines;
 - d. To add or delete agencies as parties to these guidelines;
 - e. For such other purpose as the parties may agree.
12. This Inter-Agency Agreement shall only be modified with a majority of all agencies.
13. As agencies become parties to this agreement, they agree to follow the guidelines and provisions as outlined in this agreement and the Heartford House Policies and Procedures.

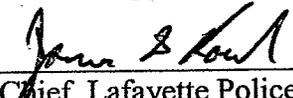
14. Signatories of this agreement will include the following agencies:


Executive Director, Heartford House

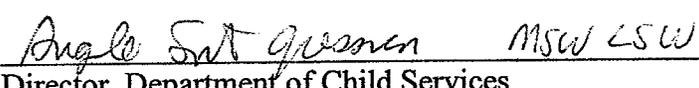

Tippecanoe County Prosecutor


Indiana State Police


Sheriff, Tippecanoe County Sheriff's Department


Chief, Lafayette Police Department


Chief, West Lafayette Police Department


Director, Department of Child Services


Chair, Heartford House Advisory Board

Signed this 21st day of December, 2009.

**PROTOCOL FOR COORDINATED, INTERDISCIPLINARY
INVESTIGATIONS OF CHILD ABUSE AND NEGLECT**

TIPPECANOE COUNTY

CHILD ABUSE RESPONSE AND EVALUATION SERVICES

(CARES)

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TIPPECANOE COUNTY

**CHILD ABUSE RESPONSE and EVALUATION SERVICES
(CARES)**

**PROTOCOL FOR COORDINATED, INTERDISCIPLINARY
INVESTIGATIONS OF CHILD ABUSE AND NEGLECT**

AGREEMENT OF PURPOSE

We, the undersigned agencies, by and through our supervisory heads or designated representatives listed below, do hereby agree to the following policies supporting the creation, development and implementation of a coordinated, interdisciplinary team to investigate and to respond to reports of child physical abuse, child sexual abuse and child neglect in Tippecanoe County.

We agree to establish this interdisciplinary investigation and coordinated response team to implement this protocol as we recognize that having professionals and agencies responding individually and separately to reports of child abuse and neglect often cannot effectively and completely meet the needs of the investigation, the service planning and, most importantly, the needs of the child.

We recognize that failing to coordinate investigations and responses to reports of child abuse and neglect, the child is often 're-victimized' through excessive and inappropriate interviews, lack of communication between agencies, incomplete investigations and the unavailability of immediate and long-term intervention services.

MISSION STATEMENT

The purpose of the Tippecanoe County Child Abuse Response and Evaluation Services (CARES) Team is to assure timely, coordinated investigations of and interventions into reports of child physical abuse, child sexual abuse and neglect by dedicated, specially-trained professionals to protect children, hold offenders accountable and help families learn to become responsible for the safety and well-being of their children.

The professionals and agencies that comprise the CARES Team will include representatives from:

- | | |
|---------------------------------|------------------|
| 1. Law enforcement | 5. Education |
| 2. Department of Child Services | 6. Mental Health |
| 3. Prosecutor's Office | 7. CASA |
| 4. Probation Department | 8. Medical |

In addition, the CARES Team may include representatives from any other agency or profession that the CARES Team agrees may be helpful in investigating and providing continuing services to the child victims, their families, and the alleged offenders.

GOALS

The CARES Team will provide a coordinated, interdisciplinary response to the problem of the child abuse and neglect investigations. To accomplish this, the CARES Team will:

- 1. Conduct legally defensible, non-suggestive interviews with the child and avoid multiple, inappropriate interviews of child victims and witnesses.**
- 2. Conduct complete and timely investigations to locate all evidence and potential witnesses to corroborate or to refute the child's account, as the facts may be.**
- 3. Ensure appropriate and timely medical examinations by a trained and qualified physician.**
- 4. Conduct appropriate interviews or interrogations with the alleged perpetrator(s).**
- 5. Arrange for timely mental health assessments and counseling for the child victims, siblings and non-offending parents.**
- 6. Arrange for timely mental health assessments and counseling for the alleged perpetrators to encourage full disclosure and avoidance of denial.**
- 7. Arrange appropriate placement and follow-up services for the child victims, siblings and non-offending parents.**
- 8. Promote and maintain regular communication and case coordination among all professionals and agencies involved in the investigation, with the child victims and with the family to avoid conflicting goals, advice and court orders.**
- 9. Maintain our professional standards through coordinated, specialized training of the CARES Team and other agency personnel.**
- 10. Locate and obtain funding to allow the CARES Team to meet the goals of improving investigations, providing specialized training for investigators and service providers and providing services to child victims and their families.**

I. CASE CRITERIA

A. Child Protective Services

- 1. Child Protective Services (CPS) is committed to providing multi-disciplinary services to child abuse or neglect victims who are reported to be a child in need of services as defined by IC 31-6-4-3.**
- 2. A child is a child in need of services, if before the child's eighteenth birthday:**
 - a. The child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal or neglect of the child's parent, guardian or custodian to supply the child with the necessary food, clothing, shelter, medical care, education or supervision;**
 - b. The child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian or custodian;**
 - c. The child is a victim of a sex offense under:**
 - (1) IC 35-42-4-1 (rape)**
 - (2) IC 35-42-4-2 (criminal deviate conduct)**
 - (3) IC 35-42-4-3 (child molesting)**
 - (4) IC 35-42-4-9 (sexual misconduct with a minor)**
 - (5) IC 35-42-4-4 (child exploitation)**
 - (6) IC 35-42-4-7 (child seduction)**
 - (7) IC 35-45-4-1 (public indecency/exposure)**
 - (8) IC-35-45-4-2 (prostitution)**
 - (9) IC-35-46-1-3 (incest)**
 - d. The child's parent, guardian or custodian allows the child to participate in an obscene performance as defined by IC-35-49-2-2 or IC 35-49-3-2;**
 - e. The child's parent, guardian or custodian allows the child to commit a sex offense prohibited by IC 35-45-4 (public indecency, prostitution, patronizing a prostitute, promoting prostitution, voyeurism).**

3. **CPS will be notified by LEA and jointly investigate reports of any of the following:**
 - a. **Suspicious death of a child age 17 or younger.**
 - b. **Sexual abuse of a child age 15 or younger.**
 - c. **Sexual misuse of a child age 17 or younger (incest, obscene performances, prostitution, etc.).**
 - d. **Physical abuse or battery of a child age 17 or younger by a parent, sibling, guardian, custodian or caregiver.**
 - e. **Neglect of a child age 17 or younger by a parent, guardian, custodian or caregiver.**
 - f. **Kidnapping of a child age 17 or younger by a parent, sibling, guardian, custodian or caregiver.**
 - g. **Confinement of a child age 17 or younger by a parent, sibling, guardian, custodian or caregiver.**

4. **CPS will also be notified in all other situations where the assistance of CPS is requested by a LEA, and CPS is available and willing to assist with the investigation and placement of children or with services to the children and family. In situations where a juvenile is suspected of committing a violent crime or there is reason to believe that a juvenile is suspected of committing a violent crime or there is reason to believe that a juvenile is about to commit a violent crime, the prosecutor's office and/or CPS is to be notified for immediate review and possible filing of charges when LEA believes the juvenile is a danger to himself or the community, and needs to be detained in a secure facility.**

B. Law Enforcement Agencies

1. **With regards to cases involving children as possible victims of crimes, LEA and CPS in Tippecanoe County will investigate reports of:**
 - a. **Death of a child age 17 or younger**
 - b. **Physical abuse or battery of a child age 17 or younger perpetrated by a parent, sibling, guardian, custodian or caregiver. Sexual abuse of a child age 15 or younger.**
 - c. **Sexual abuse of a child age 15 or younger.**
 - d. **Sexual misuse of a child age 17 or younger.**
 - e. **Neglect of a child age 17 or younger.**
 - f. **Kidnapping of a child age 17 or younger**
 - g. **Confinement of a child age 17 or younger.**
 - h. **Removal, detaining or concealing a child age 17 or younger in violation of a custody order or for purposes of depriving another person of custody or visitation rights.**

2. **Suspicious child deaths** include but are not limited to:
- a. Homicide where alleged perpetrator(s) in caregiver role.
 - b. Accidental death where questions of caregiver negligence are raised.
 - c. Natural death (including SIDS) where the condition of the body or the results of an autopsy suggest abuse or neglect.
 - d. Suicide, if abuse or neglect may be a contributing factor.
 - e. Death from undetermined or unnatural causes.

3. **Physical abuse** means:

- a. Aggravated battery (IC 35-42-2-1-5; Class B felony)
- b. Battery resulting in serious bodily injury (IC 35-42-2-1 (a)(3): Class C felony)
- c. Battery on a child less than thirteen resulting in bodily injury (IC 35-42-2-1(a) (2 (B): Class D felony)
- d. Battery resulting in bodily injury (age 13 to 17) (IC 35-42-4-2 (a) (1)(A) Class misdemeanor)

4. **Definitions**

- a. A parent, guardian or custodian may use reasonable physical discipline; however, the physical discipline may not be cruel or excessive.
- b. Bodily injury means any impairment of physical condition, including physical pain or any visible marks.
- c. Serious bodily injury means bodily injury that creates a substantial risk of death or that causes serious permanent disfigurement, unconsciousness, extreme pain or permanent protracted loss or impairment of the function of a bodily member or organ.
- d. Aggravated battery means knowingly or intentionally inflicting an injury that creates a substantial risk of death or causes serious permanent disfigurement or protracted loss or impairment of the function of a bodily member or organ.

5. Sexual abuse means any sexual contact with a child age 15 or younger.

Age guidelines for defining sexual abuse

<u>Younger Person</u>	<u>Older Person</u>	<u>Send report to</u>
Acts committed before 7/1/94:		
Age 0-11	Age 0-17	Juvenile probation
Age 0-11	Age 18+	Prosecutor
Age 12-15	Age 16-17	Juvenile probation
Age 12-15	Age 18+	Prosecutor
Age 16+		No crime if consent
Acts committed on or after 7/1/04:		
Age 0-13	Age 14-17	Juvenile probation
Age 14-15	Age 0-17	No crime if consent
Age 0-15	Age 18+	Prosecutor
Age 16+		No crime if consent

Sexual contact means:

- a. Fondling or touching of either the child or the older person for sexual purposes.
- b. Sexual intercourse.
- c. Deviate sexual conduct (oral sex, anal sex, penetration of sex organ with object).
- d. Incest (sexual intercourse or deviate sexual conduct between persons related biologically).
- e. Child exploitation or pornography.
- f. Vicarious sexual gratification.
- g. Child solicitation.
- h. Child seduction.

6. Neglect of a dependent means a person who has the care of a dependent, whether assumed voluntarily or because of a legal obligation, who knowingly or intentionally (IC 35-46-1-4-, Class D felony):

- a. Places the dependent in a situation that may endanger his life or health;
- b. Abandons or cruelly confines a dependent;
- c. Deprives the dependent of necessary support;
- d. Deprives the dependent of education as required by law.

(NOTE: For purposes of criminal prosecution, the Indiana Supreme Court requires the caregiver to subject the dependent to “actual and appreciable danger,” despite the statute’s use of the word “may”; however, this does not mean the dependent must actually suffer an injury.)

7. **Kidnapping** means knowingly or intentionally confining or removing another person by fraud, enticement, force or threat of force from one place to another (IC 35-42-3-2; Class A felony):
 - a. With intent to obtain ransom;
 - b. While hijacking a vehicle;
 - c. With intent to obtain the release or intent to aid in the escape, or any person from lawful detention; or
 - d. With the intent to use the person confined as a shield or hostage.

8. **Criminal confinement** means knowingly or intentionally confining another person without the other person's consent or removing another person by fraud, enticement, force or threat of force from one place to another (IC 35-42-3-3, Class D felony, Class C felony if the confined person is a child age 13 or younger and not the offender's child).

9. **Violation of custody order** means knowingly or intentionally, with a child age 17 or younger:
 - a. Removing the child from the state or failing to return the child to the state in violation a child custody order of a court (IC 35-42-3-4, Class D felony, Class C felony if the child is age 13 or younger and not the offender's child).
 - b. Taking and concealing or detaining and concealing the child with the intent to deprive another person of custody or visitation rights (IC 35-42-3-4, Class C misdemeanor, Class B misdemeanor if in violation of a court order).

II. CROSS NOTIFICATION OF TEAM AGENCIES

A. Child Protective Services

When CPS is the first agency to receive a report of suspected child physical abuse, sexual abuse or neglect, CPS shall notify the team agencies or individuals according to the following timetable (and as per I.C. 31-6-11-11):

1. Death, imminent death or life threatening injury

- a. Immediately notify the LEA in whose local jurisdiction any alleged crime related to the child's death or injury may have occurred.
- b. Immediately notify the Prosecutor's Office (after hours, via the Sheriff's Department, call the Prosecuting Attorney or the Chief Deputy Prosecutor who will in turn notify the Child Abuse Prosecutor as the Prosecuting Attorney sees fit).

2. Serious bodily injury to a child

- a. Immediately notify the appropriate LEA in whose local jurisdiction any alleged crime related to the child's injury may have occurred.
- b. Notify the Prosecutor's Office at discretion of CPS investigator and law enforcement officer.

3. Bodily injury to a child

- a. Immediately notify the appropriate LEA in whose local jurisdiction any alleged crime related to the child's injury may have occurred, but no later than 24 hours after receipt of the report.
- b. Notify the Prosecutor's Office at discretion of CPS investigator and law enforcement office.

4. Sexual Abuse

a. Perpetrator still in home or may have access to child:

- (1) Immediately notify the appropriate LEA in whose local jurisdiction any alleged crime related to the child's abuse may have occurred.
- (2) Notify the Prosecutor's Office at discretion of CPS investigator and law enforcement officer.

c. Abuse in past or perpetrator no longer has access to child:

- (1) Notify appropriate LEA to schedule child interview and conduct joint investigation at mutually agreeable times within statutory requirements.**
- (2) Notify the Prosecutor's office at discretion of CPS Investigator and law enforcement officer.**

5. Neglect

a. Child in immediate or apparent great danger

- (1) Immediately notify appropriate LEA in whose local jurisdiction any alleged crime related to the neglect may have occurred.**
- (2) Immediately notify Prosecutor's Office (after hours, via the Sheriff Department, call the Prosecuting Attorney or the Chief Deputy Prosecuting Attorney who will in turn notify the Child Abuse Prosecutor as the Prosecuting Attorney sees fit).**

b. Child not in immediate or apparent danger

- (1) Notify appropriate LEA at first opportunity (and not later than 5 days after receipt of the report).**
- (2) Notify Prosecutor's Office at discretion of CPS Investigator and law enforcement officer.**

6. Other Cases

a. CPS will contact LEA when:

- (1) The investigator believes the presence of a law enforcement officer is necessary to ensure the safety of a child, the investigator or any other person;**
-or-
- (2) The child is to be removed.**

b. CPS will contact the Prosecutor's Office whenever a question arises concerning a criminal legal issue (24 hours).

c. CPS will contact the DFC attorney whenever a question arises concerning a civil legal issue (24 hours).

B. Law Enforcement Agencies

When a LEA is the first agency to receive a report of suspected child physical abuse, sexual abuse or neglect that LEA shall notify the team agencies or individuals according to the following timetable:

1. Death, imminent death or life threatening injury to a child

- a. Immediately notify CPS (after hours, contact CPS via the Tippecanoe County Sheriff's Department).
- b. Immediately notify the Prosecutor's Office (after hours, via the Sheriff's Department, call the Prosecuting Attorney or the Chief Deputy Prosecutor who will in turn notify the Child Abuse Prosecutor as the Prosecuting Attorney sees fit).

2. Serious bodily injury and bodily injury to a child

- a. Immediately notify CPS
- b. Notify the Prosecutor's Office at discretion of CPS Investigator and law enforcement officer.

3. Sexual Abuse

a. Perpetrator still in home or may have access to child:

- (1) Immediately notify CPS
- (2) Notify the Prosecutor's Office at discretion of CPS Investigator and law enforcement office.

b. Abuse in past or perpetrator no longer has access to child

- (1) Notify CPS to schedule child interview and conduct joint investigation at mutually agreeable times within statutory requirements.
- (2) Notify the Prosecutor's Office at the discretion of CPS Investigator and law enforcement officer.

4. Neglect

a. Child in immediate or apparent great danger

(1) Immediately notify CPS

(2) Immediately notify Prosecutor's Office

b. Child not in immediate or apparent danger

(1) Immediately notify CPS

(2) Notify Prosecutor's Office at discretion of CPS Investigator and law enforcement officer.

5. Child custody, kidnapping and other cases

a. LEA will notify CPS whenever a question arises as to the continued safety or care of a child.

b. LEA will notify CPS when a parent, guardian or custodian is taken into custody for an unrelated matter and no responsible party is available to care for the children.

C. Jurisdictional Questions

- 1. CPS will notify the LEA in whose local jurisdiction the alleged crime related to the child's abuse or neglect occurred.**
- 2. If it is unclear if the alleged crime related to the child's abuse or neglect occurred within the city limits of Lafayette or West Lafayette, the Tippecanoe Co. Sheriff's Department will be notified and participate in the initial investigation until actual jurisdiction can be determined.**
- 3. If it can't be determined whether any alleged crime related to the child's abuse or neglect occurred within Tippecanoe Co., the Indiana State Police will be notified and participate in the initial investigation until actual jurisdiction can be determined.**
- 4. If it is clear from the initial report to a LEA that another LEA has actual jurisdiction to investigate the alleged abuse or neglect, the first LEA will:**
 - a. Make note of the initial information, (name of child, general nature of alleged abuse or neglect, current location and condition of child, name and current location of the alleged perpetrators, name, address, telephone number and relationship of the child to the person making the report, etc.)**
 - b. Refer the caller to the LEA with actual jurisdiction and instruct the caller to contact that LEA.**
 - c. Before the end of the shift, call LEA having actual jurisdiction to make sure the caller notified the proper LEA.**
- 5. If it is unclear from the initial report which LEA has actual jurisdiction to investigate the report of alleged abuse, the agency receiving the initial report will conduct the investigation and assume it has actual jurisdiction.**
 - a. If during the investigation, the LEA discovers another LEA has actual jurisdiction, that agency will be contacted to discuss transferring the investigation to the agency with actual jurisdiction.**
 - b. If the initial LEA does not have actual jurisdiction, the initial LEA may continue and complete the investigation if that is agreed to by both agencies after taking into account:**

- (1) The rapport the initial investigating officer may have already developed with the alleged child victims or the alleged perpetrators before transferring the investigation to another agency.
- (2) How much of the investigation has already been completed, how much more investigating is required and any physical
- (3) under a chain of custody with the initial investigating agency.

III. EXCHANGING WRITTEN REPORTS, DOCUMENTS AND OTHER INFORMATION

A. Child Protective Services

1. CPS will provide complete copies of all 310/311 reports and copies of interview transcripts to the investigating LEA.
2. CPS Investigator will deliver the 310/311 and other reports and written documentation in person to the investigating law enforcement officer in cases of investigations that require an immediate response.
3. The CPS Investigator will provide all other reports and documentation via interoffice mail.
 - a. To the investigating law enforcement officer by name if a joint investigation is being or has been conducted.
 - b. To the head of the detective division of the appropriate LEA if no detective has yet been assigned to the case.
4. CPS will provide complete copies of all 310/311 reports, interview transcripts, supplemental reports, contact logs, correspondence, juvenile court orders, photographs, etc. to the Prosecutor's Office as these documents are completed and become available.
5. CPS will provide complete copies of all 310/311 reports involving alleged juvenile perpetrators to juvenile probation.

B. Law Enforcement Agencies

- 1. Law enforcement officers will provide complete copies of all written reports and copies of interview transcripts (victims, witness and suspect) to the Prosecutor's Office and to CPS.**
 - a. The investigating officer will deliver the written reports and all other related documentation in person to the Prosecutor's Office and to CPS in cases of investigations that required an immediate response.**
 - b. The investigating officer will provide all other reports and documentation via interoffice mail.**
 - (1) To the Prosecutor's Office directly to the attention of the deputy prosecutor assigned to screen child abuse and sex crimes.**
 - (2) To the CPS Investigator by name if a joint investigation is being or has been conducted.**
 - (3) To the supervisor of CPS if no CPS investigator has yet been assigned to the case or if the report is for information only.**
- 2. Law enforcement will provide complete copies of all supplemental reports, interview and interrogation transcripts or tapes, photographs, laboratory reports, physical evidence, etc. to the Prosecutor's Office as these documents are completed and become available.**
- 3. Law enforcement will provide complete copies of all written reports involving alleged juvenile perpetrators to juvenile probation, where Juvenile Court has jurisdiction.**

IV. INVESTIGATION

A. Investigative Process

- 1. Agency receiving initial report will contact other agencies per this protocol.**
- 2. Gather and review prior referrals and records.**
 - a. CPS will gather, review and provide to LEA and prosecutor information and copies of reports, when requested, of prior referrals to CPS and involvement with DCS and Juvenile Court involving this child, or the alleged perpetrator.**
 - b. LEA will gather and review complete criminal history of alleged perpetrators including NCIC, III and local.**
 - (1) LEA will provide written copies of the complete criminal history to the Prosecutor's Office.**
 - (2) LEA will verbally supply this information to CPS.**
- 3. Agree where to meet to begin investigation (scene, hospital, school, CPS Office, LEA headquarters, Hartford House, etc.)**
- 4. Agree who will speak with and who will observe interviews with:**
 - a) Victim, if able to communicate**
 - b) On-scene witness**
 - c) Medical Personnel**
 - d) Non-offending parent**
 - e) Suspected offender (LEA has the responsibility to schedule interviews)**
 - f) Other witnesses (eyewitnesses, disclosure witnesses, potential alibi witnesses, corroborating witnesses, etc.)**
- 5. LEA will timely arrange to secure any possible crime scenes to preserve potential evidence.**
 - a) LEA will seize and retain any relevant physical evidence.**
 - b) LEA will maintain proper chain of custody.**
- 6. LEA, with cooperation of CPS, will contact Prosecutor's Office to secure necessary search warrants or consent to search as quickly as possible.**

7. Photographs

- a. CPS will take a double set of 35 mm color photos of child and visible injuries and will include a ruled measuring device in the photographs to use as a scale.**
- b. At discretion of investigative team, CPS will re-photograph the child if additional injuries later become visible.**
- c. LEA will take 35 mm slides or photos of child, visible injuries and scene (where relevant) as would any crime scene.**

8. CPS will arrange for timely medical examination

- a. CPS will arrange to obtain necessary medical releases and medical records.**
- b. CPS will forward copies of medical records to LEA and Prosecutor's Office.**
- c. When proper equipment becomes available, CPS will arrange for 35 mm slides or photos to be taken of any medical findings during physical examination and forward photographs to Prosecutor's Office.**

9. LEA will conduct initial information gathering interview with suspected offender; CPS will discuss issues related to taking custody of children only.

10. LEA and CPS will jointly conduct formal interview with child when child is available (see interview protocol).

11. LEA will conduct formal interrogation of suspect at appropriate point in investigation and provide tape or transcription of tape to Prosecutor's Office in a timely manner.

- a. LEA will follow own protocol and training in conducting interrogation of suspect.**
- b. LEA will provide transcript of suspect's statement to CPS.**

12. Taking protective custody of children

- a. CPS will arrange placement for child victims and siblings, if necessary.**
- b. Whenever a child is removed from the home, CPS and LEA will first try to place the child with a relative where such placement is appropriate, available and feasible.**

13. “No Contact” Orders

- a. If the suspect has not been arrested, CPS will contact DCS attorney to obtain immediate protective order to remove suspect from home.**
- b. If the suspect has been arrested, LEA will fill out and give the suspect a copy of the Tippecanoe County General “No Contact” order.**
- c. The Prosecutor’s Office will supply local LEA with copies of the Tippecanoe County General “No Contact” Order as necessary.**

B. Child Interview Protocol

1. Initial Assessment

- a. When possible, first contact with the child by CPS and LEA should be brief**
- b. Ask only enough questions and gather only enough information to determine if a full investigation needs to be conducted.**
- c. CPS and LEA meet before formal interview to share information about case, prior history of family and suspect, etc. agree who will conduct interview based on**

- (1) Language and age of child**
- (2) Rapport with specific team member**
- (3) Expertise of team members**
- (4) Any other information from other service providers in community**

2. Schedule formal interview at time when child will be well-rested and also convenient for CPS and LEA.

3. CPS and LEA will agree on location of interview taking into consideration availability of video and audio recording equipment availability of space, appropriateness of location to child, privacy available at location, etc. The investigating agencies will first consider using Hartford House.

4. Recording interviews

- a. Child interviews shall be simultaneously video and audio when facilities and equipment are available.**
- b. LEA will retain custody of the videotape and make videotape available for viewing by the Prosecutor’s Office. A copy of the videotape will be made for CPS.**
- c. LEA will retain custody of audiotape and arrange for audiotape to be transcribed.**

5. Parents or other adults accompanying the child should not be allowed to sit in on or observe interview with the child.
 - a. If child is reluctant to be interviewed without parent, interviewer should still attempt to interview child without presence of parent first.
 - b. If child will not talk without parent or if parent emphatically will not allow child to be interviewed alone, parent should be seated in a position so as to not be distracting to the child or the interviewer.
 - c. Before the interview, the parent must be instructed not to do or say anything to the child during the interview; not to prompt the child verbally or physically, not to encourage or discourage the child, not to make any promises or verbal reassurances that could in any way be interpreted as “coaching” or “enticing” the child to speak.
6. Child may be encouraged to draw what happened, where it happened, etc.
7. Anatomical dolls may be used during the interview if the interviewer is trained in their use and believe their use will help child show what happened.
 - a. Avoid suggestive behavior and questions.
 - b. Avoid labeling dolls by name or telling child to pretend this doll is alleged perpetrator.
8. Interview with child must not be suggestive or leading in any way, interview must be “legally defensible”.

C. Post Interviews

1. CPS should make service referrals to non-offending parent and child if not already done.
2. CPS should refer child for medical exam (see investigative procedures) if not already done.
3. CPS and LEA should meet with non-offending parent to answer questions and give support.

D. Case Management

1. CARES Team can meet as deemed necessary at Heartford House at mutually agreeable times or other places to discuss cases under investigation and review, revise, and refine protocol and investigative techniques, discuss any problems or questions that have arisen.

- 2. The Prosecuting Attorney assigned to a criminal case will notify the CASA office of all new criminal cases filed; the CASA office will notify the Prosecuting Attorney if a CASA has been assigned to the child(ren) by the juvenile court.**
- 3. Agree on course of action (Is criminal prosecution possible or desirable? Is case best handled by the Tippecanoe Department of Child Services?)**
- 4. Coordinate “No Contact” orders.**
- 5. Avoid providing conflicting information to child and family.**
- 6. Agree who will maintain regular contact with family to support family and child and to encourage their continued cooperation with the criminal prosecution.**
- 7. Discuss optimal disposition of case.**
- 8. Maintain open communication between team members and agencies.**

As far as is feasible and practical, we agree to conduct child abuse and neglect interdisciplinary investigations pursuant to these protocol guidelines. However, we acknowledge these are only guidelines and investigative team has final discretion as to how to pursue any particular investigation or situation.

The foregoing protocol is hereby agreed to and approved by the following agencies. This agreement shall become effective upon signature of the parties listed below and may be amended at any time by approval of all signing agencies:

Date

-17-

CHILD INTERVIEW PROTOCOL

1. These interviews shall be scheduled as soon as possible after a referral or report is received and at a time suitable to the child and interviewer.
2. Child Protective Services (hereafter “CPS”) and law enforcement are responsible for notifying each other when there is a child who needs to be interviewed.
3. The child will be interviewed in the interview room at Heartford House, if at all possible. If this is not possible, the child’s interview will take place at a location that CPS or law enforcement determines to be in the child’s best interest. (Note: When a child is asked to examine a photo array, this is not an “interview” and does not have to be conducted at Heartford House.)

Scheduling an Interview

1. Interviews will be scheduled by a CPS representative or law enforcement.
2. Appointments can be scheduled in person or over the telephone by contacting the Heartford House Director. The pager for the Heartford House Director can be used in cases where Heartford House staff cannot be reached via telephone.
3. It is preferable that appointments are scheduled in advance. However, every effort will be made to accommodate emergency situations.
4. Appointment times should be mutually agreed upon by CPS, law enforcement, and the Prosecutor’s Office.
5. When scheduling an appointment, the following information should be provided to Heartford House:
 - a. child’s name
 - b. child’s age
 - c. name of person bringing child to the appointment
 - d. CPS representative
 - e. law enforcement representative
 - f. name(s) of the possible perpetrator(s), if known
6. When an interview is scheduled, CPS will be responsible for contacting the Prosecutor’s Office and notifying them prior to the date and time of the interview.

Pre-Interview Preparation

1. All equipment shall be checked prior to each use. The Heartford House Director will be responsible for running a short test prior to each interview and ensuring that all necessary equipment is ready.
2. The Heartford House Director or the Director's designee is responsible for having Heartford House open/unlocked and ready for the interview.
3. **The team will meet at least 15 minutes prior to the interview.** The content of this meeting will include the sharing of pertinent case information between the various team members and completing the intake form.

As a practical matter, this meeting may include a discussion of the following:

- a. child's name, address, and birthdate
 - b. names and addresses of child's parents
 - c. name of child's caretaker
 - d. type of abuse (sexual, physical, other)
 - e. alleged perpetrator(s)
 - f. relationship of alleged perpetrator to the child
 - g. geographic location where alleged abuse occurred
 - h. how case was reported or referred
 - i. whether child has had a medical examination
 - j. siblings, if relevant
 - k. prior contacts with the child, child's parents or guardians, and alleged perpetrator(s)
4. The team shall, at a minimum, consist of the child interviewer, CPS representative(s), representative(s) from the investigating law enforcement agency, and representative(s) from the Prosecutor's Office. The team may, at its discretion, include mental health, medical, or other professionals.
 5. CPS may conduct interviews without representatives from a law enforcement agency and the Prosecutor's Office present, provided that:
 - a. the allegations do not involve criminal conduct
 - b. another staff person is present at Heartford House (i.e. the Heartford House Director or another CPS investigator).

The Interview

1. When interviews are conducted in the interview room at Heartford House, the interview will be audio and video recorded. During the team meeting, a team member will be designated to run the recording equipment and the remote control camera.

2. Video equipment will be turned on prior to the initiation of the interview. Once the videotape is recording, it shall not be terminated until the interview is completed. If the interviewer leaves the interview room, the tape shall continue to record.
3. It is the policy of Heartford House that there is only one interviewer present in the interview room with the child. Other team members will be present in the monitoring room during the interview.
4. Translator: If it is necessary for a translator to be present, the following must occur:
 - a. The translator must be identified at the beginning of the interview, with the interviewer stating the translator's name and role.
 - b. The translator must acknowledge on tape prior to the interview that:
 1. Translations will be verbatim- no paraphrasing.
 2. If a word used is not in one's language, it will be defined and/or described.
 - c. The translator will be positioned near the child without physical contact.
 - d. The translator must not be a family member or friend of the child. The team will designate and coordinate the translator prior to the interview.
5. It is the policy of Heartford House that the parent or guardian should not be present in the interview room when the child is being interviewed. The final decision on that matter, however, remains with the CPS and law enforcement representatives. If a parent or guardian is present, due to the child's level of discomfort and their need for the parent or guardian, the following will be asked of the them:
 - a. They escort the child back and as quickly as possible exit the room.
 - b. If the parent remains, they sit behind the child or out of eyesight of the child.
 - c. They do not have physical contact with the child.
 - d. They do not speak unless specifically addressed by the interviewer.
6. Only a child abuse forensic interviewer who has been trained through a source approved by the Heartford House Board will conduct the interview. Interviews will be designed to meet each child's individual needs, and therefore will vary based on the circumstances of each situation.
7. When appropriate, an interviewer may use appropriate tools, including the following:
 - a. Anatomical drawings.
 - b. Anatomically correct dolls. The use of such dolls should be consistent with the attached guidelines (See Exhibit 1).

Post-Interview Procedures

1. A Polaroid photograph will be taken of the child following the interview. This photograph should be labeled and attached to the videotape and should accompany any information forwarded to the Prosecutor's Office.

2. The interviewer will record the following information on the back of each diagram or drawing retained from the interview:
 - a. Child's name
 - b. Interviewer's name
 - c. Date and time of interview
 - d. Law enforcement representative's name
 - e. Law enforcement case numberDrawings or diagrams from the interview, which are retained, will be turned over to the law enforcement representative and maintained as any other item of evidence.
3. The law enforcement representative will label the audio and videotapes with the child's name, the date of the interview, the interviewer's name, and the law enforcement case number (if applicable).
4. The law enforcement representative will be responsible for the collection, preservation and storage of all physical evidence, including the recording(s) of the child interview.
5. The team will meet following the child's interview to determine what, if any, follow-up action needs to be taken, including the determination of whether a medical examination should be initiated.
6. Hartford House will maintain the intake form for statistical purposes only.

Alleged Perpetrator's Presence at Hartford House

1. It is the policy of Hartford House that alleged perpetrators should not be on the premises.
2. An exception to this policy is when the alleged perpetrator is a child or adolescent, and the team determines that the Hartford House environment is more conducive to speaking with the perpetrator than the police department. Hartford House may also be utilized to talk to a child or adolescent perpetrator about his/her own victimization.
3. If the team determines that Hartford House is the appropriate location for interviewing a child or adolescent perpetrator, the interview must meet the following requirements:
 - a. The interview should be scheduled on a separate day than that of the alleged victim.
 - b. The interview should be scheduled one hour apart from any other interview.

Local Office Protocol for "Screen Out" Reports.

- 1. Intakes will be staffed, daily and determination made.**
- 2. No reports will be labeled as *Screen Out* if information, services or a referral is made. These reports will be labeled as Information and Referral or Voluntary Services.**
- 3. All reports determined to be *Screen Out* will have a collateral contact which supports the decision.**

Warren County Protocols



Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

**Indiana Department of Child Services
Warren County Office**

20 W. Second Street
Williamsport, Indiana 47993-1118

765-762-6125
FAX: 765-762-8017

www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

**ST. VINCENT WILLIAMSPORT HOSPITAL
PROTOCOL
CHILD ABUSE/NEGLECT**

Procedures

- PURPOSE:
1. To understand the responsibility of reporting and immunity from prosecution.
 2. To establish a uniform procedure for reporting.
 3. To explain the investigation process.
 4. To restate attendance enforcement procedures.
 5. To insure a professional, positive working relationship between the schools and the Child Protective Services.

GENERAL INFORMATION:

Indiana law requires that anyone who suspects that a child may be abused or neglected **must** make a report to the local Child Protection Service or law enforcement agency (762-2249, 762-2449, or 762-6125). The concept of privileged communication does not apply where child abuse and neglect is concerned. Reporting sources are provided immunity from criminal and civil liability as long as reports are made in good faith. Reporting sources remain anonymous during investigations but may be required to testify in court if court action becomes necessary.

Failure to report is a Class B misdemeanor punishable by a \$1,000.00 fine and/or 6 months in jail. A person only need have "reason to believe" in order to report suspected abuse or neglect. When in doubt, as to whether or not to report a case, the staff member should ask himself/herself, would he/she worry about the case if a report is not made. Further, persons who suspect abuse or neglect need to report immediately.

I. Definitions

- A. Physical Abuse is defined as a willful or negligent act against a child by his parent or caretaker resulting in physical injury or illness to the child. This includes bruises, welts, abrasions, burns, fractures, cuts or gross malnutrition.
- B. Sexual Abuse is defined as inappropriate sexual contact with a child. This would include fondling, indecent exposure, caressing, intercourse, showing pornographic pictures, rape, sodomy or allowing the child to participate in any of the above.
- C. Child Neglect is defined as the chronic failure of the parent or caretaker to provide adequately for the child. Children who are neglected may be malnourished; without adequate clothing or shelter; abandoned; deprived of necessary medical

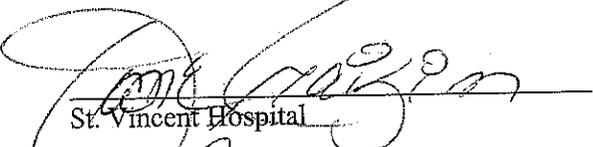


care; living in an unsafe environment; receiving inadequate supervision; or kept from attending school.

- D. Emotional Neglect is defined as the parent or caretaker's refusal or failure to meet the emotional needs, necessary for normal development, of the child. Examples of emotional neglect include: Ridiculing, insulting, degrading, or discounting the child's feelings.

II. Reporting Procedure

- A. Any staff member of the St. Vincent Williamsport Hospital who suspects that a child has been abused or neglected shall immediately notify the principal or his/her designee. If the principal (or his/her designee) is unavailable, the staff member should contact the superintendent or assistant superintendent. In the event that the superintendent (or assistant superintendent) is not available, the staff member should immediately contact the DCS. This process should be completed expeditiously and without delay.
- B. The staff member (or designee) will then promptly notify the Warren County Office of the Department of Child Services (hereinafter referred to as Warren County DCS), Child Protective Service Unit, Monday through Friday, 8:00 a.m. to 4:00 P.m. at telephone: 763-3349 or 762-6125. After hours, call 762-2449.
- C. The report should be referred to the Child Welfare Family Case Manager or Director.
- D. Information needed at the time of the report:
1. Names and addresses of the child and parent(s) or guardian(s), if known.
 - a. Directions to the home would be helpful.
 2. Child's age and siblings' names and ages if known.
 3. Nature and extent of alleged abuse or neglect. Is there any previous history?
 4. Identify of abuser (if other than parent or guardian) and location if known.
 5. Reporter's name, if desired.
 6. Other information that would be helpful in establishing the cause of injury or neglect.
- E. As a word of caution, it is not the agency's responsibility to investigate an allegation of abuse. This is the responsibility of the DCS.


St. Vincent Hospital

Linda Akers, Director

1-25-07
Date

1-25-07
Date



Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

Indiana Department of Child Services
Warren County Office
20 W. Second Street
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LAW ENFORCEMENT PROTOCOL

The following is the protocol between the Child Protective Services of the Warren County Office of the Division of Family and Children and the Prosecuting Attorney of Warren County; the Warren County Sheriff's Department; and the Williamsport Police, hereinafter referred to as Law Enforcement Agency (LEA).

The following protocol is hereby implemented:

- 1) During regular working hours, Monday through Friday, 8:00 a.m. – 4:30 p.m., upon receipt of a Child Abuse/Neglect Report, the Law Enforcement Agency shall immediately communicate the report to Child Protective Services, at (765) 762-2249 or (765) 762-6125. At this point, plans for a joint investigation will be formulated depending upon the nature of the report and the guidelines set forth in HEA 1650.
- 2) During non-office hours, including weekends and holidays, the telephone number for the Warren County Child Protective Services (765) 762-2449 and will be answered by the dispatcher at the Attica Police Department. The caller will be asked to provide the caller's name, phone number, enabling the on-call worker to contact the caller directly. The local law enforcement officer and the on-call worker will work in partnership to protect the child(ren). During the investigation, the law enforcement officer may:
 - a) Determine if the child(ren) need to be taken to medical services. Coordinate those services with Child Protective Services.
 - b) Determine if child(ren) is in imminent danger to serious bodily harm. Call Child Protective Services for an immediate response to the site.
 - c) Determine if the alleged perpetrator presents a threat to the child(ren) in the home. Contact Child Protective Services regarding: Protective order that will require alleged perpetrator to refrain from having direct or indirect contact with the child(ren).
 - d) If a Law Enforcement Officer's action under Section C of this agreement will not adequately protect the child(ren), the child(ren) may be taken into custody by the Law Enforcement Officer if:



- i. It appears that the child's physical or mental condition will be seriously impaired or seriously endangered if the child is not immediately taken into custody;
 - ii. There is no reasonable opportunity to obtain an Order of the Court; and
 - iii. Consideration for the safety of the child precluded the immediate use of family Services to prevent removal of the child.
- e) If taking the child into custody becomes necessary the Law Enforcement Officer shall notify the on-call worker from the Child Protective Services. The Child Protective Services shall try to find an appropriate family member to place the child with before considering any other placement.
- f) If Law Enforcement participates in an investigation, they shall cause color photographs to be taken of the areas of trauma visible on the child(ren) who is subject to a report, and if medically indicated, cause a radiological evaluation of the child(ren) to be performed. The photographs and/or x-rays shall be reimbursed by the Department of Child Services.
- g) Whenever Law Enforcement participates in an investigation a complete written report of the investigation shall be made by Law Enforcement Agency. Child Protective Services shall also make a complete written report. Information shall be shared between Law Enforcement Agency and Child Protective Services. Substantiated reports will be sent to the Prosecutor and the appropriate Court.
- h) Child Protective Services shall classify reports as substantiated or unsubstantiated. Child Protective Services shall transmit the information to Central Registry if an arrest is made, criminal charges are filed, a CHINS (Child in Need of Services) determination is made, an Informal Adjustment is entered into, or service referral is made. The Central Registry will be available as outline in the Child Welfare Manual and parents/perpetrators will be notified by DCS that the information will be entered in the Registry per DCS guidelines and State Regulation.
- i) Each law enforcement agency will follow all legal guidelines for handling methamphetamine and other drug related activities that involve children in their wellbeing. *and*



Director



Prosecutor

[Handwritten signature]

Sheriff

1-29-07

Town Marshal

Date



Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

**Indiana Department of Child Services
Warren County Office**

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**M.S.D. OF WARREN COUNTY
PROTOCOL
CHILD ABUSE/NEGLECT**

Procedures

- PURPOSE:
1. To understand the responsibility of reporting and immunity from prosecution.
 2. To establish a uniform procedure for reporting.
 3. To explain the investigation process.
 4. To restate attendance enforcement procedures.
 5. To insure a professional, positive working relationship between the schools and the Child Protective Services.

GENERAL INFORMATION:

Indiana law requires that anyone who suspects that a child may be abused or neglected **must** make a report to the local Child Protection Service or law enforcement agency (762-2249, 762-2449, or 762-6125). The concept of privileged communication does not apply where child abuse and neglect is concerned. Reporting sources are provided immunity from criminal and civil liability as long as reports are made in good faith. Reporting sources remain anonymous during investigations but may be required to testify in court if court action becomes necessary.

Failure to report is a Class B misdemeanor punishable by a \$1,000.00 fine and/or 6 months in jail. A person only need have "reason to believe" in order to report suspected abuse or neglect. When in doubt, as to whether or not to report a case, the staff member should ask himself/herself, would he/she worry about the case if a report is not made. Further, school persons who suspect abuse or neglect need to report immediately and not wait until later that day or the following morning.

I. Definitions

- A. Physical Abuse is defined as a willful or negligent act against a child by his parent or caretaker resulting in physical injury or illness to the child. This includes bruises, welts, abrasions, burns, fractures, cuts or gross malnutrition.
- B. Sexual Abuse is defined as inappropriate sexual contact with a child. This would include fondling, indecent exposure, caressing, intercourse, showing pornographic pictures, rape, sodomy or allowing the child to participate in any of the above.
- C. Child Neglect is defined as the chronic failure of the parent or caretaker to provide adequately for the child. Children who are neglected may be malnourished; without adequate clothing or shelter; abandoned; deprived of necessary medical



care; living in an unsafe environment; receiving inadequate supervision; or kept from attending school.

- D. Emotional Neglect is defined as the parent or caretaker's refusal or failure to meet the emotional needs, necessary for normal development, of the child. Examples of emotional neglect include: Ridiculing, insulting, degrading, or discounting the child's feelings.

II. Reporting Procedure

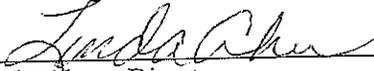
- A. Any staff member of the Metropolitan School District of Warren County who suspects that a child has been abused or neglected shall immediately notify the principal or his/her designee. If the principal (or his/her designee) is unavailable, the staff member should contact the superintendent or assistant superintendent. In the event that the superintendent (or assistant superintendent) is not available, the staff member should immediately contact the DCS. This process should be completed expeditiously and without delay.
- B. The principal (or designee) will then promptly notify the Warren County Office of the Department of Child Services (hereinafter referred to as Warren County DCS), Child Protective Service Unit, Monday through Friday, 8:00 a.m. to 4:00 P.m. at telephone: 763-3349 or 762-6125. After hours, call 762-2449.
- C. The report should be referred to the Child Welfare Family Case Manager or Director.
- D. If the staff member and the principal (designee, superintendent, or assistant) do not agree that the situation warrants contact with the Warren County DCS, the staff person must still make the report. Failure to report would be in violation of the law, as prescribed by Indiana Statute. Hopefully, the principal and the teacher will come to an agreement regarding the necessity to report.
- E. Information needed at the time of the report:
1. Names and addresses of the child and parent(s) or guardian(s), if known.
 - a. Directions to the home would be helpful.
 2. Child's age and siblings' names and ages if known.
 3. Nature and extent of alleged abuse or neglect. Is there any previous history?
 4. Identify of abuser (if other than parent or guardian) and location if known.
 5. Reporter's name, if desired.
 6. Other information that would be helpful in establishing the cause of injury or neglect.
- F. For the sake of the investigation by the Warren County DCS, school personnel should not contact the parents about the report to the DCS or what the complaint or allegation has been.
- G. As a word of caution, it is not the school's responsibility to investigate an allegation of abuse. This is the responsibility of the DCS. School personnel should not be making judgment as to whether there is any validity to the allegation.
- H. School personnel may sit in on an investigation which involves the interrogation of a child at school.



Terry Roderick

1-29-07

Date



Linda Akers, Director

1-29-07

Date

ABANDONED INFANT PROTOCOL

Purpose

The purpose of this protocol is to establish the process for coordination between emergency medical service providers in Warren County and the Warren County Division of Family and Children Child Protective Service in response to Senate Enrolled Act No. 330.

GENERAL INFORMATION

Senate Enrolled Act No. 330, effective July 1, 2000, outlines responsibilities for certain abandoned infants.

The definition of abandoned infant in Section 1.IC 31-9-2-0.5 was amended to add that an abandoned infant is a child who is, or who appears to be, not more than thirty (30) days of age and whose parent has knowingly or intentionally left the child with an emergency medical services provider and who did not express an intent to return for the child.

Chapter 1.2. **Section 1.**(a) states that an emergency medical services provider shall, without a court order, take custody of a child who is, or who appears to be, not more than thirty (30)day of age if:

- (1) The child is voluntarily left with the provider by the child's parent; and
- (2) The parent does not express an intent to return for the child.

(b) An emergency medical services provider who takes custody of a child under this section shall perform any act necessary to protect the child's physical health or safety. **Section 2** (a) states that immediately after an emergency medical services provider takes custody of a child under section 1 of this chapter, the provider shall notify the local child protection service that the provider has taken custody of the child.

(b) The local child protection service (Warren County DFC) shall assume the care, control, and custody of the child immediately after receiving notice under subsection (a).

Section 3 A child for whom the local child protection service assumes care, control, and custody under section 2 of this chapter shall be treated as a child taken into custody without a court order, except that efforts to locate the child's parents or reunify the child's family are not necessary, if the court makes a finding to that effect under IC31-34-21-5.6(b)(5).

Whenever a child is taken into custody without a court order under this chapter, the attorney for the Warren County DFC shall, without unnecessary delay, request the juvenile court to:

- (1) authorize the filing of a petition alleging that the child is a child in need of services;
- (2) hold an initial hearing under IC 31-34-10 not later than the next business day after the child is taken into custody; and
- (3) appoint a guardian ad litem for the child

The law further states that the juvenile court shall hold an initial hearing on a petition arising from an emergency medical services provider's taking custody of an infant under IC 31-34-2.5 on the next business day after the emergency medical services provider takes the infant into custody. If the court is unavailable for a hearing on the next business day, the hearing must be held as soon as the court becomes available. However, the hearing must be held not later than the third business day after the infant is taken into custody. The Warren County DFC shall notify the emergency medical services provider who has taken emergency custody of an abandoned infant under IC 31-34-2.5 of the initial hearing. The emergency medical services provider has the right to be heard at the initial hearing.

The following emergency services providers and the Warren County DFC agrees to abide by this protocol.

<u>Patricia J. Goo</u>	<u>Weems</u>	<u>1/29/07</u>
NAME	AGENCY	DATE
<u>Linda Akers</u>	<u>DCS</u>	<u>1/29/07</u>
NAME	AGENCY	DATE

White County Protocols

**PROTOCOL FOR CHILD ABUSE OR NEGLECT REPORTS, INVESTIGATIONS
BETWEEN WHITE COUNTY COMMUNICATIONS, LEA, PROSECUTOR AND DCS**

A. All initial reports of suspected child abuse or neglect during business hours shall be reported to the White County Office, Department of Child Services. After hours calls are to go to the White County Communications Office who will contact White County CPS on call worker. Imminent danger reports shall go to law enforcement agencies in White County who will contact communications to notify CPS.

B. Emergency reports of life threatening or imminent danger of serious bodily harm to a child, or a sexual abuse emergency will be acted upon as follows:

Department of Child Services

1. Investigate within one hour-with LEA, if possible.
2. Protective custody services (emergency placement) if necessary with preference being given to appropriate family members.
3. Advise Juvenile Court and follow up with detention hearing and petition when protective custody is initiated.
4. Provide mandated and needed reports, advisements, color photographs, and/or services, including central registry entry and information as required.
5. Obtain or help to obtain a protective order to stop direct/indirect contact between the alleged perpetrator and victim pursuant to IC-31-6-4-4 (c).

Law Enforcement

1. Immediate investigation with or without DCS. LEA must make an initial assessment of "imminent danger of serious bodily harm" and the "need for an immediate, on-site investigation".
2. Take protective custody of child if necessary with preference given to appropriate family members-CPS should be advised immediately to assist with removal and placement.
3. Verbal report to Juvenile Court and DCS and prosecutor, followed by written report and color photos.
4. Consider removing an alleged perpetrator pursuant to IC 31-6-4-4 (c)
5. Communicating sexual abuse investigations and child fatality investigations that were completed solely by LEA to CPS.

C. Non emergency report of child abuse or neglect will be acted upon as follows:

Department of Child Services

1. Will initiate primary investigation within 24 hours (abuse) or within 5 days (neglect).
2. Provide all mandated reports, advisements (including Central Registry), color photos and/or services.

Law Enforcement

1. Verbal referral for investigation to DCS.
2. Provide information to DCS for State Registry and written reports and color photos if investigated.

D. Disposition of reports/cases-DCS will:

1. Share all reports with the Child Protection Team.
2. Expunge all unsubstantiated reports from DCS records no later than 1 week prior to 180 days from the date of the report.
3. For substantiated reports provide:
 - a. Services to include (as needed) treatment, X Rays, color photographs taken by DFC or law enforcement, case management and referral services, and protective custody.
 - b. Provide a written report of investigation to agencies per state and local agreement when appropriate to the following-Juvenile Judge, Prosecuting Attorney, Law Enforcement, CPT, hospital, coroner (if child dies as a result of child abuse/neglect) and schools, mental health and physicians who have been reporting source.
 - c. Enter substantiated reports in the registry per state law, advise parents, guardians, or custodians of a child named in the report as a victim, and the alleged perpetrator of the entry, and maintain confidentiality of the registry and provide access to the registry information to appropriate individuals or organizations.

E. Report of Abandoned Infant

All parties will follow the revised Abandoned Infant Protocol based on the Safe Haven Laws.

F. Methamphetamine Protocols

1. CPS caseworker will advise LEA of any meth lab components/precursors seen by CPS or of any information received alleging the existence of a meth lab or precursors.
2. CPS will request LEA to accompany caseworker when investigating any allegation of children present in a home where there is an alleged lab or precursors.
3. LEA will alert CPS if information is received about an alleged lab where children are believed to be present.
4. LEA will contact CPS before executing a warrant for a meth lab search where children are believed to be present and ask the CPS worker to be available to ensure the children's safety.
5. CPS will arrange to have a foster care placement available if there is a probability of children being removed from the home.
6. LEA will advise if a parent is found with precursors, paraphernalia, or methamphetamine or is seriously impaired due to the influence of drugs.
7. CPS will assume responsibility for the safety of the child by responding to the scene or advising LEA of acceptable alternatives and facilitating those alternatives.

G. Prosecutor's Office

1. Prosecutor's office will advise CPS of any reports received alleging child abuse and/or neglect, including sexual abuse of a minor if the Prosecutor's office believes LEA or other source has not informed CPS.
2. Will advise CPS of filing of criminal charges and/or arrest of alleged perpetrator in any child abuse or neglect case, including sexual abuse of a minor.

SIGNATURES FOR PROTOCOL FOR CHILD ABUSE
AND NEGLECT INVESTIGATIONS

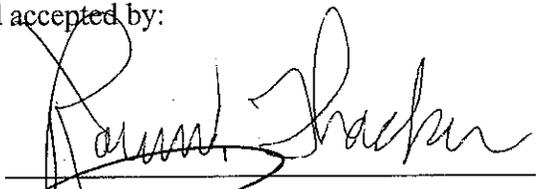
WHITE COUNTY COMMUNICATIONS, LEA, PROSECUTOR AND DCS

Protocol reviewed and accepted by:

Name:

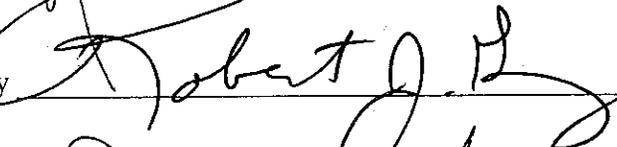
Date:

Judge Robert Thacker



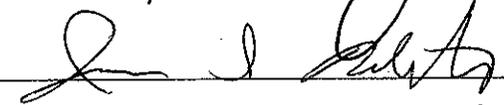
01/10/2007

Prosecutor Robert Guy



1/11/07

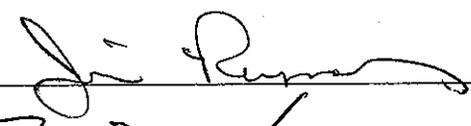
Sheriff John Roberts



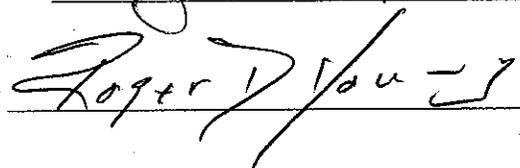
White Co. Comm. Director, Terri Conwell



Monticello Chief of Police, Jim Reynolds



Monon Town Marshall, Roger Young

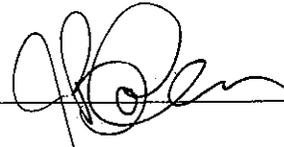


Wolcott Town Marshall, Jim Herre

Brookston Town Marshall, Todd Riley

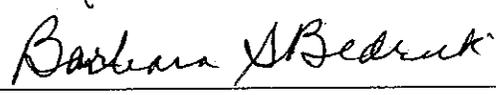
Chalmers Town Marshall, Leann Reinholt

Burnettsville Town Marshall, Jim Bolen



Reynolds Town Marshall, Gary Adams

White Co. DCS Director, Barbara Bedrick



Hospital Liaison Information

1. Name of Hospital: White County Memorial Hospital
2. Address: 1101 O'Connor Blvd., Monticello, IN 47960: White County
3. Name of Hospital Liaison: Sue Risinger
4. Title: Director of Social Services
5. Telephone: (574) 583-7111
6. Has the hospital established a policy and/or guidelines concerning the withholding of medically indicated treatment from disabled infants with life-threatening conditions:
Yes NO If yes, please attach a copy of this information. If no policies or guidelines have been developed, does the hospital plan to do so?
Yes NO
7. Has the hospital established a review system, such as an Infant Care Review Committee? Yes NO If yes and guidelines have been developed for this committee, please attach.

Hospital Liaison Information

1. Name of Hospital: St Elizabeth Hospital Medical Center/Home Hospital
2. Address: 1501 Hartford Street/2400 South Street
Lafayette, IN 47904
Tippecanoe
city/state/county/zip code
3. Name of Hospital Liaison: Bronwen Everton T/C 1/23/07
4. Title: Director of Social Services
5. Telephone: (765) 423-6311
area code
6. Has the hospital established a policy and/or guidelines concerning the withholding of medically indicated treatment from disabled infants with life-threatening conditions:
Yes _____ No X If yes, please attach a copy of this information. If no policies or guidelines have been developed, does the hospital plan to do so?
Yes _____ No X
7. Has the hospital established a review system, such as an Infant Care Review Committee? Yes _____ No X If yes and guidelines have been developed for this committee, please attach.

* Policy reviewed yearly-policy the same.

PROTOCOL BETWEEN TWIN LAKES SCHOOL CORPORATION
AND WHITE COUNTY CPS FOR THE REPORTING
OF CHILD ABUSE AND NEGLECT AND ACCESS TO STUDENTS

1. All school personnel are to report immediately to the individual in charge of the school or his designee, the names of students whom they have reason to believe have been victims of child abuse or neglect whether at school or away from school.
2. The individual in charge of the school or his designee, if there is reason to believe a child has been abused or neglected, will report to White County CPS immediately following the allegation. During business hours the contact will be made to (574) 583-5742. During non business hours the contact should go to White County Communications at (574) 583-7103.
3. All school personnel will be advised that Indiana Code 31-6-11-3 does not relieve individuals of their obligation to report on their own behalf, unless a report has already been made by the individual in charge of the school or his designee.
4. White County CPS staff will make an onsite investigation if parental consent can be obtained or without parental consent if exigent circumstances are present. The determination of exigent circumstances will be made by CPS. CPS staff will contact the individual in charge of the school or their designee upon entering the building. Contacts will be made within 24 business hours or immediately if imminent danger is alleged.
5. Determination of subsequent action will be the responsibility of CPS.
6. White County CPS will submit a written report to the individual in charge of the school or their designee in 30 days regarding the status of the investigation. If the investigation is not complete at 30 days, a 90 day report will submitted when completed.
7. All reports are to be confidential. The 30/90 day reports on unsubstantiated cases are to be expunged within 180 days of the report.

Thomas E. Hetcher
Superintendent, Twin Lakes School Corp

1/23/07
Date

Barbara A. Bedrick
Director, White County DCS

1/23/07
Date