

**Region 15**

**Biennial Regional Services Strategic Plan**

**SFY 2017 - 2018**

**February 2, 2016**



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Biennial Regional Services Strategic Plan

SFY 2017-2018

Region 15

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## **I. Biennial Regional Services Strategic Plan 2017-2018 Overview**

The Indiana Department of Child Services (DCS) was created as a standalone agency in 2005, charged with administering Indiana's child protection services, foster care, adoption and the Title IV-D child support systems throughout the state of Indiana. After the Department was formed, DCS engaged national and local organizations for guidance and support to improve the system that cares for its abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. Over the course of the last 10 years, DCS has launched a number of initiatives to improve the manner in which child welfare is administered in Indiana, including the DCS practice model (Teaming, Engaging, Assessing, Planning and Intervening; TEAPI) and the Safely Home Families First Initiative.

In 2008 State legislation was passed that added the requirement for a Biennial Regional Services Strategic Plan that would be tailored toward the provision of services for children in need of services or delinquent children. The "Biennial Plan" incorporates the "Early Intervention Plan" and the "Child Protection Plan" as well as new requirements under the Biennial Plan. The Early Intervention Plan was a focus on programs and service to prevent child abuse and neglect or to intervene early to prevent families from entering the child welfare or delinquency system. The Child Protection Plan describes the implementation of the plan for the protective services of children. It included the following information: Organization; Staffing; Mode of operations; Financing of the child protection services; and the provisions made for the purchase of services and interagency relations.

The Regional Services Council is the structure responsible for this Biennial plan. The purpose of the Regional Services Council is to: Evaluate and address regional service needs, regional expenditures, and to Serve as a liaison to the community leaders, providers and residents of the region.

The Biennial Plan includes an evaluation of local child welfare service needs and a determination of appropriate delivery mechanisms. Local service providers and community members were represented in the evaluation of local child welfare service needs. A survey was sent to local providers as well as interested community partners. In addition, the regional services council conducted a meeting to take public testimony regarding local service needs and system changes.

The Department of Child Services began the process of analyzing service availability, delivery and perceived effectiveness in the summer of 2015. The planning process to develop the Plan involved a series of activities led by a guided workgroup composed of representatives from the Regional Service Council and others in the community. The activities included a needs assessment survey, public testimony, and review of relevant data. While DCS has several other means with which to determine effectiveness of DCS provided services, such as Federal Child and Family Services Review measures, practice indicator reports, Quality Service Reviews (QSRs) and Quality Assurance Reviews (QARs), this process took that information and looked at it through a contracted service lens. The workgroup considered this information in conjunction with the needs assessment, previous service utilization and public testimony to

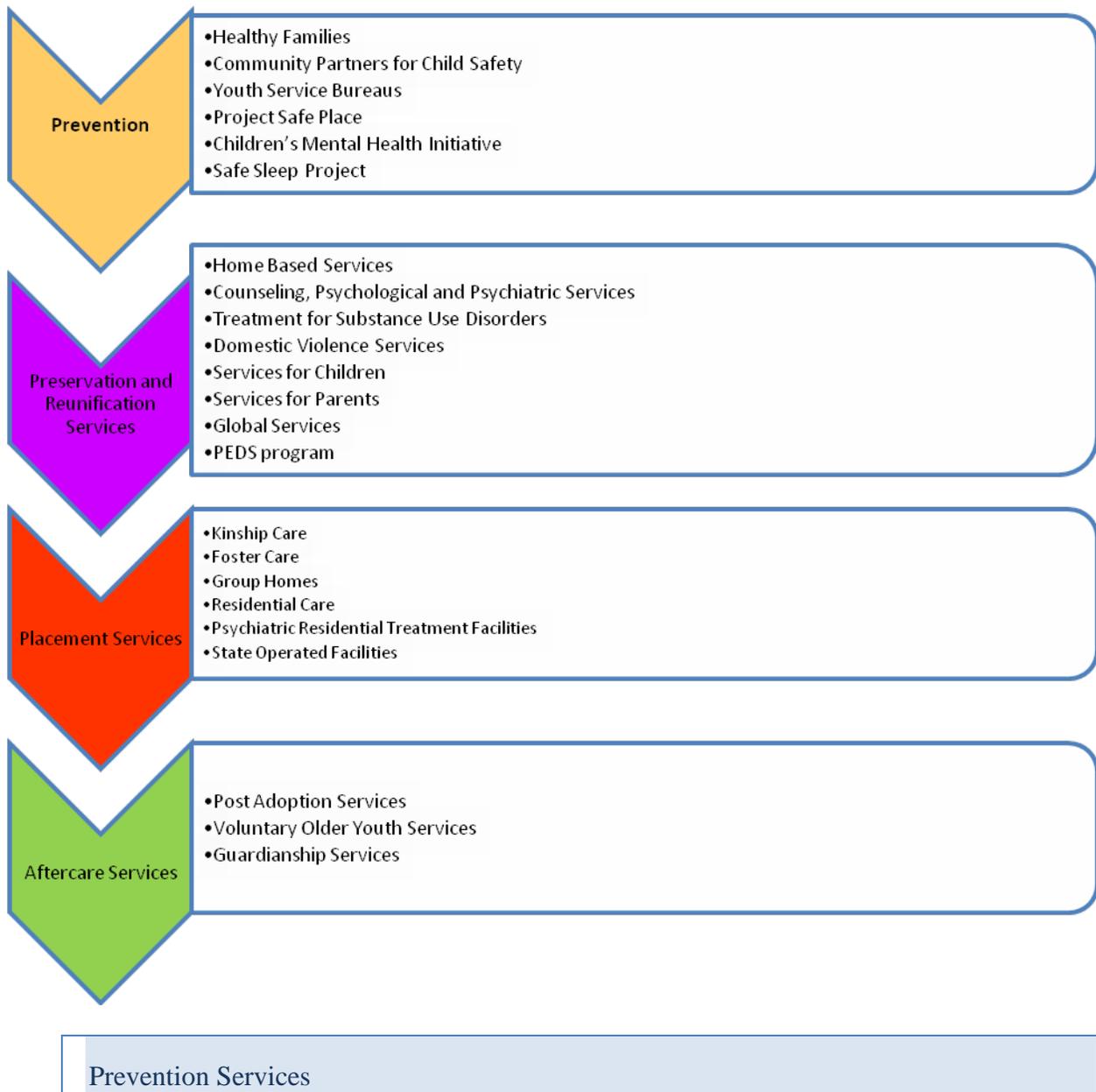
determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps that are specific to the region. In addition, to address known statewide system issues, the Regional Action Plan includes specific action steps to address the following areas:

1. Prevention Services
2. Maltreatment After Involvement
3. Permanency for children in care 24+ months
4. Substance Use Disorder Treatment

Biennial Regional Services Strategic Plans were approved by the Regional Service Council and subsequently submitted to the Director of the Department of Child Services on February 2, 2016 for final approval.

#### IV. Service Array

The Indiana Department of Child Services provides a full continuum of services statewide. Those services can be categorized in the following manner:



#### Kids First Trust Fund

A member of the National Alliance of Children’s Trusts, Indiana raises funds through license

plate sales, filing fee surcharges, and contributions. This fund was created by Indiana statute, is overseen by a Board, and staffed by DCS. Kids First funds primary prevention efforts through the Prevent Child Abuse Indiana (PCAI), Healthy Families Indiana and the Community Partners for Child Safety program.

### **Youth Service Bureau**

Youth Service Bureaus are created by Indiana statute for the purpose of funding delinquency prevention programs through a state-wide network. This fund supports 31 Youth Service Bureaus to provide a range of programs including: Teen Court, Mentoring, Recreation Activities, Skills Training, Counselling, Shelter, School Intervention, and Parent Education.

### **Project Safe Place**

This fund, created by Indiana statute, provides a state-wide network of safe places for children to go to report abuse, neglect, and runaway status. These safe places are public places like convenience stores, police departments, fire departments and other places where children gather. Some emergency shelter is also funded through licensed emergency shelter agencies.

### **Community-Based Child Abuse Prevention**

Federal funds available through the Child Abuse Prevention and Treatment Act (CAPTA) support building a community-based child abuse prevention network through which prevention services can be delivered.

### **Healthy Families Indiana (HFI)**

A combination of federal, state, and local funding provides prevention home visiting services through contract to parents of children zero to three years old. The purpose is to teach parents to bond with and nurture their children. The program also advocates for positive, nurturing, non-violent discipline of children.

### **Community Partners for Child Safety (CPCS)**

The purpose of this service is to develop a child abuse prevention service array that can be delivered in every region of the state. This service builds community resources that promote support to families identified through self-referral or other community agency referral to a service that will connect families to the resources needed to strengthen the family and prevent child abuse and neglect. It is intended, through the delivery of these prevention services, that the need for referral to Child Protective Services will not be necessary. Community resources include, but are not limited to: schools, social services agencies, local DCS offices, Healthy Families Indiana, Prevent Child Abuse Indiana Chapters, Youth Services Bureaus, Child Advocacy Centers, the faith-based community, local school systems and Twelve Step Programs.

### **Maternal Infant Early Childhood Home Visiting (MIECHV)**

Maternal Infant Early Childhood Home Visiting (MIECHV) grants are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The Indiana State Department of Health (ISDH) and the Department of Child Services (DCS) are co-leads of this federal grant, collaborate with Indiana University, Goodwill Industries of Central Indiana, Riley Child Development Center, Women, Infants, and Children (WIC), and the Sunny Start Healthy Bodies, Healthy Minds Initiative at the state agency level to achieve MIECHV goals.

The Indiana MIECHV funding supports direct client service through the expansion of two evidenced-based home visiting programs, Healthy Families Indiana (HFI) and Nurse Family Partnerships (NFP), to pair families—particularly low-income, single-parent families—with trained professionals who can provide parenting information, resources and support during a woman's pregnancy and throughout a child's first few years of life. These models have been shown to make a real difference in a child's health, development, and ability to learn and include supports such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.

## **Children's Mental Health Initiative**

The Children's Mental Health Initiative (CMHI) provides service access for children with significant mental health issues who have historically been unable to access high level services. The Children's Mental Health Initiative specifically focuses on those children and youth who do not qualify for Medicaid services and whose families are struggling to access services due to their inability to pay for the services. The CMHI helps to ensure that children are served in the most appropriate system and that they do not enter the child welfare system or probation system for the sole purpose of accessing mental health services.

The Children's Mental Health Initiative is collaboration between DCS and the local Access Sites, Community Mental Health Centers and the Division of Mental Health and Addiction. Available services include:

- Rehabilitation Option Services,
- Clinic Based Therapeutic and Diagnostic Services,
- Children's Mental Health Wraparound Services,
- Wraparound Facilitation,
- Habilitation,
- Family Support and Training,
- Respite (overnight respite must be provided by a DCS licensed provider), and
- Placement Services.

Eligibility for the CMHI mirrors that of Medicaid paid services under the Children's Mental Health Wraparound and includes:

- DSM-IV-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1
- Child or adolescent age 6 through the age of 17

- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not Medicaid Eligible/Lack funding for service array
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others

Note: The Children's Mental Health Initiative is a voluntary service. The caregiver must be engaged in order to access services.

The CMHI started as a pilot project in 2012 and has spread throughout Indiana in 2013 and early 2014. The CMHI and the Family Evaluation process were implemented jointly to improve service access to families without requiring entry into the probation system or the child welfare system in order to access services. As the CMHI service availability expands, the need for Family Evaluations for this target population diminishes.

#### Preservation and Reunification Services

Indiana DCS will continue to provide a full service array throughout the state. Services provided to families will include a variety of services outlined below.

### Home Based Services

- Comprehensive Home Based Services
- Homebuilders
- Home-Based Family Centered Casework Services
- Home-Based Family Centered Therapy Services
- Homemaker/Parent Aid
- Child Parent Psychotherapy

### Counseling, Psychological and Psychiatric Services

- Counseling
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

### Treatment for Substance Use Disorder

- Drug Screens
- Substance Use Disorder Assessment
- Detoxification Services-Inpatient
- Detoxification Services-Outpatient
- Outpatient Services
- Intensive Outpatient Treatment
- Residential Services
- Housing with Supportive Services for Addictions
- Sobriety Treatment and Recovery Teams (START)

### Domestic Violence Services

- Batterers Intervention Program
- Victim and Child Services

### Services for Children

- Child Advocacy Center Interview
- Services for Sexually Maladaptive Youth
- Day Treatment
- Day Reporting
- Tutoring
- Transition from Restrictive Placements
- Cross Systems Care Coordination
- Children's Mental Health Wraparound Services
- Services for Truancy
- Older Youth Services
- Therapeutic Services for Autism
- LGBTQ Services

### Services for Parents

- Support Services for Parents of CHINS
- Parent Education
- Father Engagement Services
- Groups for Non-offending Parents
- Apartment Based Family Preservation
- Visitation Supervision

### Global (Concrete) Services

- Special Services and Products
- Travel
- Rent & Utilities
- Special Occasions
- Extracurricular Activities

These services are provided according to service standards found at: <http://www.in.gov/dcs/3159.htm>

Services currently available under the home based service array include:

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
<p><b>Homebuilders</b>® (Must call provider referral line first to determine appropriateness of services)</p> <p>(Master's Level or Bachelors with 2 yr experience)</p>	4 – 6 Weeks	<p>Minimum of 40 hours of face to face and additional collateral contacts</p>	<p><b>Placement Prevention:</b> Provision of intensive services to prevent the child's removal from the home, other less intensive services have been utilized or are not appropriate <b>or Reunification:</b> it is an unusually complex situation and less intensive services are not sufficient for reunification to occur.</p> <p>Services are available 24/7</p> <p>Maximum case load of 2-3</p>
<p><b>Home-Based Therapy</b></p> <p>(HBT) (Master's Level)</p>	Up to 6 months	<p>1-8 direct face-to face service hrs/week</p> <p>(intensity of service should decrease over the duration of the referral)</p>	<p>Structured, goal-oriented, time-limited therapy in the natural environment to assist in recovering from physical, sexual, emotional abuse, and neglect, mental illness, personality/behavior disorder, developmental disability, dysfunctional family of origin, and current family dysfunction.</p> <p>Service is available 24/7. Beginning 7/1/11, some providers will have a 1 hour response time for families in crisis.</p> <p>Maximum case load of 12.</p>
<p><b>Home-Based Casework</b></p> <p>(HBC) (Bachelor's Level)</p>	Up to 6 months	<p>direct face-to-face service hours/week</p> <p>(intensity of service should decrease over the duration of the referral)</p>	<p>Home-Based Casework services typically focus on assisting the family with complex needs, such as behavior modification techniques, managing crisis, navigating services systems and assistance with developing short and long term goals.</p> <p>Service is available 24/7. Beginning 7/1/11, some providers will have a 1 hour response time for families in crisis.</p>

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
			Maximum case load of 12.
<b>Homemaker/ Parent Aid</b> (HM/PA) (Para-professional)	Up to 6 months	1-8 direct face-to-face service hours/week	Assistance and support to parents who are unable to appropriately fulfill parenting and/or homemaking functions, by assisting the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping. Some providers have a 1 hour response time for families in crisis.  Maximum case load of 12.
<b>Comprehensive Home Based Services</b>	Up to 6 months	5-8 direct hours with or on behalf of the family	Utilizing an evidence based model to assist families with high need for multiple home based intensive services. Additionally, will provide: supervised visits, transportation, parent education, homemaker/parent aid, and case management. Some evidence based models require a therapist to provide home based clinical services and treatment. These services are provided by one agency.  This is referable through service mapping or the Regional Services Coordinator  Maximum case load of 5-8.

### Comprehensive Home-Based Services

The most recent addition to the home-based service array includes Comprehensive Home-Based Services. Comprehensive Services include an array of home based services provided by a single provider agency. All providers offering services through this standard are required to utilize an Evidence Based Practice (EBP) model in service implementation, which include but is not limited to, Motivational interviewing, Trauma Focused Cognitive Behavioural Therapy and Child Parent Psychotherapy.

In addition, Family Centered Treatment is being supported by DCS as a model of

Comprehensive Home-Based Services. This service provides intensive therapeutic services to families with children at risk of placement or to support the family in transitioning the child from residential placement back to the family. This model also is effective in working with families who have very complex needs. The service works to implement sustainable value change that will improve life functioning and prevent future system involvement.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
FCT – Family Centered Therapy	<ul style="list-style-type: none"> <li>● Families that are resistant to services</li> <li>● Families that have had multiple, unsuccessful attempts at home based services</li> <li>● Traditional services that are unable to successfully meet the underlying need</li> <li>● Families that have experienced family violence</li> <li>● Families that have previous DCS involvement</li> <li>● High risk juveniles who are not responding to typical community based services</li> <li>● Juveniles who have been found to need residential placement or are returning</li> </ul>	<p>This program offers an average of 6 months of evidenced based practice that quickly engages the entire family (family as defined by the family members) through a four phase process. The therapist works intensively with the family to help them understand what their values are and helps motivate them to a sustainable value change that will improve the lives of the whole family.</p>

## Services Available Through Comprehensive Home Based Services

Service Standard	Target Population	Service Summary
	<p>from incarceration or residential placement</p>	
<p>MI – Motivational Interviewing</p>	<ul style="list-style-type: none"> <li>● effective in facilitating many types of behavior change</li> <li>● addictions</li> <li>● non-compliance and running away of teens</li> <li>● discipline practices of parents.</li> </ul>	<p>This program offers direct, client-centered counseling approaches for therapists to help clients/families clarify and resolve their ambivalence about change. Motivational Interviewing identifies strategies for practitioners including related tasks for the clients within each stage of change to minimize and overcome resistance. This model has been shown to be effective in facilitating many types of behavior change including addictions, non-compliance, running away behaviors in teens, and inappropriate discipline practices of parents.</p>
<p>TFCBT – Trauma Focused Cognitive Behavioral Therapy</p>	<ul style="list-style-type: none"> <li>● Children ages 3-18 who have experienced trauma</li> <li>● Children who may be experiencing significant emotional problems</li> <li>● Children with PTSD</li> </ul>	<p>This program offers treatment of youth ages 3-18 who have experienced trauma. The treatment includes child-parent sessions, uses psycho education, parenting skills, stress management, cognitive coping, etc. to enhance future safety. Treatment assists the family in working through trauma in order to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services.</p>

## Services Available Through Comprehensive Home Based Services

Service Standard	Target Population	Service Summary
<p>AFCBT – Alternative Family Cognitive Behavioral Therapy</p>	<ul style="list-style-type: none"> <li>● Children diagnosed with behavior problems</li> <li>● Children with Conduct Disorder</li> <li>● Children with Oppositional Defiant Disorder</li> <li>● Families with a history of physical force and conflict</li> </ul>	<p>This program offers treatment to improve relationships between children and parents/caregivers by strengthening healthy parenting practices. In addition, services enhance child coping and social skills, maintains family safety, reduces coercive practices by caregivers and other family members, reduces the use of physical force by caregivers and the child and/ or improves child safety/welfare and family functioning.</p>
<p>ABA – Applied Behavioral Analysis</p>	<ul style="list-style-type: none"> <li>● Children with a diagnosis on the Autism Spectrum</li> </ul>	<p>This program offers treatment for youth with autism diagnosis to improve functional capacity in speech and language, activities of daily living, repetitive behaviors and intensive intervention for development of social and academic skills.</p>
<p>CPP – Child Parent Psychotherapy</p>	<ul style="list-style-type: none"> <li>● Children ages 0-5 who have experienced trauma</li> <li>● Children who have been victims of maltreatment</li> <li>● Children who have witnessed DV</li> <li>● Children with attachment disorders</li> <li>● Toddlers of depressed mothers</li> </ul>	<p>This program offers techniques to support and strengthen the caregiver and child relationship as an avenue for restoring and protecting the child’s mental health, improve child and parent domains, and increase the caregiver's ability to interact in positive ways with the child(ren). This model is based on attachment theory but integrates other behavioral therapies.</p>

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
IN-AJSOP	Children with sexually maladaptive behaviors and their families	This program offers treatment to youth who have exhibited inappropriate sexually aggressive behavior. The youth may be reintegrating into the community following out-of-home placement for treatment of sexually maladaptive behaviors. Youth may have sexually maladaptive behaviors and co-occurring mental health, intellectual disabilities or autism spectrum diagnoses. CBT-IN-AJSOP focuses on skill development for youth, family members and members of the community to manage and reduce risk. Youth and families learn specific skills including the identification of distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors
Intercept	Children of any age with serious emotional and behavioral problems	Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups.

### Sobriety Treatment and Recovery Teams

Indiana is currently piloting a promising practice program that has shown very positive outcomes with families in Kentucky. The program combines a specially trained Family Case Manager, Family Mentor, and Treatment Coordinator to serve families where there are children under the age of 5 and the parent struggles with a substance use disorder. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The program is being piloted in Monroe County. Currently there are three active Family Case Managers, one

Family Mentor and one Treatment Coordinator with the ability to add 2 additional mentors. It is estimated that the full team will be serving approximately 30 families at any given time. Currently DCS is expanding this program into Vigo county.

### **Adolescent Community Reinforcement Approach (ACRA)**

The Department of Mental Health Addictions (DMHA) has trained therapists at two agencies in Indianapolis. This model will be expanded through this inter-department collaboration and ensures that the service is available to adolescents in need. This EBP uses community reinforcers in the form of social capital to support recovery of youth in an outpatient setting. A-CRA is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery.

This outpatient program targets youth 12 to 18 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. Therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in pro-social activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioural rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in pro-social leisure activities. The A-CRA is delivered in one-hour sessions with certified therapists.

### **Trauma Assessments, TF-CBT, CPP**

DCS recently expanded the service array to include Trauma Assessments and Bonding and Attachment Assessments. Trauma Assessments will be provided to appropriate children, using at least one standardized clinical measure to identify types and severity of trauma symptoms. Bonding and Attachment Assessments will use the Boris direct observation protocol. These new assessments will provide recommendations for appropriate treatment.

Child Parent Psychotherapy (CPP) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) are two of the possible models that could be utilized. DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy. This first cohort of trained therapists includes

9 teams of 3 therapists from within the CMHC network and one additional DCS clinician. These therapists completed their training in May 2014, but will receive another year of consultation through the Child Trauma Training Institute as they begin to fully implement the model. DCS began offering training to a second cohort of clinicians to ensure service availability for children in need. DCS has trained approximately 300 clinicians throughout the state to provide TF-CBT. These agencies are both CMHC's and community-based providers and will ensure that TF-CBT is available for children and families in need.

### **Parent Child Interaction Therapy**

DMHA has started training therapists at Community Mental Health Centers in Parent Child Interaction Therapy (PCIT), which DCS children and families will access through our collaboration and master contracts with the CMHC's. Additionally, with the DCS Comprehensive Service supporting the usage of evidenced-based models, PCIT will increase in its availability throughout the state.

PCIT is an evidence-based treatment for young children with emotional and behavioural disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Disruptive behaviour is the most common reason for referral of young children for mental health services and can vary from relatively minor infractions such as talking back to significant acts of aggression. The most commonly treated Disruptive Behaviour Disorders may be classified as Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD), depending on the severity of the behaviour and the nature of the presenting problems. The disorders often co-occur with Attention-Deficit Hyperactivity Disorder (ADHD). PCIT uses a unique combination of behavioural therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent-child relationship. PCIT draws on both attachment and social learning theories to achieve authoritative parenting. The authoritative parenting style has been associated with fewer child behaviour problems than alternative parenting styles.

### **Successful Adulthood: Older Youth Services**

Indiana's Older Youth Services delivery method utilizes the broker of resources model, which is designed to: 1) ensure youth have or establish ongoing connections with caring adults; and 2)

promote youth to develop as productive individuals within their community, by the acquisition and maintenance of gainful employment, the achievement of educational/vocational goals, and the receipt of financial skills training. This model shall also aid in future program development and design for other resources to facilitate the successful transition to adulthood for foster youth.

This model places the provider in the role of connecting youth with services provided in the youth's community or through a natural, unpaid connection to the youth rather than by the contracted provider. Over time, the youth should be able to depend on their social network and individual knowledge in order to accomplish tasks related to living independently.

#### **V. Available Services:**

Region 15 is composed of six counties (Dearborn, Decatur, Jefferson, Ohio, Ripley and Switzerland) bordering Ohio to the east and Kentucky to the south. Ohio, Ripley and Switzerland counties are rural in nature while Dearborn, Decatur and Jefferson have relatively large urban areas for the region.

Region 15 developed four biennial workgroups which met for ½ a day each. Two workgroups met at the Dearborn DCS office and two met at the Ripley DCS office. Traditionally the work groups meet to identify the most critical service needs, the work group discussed the current prevention and intervention services, barriers to accessing services, the DCS practice model, DCS Practice Indicators, the Quality Service Review (QSR) information, the service standards, the Needs Assessment Survey results, and the public testimony. Topics were identified after reviewing the federal measures from the Child and Family Services Review (CFSR). The topics identified are Prevention, Repeat Maltreatment, Permanency, and Substance Use.

Home based services are widely used in this region. All counties except Dearborn note transportation to clinic based services a significant barrier. Few agencies have facilities in the county or region while many clients lack dependable means of transportation. The needs assessment survey, work group discussions, and barriers information note a lack of provider options in all 6 counties with Dearborn county having the most options and Switzerland indicating the fewest.

Appendix A shows all contracted services in the region as well as the most frequently used

services, expenditures by service, and the projected budget for SFY 2017 and 2018.

## **VI. Needs Assessment Survey**

Each region in the state conducted a needs assessment survey of individuals who have knowledge and experience with child welfare and juvenile probation services. During spring and summer of 2015, the surveys were administered to Family Case Managers (FCMs), service providers, and other community members to measure their perceptions of 26 services in their communities in terms of need, availability, utilization and effectiveness. The intent of the survey was to evaluate local service needs. Results of the survey were used to assist in determining the regional child welfare and juvenile probation service needs, utilization and the appropriate service delivery mechanisms. Results of the surveys are located in Appendix B.

The FCM survey identified the following as the Services with the Highest Availability:

1. Mental Health Services
2. Health Care Services
3. Home-Based Case Management
4. Father Engagement
5. Basic Services

The provider survey identified the following as the Services with the Highest Availability:

1. Home-Based Casework
2. Mental Health Services
3. Home-based Services
4. Case Management
5. Substance Abuse Services

The FCM survey identified the following as the Services with the Lowest Availability:

1. Housing
2. Legal Services
3. Employment/ Training Services
4. Child Care
5. Motivational Interviewing

The provider survey identified the following as the Services with the Lowest Availability.

1. Homebuilders
2. Housing Services
3. Developmental/ Disability Services
4. Father Engagement
5. Respite

## **VII. Public Testimony Meeting**

The Public Testimony meetings were advertised on the DCS web page titled “Biennial Plan Public Notices.” The web page included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Regions. Additionally, the Public Testimony meetings were advertised in each of the local offices and included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Regions. Email notifications of the public meetings were sent to all contracted providers and other community groups.

The Public Testimony meeting for the Child Protection Plan/Biennial Regional Services Strategic Plan was held on October 6, 2015 at 9am at Ripley County DCS Office, 531 W US Highway 50, Versailles, IN 47042. A summary of the testimony is provided in Appendix C.

No public testimony was provided by those present.

## **VIII. Summary of the Workgroup Activities**

The following meetings were held to discuss the available data. The topics of discussion included:

### **1. Prevention Services**

The prevention workgroup was held on October 23, 2015 at 9:00 a.m. at Ripley County DCS Office. The following persons participated in the work group:

Renee Johnson

Centerstone

Amy Crossley

DCS- PQI

Whitney Boxley	Youth Villages
Deb Schilling	Decatur Probation
Michael Singleton	Ireland Home Based Services
Michelle Russell	DCS Ripley
Amanda Brookshire	Home of the Innocents
Gary Keith	DCS Jefferson
Connie DeBurger	Family Connection
Sandy Thurston	DCS Decatur
Amanda Canessa	DCS Chief Counsel
Jodi Alexander	One Community One Family
Sandy Ante	DCS Dearborn
Steven Cruse	DCS Dearborn

The discussion for the workgroup centered on the data collected, identifying what preventive services were strong in the region and where services experienced challenges. The group identified areas where there are gaps: lack community education and collaboration within the professional community, and lack of knowledge of protective factors.

The group identified an action plan that would increase community members' awareness and understanding of preventative efforts. Regional Service Council members will invite prevention agencies to Regional Service Council to present information about their resources. The group also discussed Community Partners developing training and an education program about protective factors to strengthen families and increase community knowledge.

**2. Maltreatment After Involvement**

The Maltreatment After Involvement workgroup was held on October 23, 2015 at 1:00 p.m. at Ripley County DCS Office. The following persons participated in the work group:

Renee Johnson Amy	Centerstone
Crossley	DCS- PQI

Whitney Boxley	Youth Villages
Deb Schilling	Decatur Probation
Michael Singleton	Ireland Home Based Services
Michelle Russell	DCS Ripley
Amanda Brookshire	Home of the Innocents
Gary Keith	DCS Jefferson
Connie DeBurger	Family Connection
Sandy Thurston	DCS Decatur
Amanda Canessa	DCS Chief Counsel
Jodi Alexander	One Community One Family
Sandy Ante	DCS Dearborn
Steven Cruse	DCS Dearborn

The discussion for the workgroup centered on the data collected and commonalities among instances of repeat maltreatment. The group identified and discussed:

- a. Treatment as a family unit.
- b. Lack of communication between providers and DCS.
- c. Compliance verses change with families.
- d. Evaluating services, assessing earlier and continually throughout the case.

The need to promote open communication between DCS, formal supports, and informal supports with continuously reassessing the case and adjusting services to meet the family needs as the case progresses was identified as the top priority to address in biennial.

### 3. Permanency for children in care 24+ months

The permanency work group was held on November 10, 2015 at 1:00 p.m. in the Dearborn DCS Office. Persons listed below participated in the discussion regarding improving permanency outcomes for child in care 24+ months.

Ekica Johnson	Extra Special Parents
Michelle Smith	DCS Ohio
Heather Owsley-Smith	Youth Villages
Steven Cruse	DCS Dearborn
Rebecca Allen	Family Connection
Sandy Ante	DCS Dearborn
Renee Johnson	Centerstone
Michelle Russell	DCS Ripley
Sue Cramer	DCS Central Office
Anthony Ooley	East Indiana CTC
Amy Crossley	DCS Central Office
Sandy Thurston	DCS Decatur
Gary Keith	DCS Jefferson
Nichole Lohrig	Jefferson County School
Jeff Jamar	CFF

The workgroup reviewed the data and discussion was held regarding obstacles and barriers to achieving permanency. The group identified specific areas where improvement is needed:

- a. Increase effective services.
- b. Staff retention.
- c. Development of supports for permanent homes/families.
- d. Collaborate, cooperate and communication with those involved with the case.

The group discussed improving communication and collaboration among community stakeholders, youth and family. The group also discussed the need to promote community members' understanding of the benefits of legal permanency and the role they can play in children attaining permanency.

#### **4. Substance Use Disorder Treatment**

The Substance Use workgroup was held on November 10, 2015 at 9:00 a.m. The following persons participated in the work group:

Ekica Johnson	Extra Special Parents
Michelle Smith	DCS Ohio
Heather Owsley-Smith	Youth Villages
Steven Cruse	DCS Dearborn
Rebecca Allen	Family Connection
Sandy Ante	DCS Dearborn
Renee Johnson	Centerstone
Michelle Russell	DCS Ripley
Sue Cramer	DCS Central Office
Anthony Ooley	East Indiana CTC
Amy Crossley	DCS Central Office
Sandy Thurston	DCS Decatur
Gary Keith	DCS Jefferson
Nichole Lohrig	Jefferson County School
Jeff Jamar	CFF

The data collected was reviewed and a lengthy discussion was held around the challenges in the region regarding serving those who struggle with addiction. The group identified specific areas where improvement is needed:

- a. Lack of regional/local services, especially for adolescents.
- b. Collaboration of care/communication between providers.
- c. Lack of providers conducting drug screens.
- d. Difficulty of obtaining licensure for treatment facility.
- e. Lack of understanding and ability to deal with individuals with dual diagnosis.

The group identified an action plan increasing education on medication assisted treatment programs, promote and educate the availability of Al-Anon, Narc Anon, Alateen meetings within the community, and expand upon programs already available.

The data considered are included in Appendix A: Service Array and Appendix D: Additional Regional Data.

## **IX. Regional Action Plan**

### *Overview*

The Regional Action Plan presented in this section is based on all data collected that addressed regional service needs. These data sources assessed the following areas:

- Service availability (through the needs assessment survey)
- Service effectiveness (through the needs assessment survey)
- Public perception of regional child welfare services (through public hearings)
- Quality Service Review Indicators and Stress factors (4 rounds)
- Community Partners for Child Safety prevention services
- Regional services financing
- Regional workgroup determination of service available/accessibility
- Additional input provided by the workgroup

These data sources were considered by regional workgroups to determine service needs that were to be prioritized by a region for the relevant biennium. To address these service needs, regional workgroups formulated action steps which included distinct, measurable outcomes. Action steps also identified the relevant parties to carry out identified tasks, time frames for completion of tasks, and regular monitoring of the progress towards task completion.

<b>Measurable Outcome for Prevention Services:</b>		Increase community members' awareness and understanding of preventative efforts.		
<b>Action Step</b>	<b>Identified Tasks</b>	<b>Responsible Party</b>	<b>Time Frame</b>	<b>Date of Completion</b>

Identify preventative resources that are available within the region.	-Regional Service Council members will invite prevention providers to bi-monthly meetings.	Regional Service Council	30 days	August 2016
	-Prevention providers will present information in regards to prevention services during Regional Service Council.	Providers	6 months	December 2016
	- Ask James Wide to prepare a press release about Regional Service Council meetings.	Regional Manager and Local Office Directors	30 days	August 2016
Promote the community's understanding of protective factors.	- Offer training to community in regards to protective factors.  - Gather and distribute promotional materials regarding protective factors (gas stations, library, laundry mat, etc.)	-Ireland (Mike Singleton)  -Ireland, Local Office Directors, other community partners	1 year	August 2017

	- Incorporate protective factors language into daily communication and reports.	-Service Providers and DCS	On-going over course of biennial	On-going
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<b>Measurable Outcome for Maltreatment after Involvement:</b>		Increase skill levels of child and family team members at identifying underlying needs to reduce maltreatment after involvement by 50%.		
<b>Action Step</b>	<b>Identified Tasks</b>	<b>Responsible Party</b>	<b>Time Frame</b>	<b>Date of Completion</b>
Promote open communication between DCS, formal supports, and informal supports to ensure a continuous increase in assessment skills and early identification of risk factors.	-Identify, compile and disseminate effective trainings and tools that are currently available.  -Educate supports as to the early identification of needs and risk factors.	Regional Providers and DCS	6 months	On-going

<b>Measurable Outcome for Permanency for children in care 24+ months:</b>		Increase permanency for children in care 24+ months by proactively planning for case closure.		
<b>Action Step</b>	<b>Identified Tasks</b>	<b>Responsible Party</b>	<b>Time Frame</b>	<b>Date of Completion</b>
Improve communication and collaboration amongst community stakeholders, youth and family in attaining sustainable permanency.	<p>-Review permanency plan, establish actions needed to accomplish identified goals, and provide rationale for the action steps during each interaction with the family.</p> <p>-Identify and engage community based services available after case closure.</p>	DCS, community providers, family, and others identified by family	July 2016	On-going throughout the case
Promote community members' understanding of the benefits of legal permanency and the role the community can play in	-Add items to Regional Service Council agenda allowing community members to report agency efforts promoting.	Regional Service Council and community participants	July 2016	Each Regional Service Council meeting throughout biennial plan

achieving permanency more timely.	<p>understanding of legal permanency.</p> <p>-Establish a committee to develop talking points about legal permanency.</p>	Regional Manager and Local Office Directors	July 2016	6 months
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<b>Measurable Outcome for Substance Use Disorder Treatment:</b>		Enhance the community's knowledge of available and effective substance use disorder treatment programs.		
<b>Action Step</b>	<b>Identified Tasks</b>	<b>Responsible Party</b>	<b>Time Frame</b>	<b>Date of Completion</b>
Promote understanding of medication assisted treatment as a valid treatment modality.	- Collaborate with Department of Mental Health and Addictions to identify an expert to lead community based discussions regarding medication assisted treatment.	Anthony Ooley (EICTC) (coordinator)	6 months	December 2016

<p>Enhance communication and information sharing between DCS and providers to ensure valuable assessments and effective treatment plans that will impact positive child welfare outcomes.</p>	<p>-Develop a workgroup to identify information needed on Substance Use Treatment referrals, including frequency and specific information to be provided back to the referral source (positive drug screen, recommendations, missed appointments, etc.).</p>	<p>Regional Manager, Local Office Directors, Probation Consultant and/or staff, provider representative, (Heather Owsley-Smith /Youth Villages)</p>	<p>6 months</p>	<p>July 2017</p>
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**X. Unmet Needs**

The 2015 Needs Assessment Survey identified several needs that will not be addressed or met with the Biennial Plan. Many of these obstacles have been known to the region and continue to be addressed as barriers through the Regional Service Council as able. Several unmet needs are a result of financial limitations of the community and the Department of Child Services and could not be effectively accommodated through the strategies created in the biennial plan.

Financially related needs including: low income housing, emergency financial assistance, and affordable child care as well as

transportation related needs are not addressed specifically in this plan. Needs relating to quality service provision for nearly all services and identifying additional providers for home-based services and MRO services, as well as services/resource availability awareness were among the unmet need priorities. While these unmet needs are crucial, the expressed need and priority level of Substance Abuse, Prevention Services, Permanency and Repeat Maltreatment services took precedence for this biennium.

## XI. Child Protection Plan

**C.**  
**CHILD PROTECTION PLAN**

I. Region 15

A. Name and code of local offices of the Department of Child Services located within the region:

County: Dearborn	Code: 15
County: Decatur	Code: 16
County: Jefferson	Code: 39
County: Ohio	Code: 58
County: Ripley	Code: 69
County: Switzerland	Code: 78
County:	Code:
County:	Code:
County:	Code:

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.)**

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.)

- Public Notice was given by the Local Office Director and Regional Manager
- 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)

C. Give the date(s) and location(s) of the public hearings and attach a copy of the notice posted. October 6, 2015 at 9 am at the Ripley County DCS office

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**

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

1. 18 Number of Family Case Managers assessing abuse/neglect reports full time.
2. 20 Number of Family Case Managers with dual responsibilities; e.g., 50% CPS assessments and 50% ongoing services or 20% CPS and 80% ongoing services.
3. 0 Number of Family Case Manager Supervisor IVs supervising CPS work only.
4. 8 Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services; e.g., 50% CPS and 50% ongoing services.
5. 0 Number of clerical staff with only CPS support responsibilities.
6. 9 Number of clerical staff with other responsibilities in addition to CPS support.
7. Does the Local Office Director serve as line supervisor for CPS?  
Yes  No

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

1. Is the 24-hour Child Abuse and Neglect Hotline **(1-800-800-5556)** listed in your local directories with the emergency numbers as required by law?  
Yes  No

2. All calls concerning suspected child abuse and neglect are received through the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556, including all times when the local DCS offices are closed.

C. Describe your current system of screening calls and reporting allegations of child abuse and neglect. (Attach any tools you presently use if helpful.)The Indiana Child Abuse and Neglect Hotline (hereinafter "Hotline") receives all calls, faxes, e-mails, etc. from inside and outside the state regarding the suspected abuse and neglect of children occurring within the state of Indiana. Intake Specialists, most of

whom have been Family Case Managers, gather the information from each caller and provide a verbal recommendation to parents, guardians, and professionals. The Intake Specialist bases that recommendation on current laws, policies, and practices regarding abuse or neglect. The Intake Specialist routes their completed report to a Hotline supervisor for approval via MaGIK. The Hotline supervisor can make edits/changes within the MaGIK system or send the report back to the Intake Specialist for changes. Once approved by the supervisor, all reports with a recommendation of assess or screen out are routed to the local county's queue for final approval. In the county queue, the local county has the ability to agree with or disagree with the Hotline recommendation. If the local county changes the decision, the local county will notify individuals who received a Hotline recommendation of that decision change. If an immediate response to a report is required, the Intake specialist calls the local office via telephone during regular business hours. After hours, the Intake Specialist provides the on call designee essential information needed to immediately initiate the assessment. The written documentation is then forwarded via MaGIK to the local office's county queue. From 4:30-9:30p, Monday-Thursday, the on-call designee is notified via telephone of all 24 hour response time reports. Upon Hotline Supervisor approval, 24 hour response time reports will be routed to the county queue. From 9:30p-7:00a Sunday-Thursday, the Hotline will contact the on-call designee **ONLY** for reports requiring an immediate initiation. From Friday at 4:30 PM to Sunday at 9:30 p.m., the Hotline will contact the on-call designee on all 24 hour reports and Information/Referrals involving open cases. The Hotline will follow weekend processes for contacting on-call on Holidays.

All reports approved to a county queue will be emailed to that county's distribution list by MaGIK. All reports approved from the county queue with a decision of assess will automatically be e-mailed to that county's distribution list by MaGIK. Reports approved by the local office with a decision of screen out, can be changed after closure to assess.

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. See Chapter 4, Section 38 of the Child Welfare Manual (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 and after working hours. (Check all that apply)

a.  CPS

b.  CPS and/or Law Enforcement Agency (LEA)

c.  LEA only

3. Please indicate when neglect assessments will be initiated. See Chapter 4, Section 38 of the Child Welfare Manual (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

4. Please indicate who will assess neglect complaints received during and after working hours. (Check all that apply)

a.  CPS only

b.  CPS and/or LEA

c.  LEA only

E. Describe the manner in which unsubstantiated child abuse or neglect reports are maintained. Refer to Indiana Child Welfare Manual Chapter 2 Section 13, Expungement of Records.

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 from the Hotline. State assessments: Please describe procedures for reporting allegations in state institutions and facilities. Refer to Indiana Child Welfare Manual Chapter 4, Section 30 Institutional Assessments:

1. **Statewide Assessments:** The Indiana Department of Child Services Hotline receives and processes reports of possible Child Abuse and/or Neglect (CA/N) that occurred in an institution setting located within the state. Licensed residential placement providers are mandated reporters and are required to report CA/N incidents and allegations. The Hotline staff will determine if the incident/allegation rises to the level of legal sufficiency to warrant further assessment and provide their recommendation to the Institutional Child Protection Services unit (ICPS). If the CA/N report is screened in for further assessment, the ICPS unit will assess allegations of abuse and neglect in group homes, residential treatment centers, emergency shelter care centers, day cares, schools, correctional facilities, etc. Allegations involving a foster home will be assessed by the local DCS office staff where the alleged incident occurred. The ICPS Director will assign the new report to the ICPS assessor in the respective Super Region for follow up. There are currently ten (10) ICPS Family Case Managers based in local DCS offices throughout the state. The ICPS unit handles the 24 hour and 5 day response times. In cases where immediate attention is warranted, ICPS staff works in tandem with the Hotline and DCS local offices to ensure one hour response times are achieved and child safety is established. All reports are forwarded to the appropriate licensing/governing bodies at the time of report and again at completion for further review. Reports that are screened out, are forwarded to the appropriate licensing people when applicable.
2. **Institutional Abuse or Neglect:** Institutional Child Protection Services (ICPS) for the Department of Child Services assesses allegations of abuse or neglect regarding children in an Institutional setting, when the alleged perpetrator is responsible for the children's care and safety. Reports are received through the statewide hotline and assessments are initiated within the assigned timeframes (1 hour, 24 hour or 5 day) to determine the safety of the child. Upon completion of the assessment, ICPS will make a determination of the allegations to be either unsubstantiated or substantiated. Further services, referrals, safety plans may take place during and at the conclusion of the assessment to continue to ensure child's safety and reduce future risk. ICPS assessments are completed by the ICPS unit, consisting of Family Case Managers stationed throughout the state. The Institutional Child Protection Service (ICPS) Unit will conduct an assessment of a report of Child Abuse and/or Neglect (CA/N) if the allegations state the incident of CA/N occurred while the child was in the care of one of the following:
  - a. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
  - b. School;
  - c. Hospital;
  - d. Juvenile Correction Facility;
  - e. Adult Correctional Facility that houses juvenile offenders;

- f. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
- g. Licensed Child Care Home or Center;
- h. Unlicensed Registered Child Care Ministry; or
- i. Unlicensed Child Care Home or Center (see Related Information).

ICPS will NOT conduct assessments involving:

- a. Licensed Foster Homes through DCS
- b. Licensed Foster Homes through a private agency
- c. Fatality or near-fatality assessments regardless of allegations or where said allegations took place.
- d. Abandoned infants (IC 31-9-2-0.5, as amended):

**Please describe procedures for taking custody of an “abandoned infant,” for purposes of IC 31-34-21-5.6, (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 foster care when the team set out below 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 Local Office Director (LOD), then to the juvenile court for review.

- G. **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.**

See Attached Protocols

- 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 Policy Manual Chapter 3, Section 1 and Chapter 4, Section 35).**

The Hotline will refer an abuse/neglect report for assessment to the local office where the incident occurred. If it is determined that the incident occurred in another county or additional county to where the Hotline sent the assessment, the local office shall communicate and/or coordinate that information.

If a caller reveals an incident occurred out of state, the Hotline staff will provide the caller with contact information regarding the state where the allegation occurred and recommend the local office to email or fax a copy of any report taken to that agency. If the report presents concerns of a child in imminent danger, the Hotline may reach out to the appropriate state agency directly.

If the Hotline receives a call from another state referencing abuse and/or neglect that allegedly occurred in Indiana, Hotline staff will determine if the report meets legal sufficiency to assign for assessment, determine where the incident occurred, and route the report with a recommendation to the local office's county queue.

If the Hotline receives a call from another state seeking home study or placement study, that information is documented as an Information and Referral and provided to the local office. The local office shall determine whether or not they will respond to the request. The Hotline will also refer the report to the ICPC unit via email.

If the Indiana Child Abuse and Neglect Hotline receives a call from another state requesting a service request to check on children that were placed in Indiana by the calling state, the Hotline will notify the local office to complete a safety check on the placed children via a service request and will notify ICPC staff if it appears the placement was illegal.

**Describe special circumstances warranting an inter-county investigation (Refer to Indiana Child Welfare Policy Manual Chapter 3, Section 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 local office may transfer the report to another county or region for assessment.

**I. Describe the manner in which the confidentiality of records is preserved (Refer to Indiana Child Welfare Policy Manual Chapter 2, Section 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 abides by Indiana law and shares confidential information with only those persons entitled by law 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 the 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".

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).

**J. Describe the follow-up provided relative to specific Assessments (See Chapter 4, Section 21 of the Indiana Child Welfare Policy Manual):**

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;
6. Schools;
7. Child caring institution licensed under IC 31-27;
8. Group home licensed under IC 31-27 or IC 12-28-4;
9. Secure private facility; and
10. Child placing agency as defined in IC 31-9-2-17.5.

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).

**K. Describe GAL/CASA appointments in each county.**

Describe how guardian ad litem or court appointed special advocates are appointed in your county? Appointed by presiding Judge

What percentages of CHINS cases are able to have advocates assigned? 59%

**L. Describe the procedure for Administrative Review for Child Abuse or Neglect Substantiation in DCS (See IC 31-33-26, 465 IAC 3 and the Indiana Child Welfare Policy Manual, Chapter 2, Section 2).**

For any report substantiated by DCS after October 15, 2006, DCS will send or hand deliver written notification of the DCS decision to substantiate child abuse or neglect allegations to every person identified as a perpetrator. The notice will include the opportunity to request administrative review of the decision.

DCS Administrative Review is a process by which an individual identified as a perpetrator, who has had allegations of child abuse and/or neglect substantiated on or

after October 15, 2006, has the opportunity to have a review of the assessment done by an Indiana Department of Child Services (DCS) employee not previously involved in the case. The alleged perpetrator can present information for the Administrative Review with his or her request to unsubstantiate the allegations.

A request for Administrative Review must be submitted by the individual identified as a perpetrator and **received** by the DCS local office that conducted the assessment or the DCS Institutional Child Protection Services (ICPS) within **fifteen (15) calendar days** from the date that the Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review (State Form 54317) was hand delivered to the alleged perpetrator. If the Notice is mailed, an additional three (3) days is added to the deadline.

**Note:** If the request for an Administrative Review deadline is on a day that the DCS local office is closed, the deadline is extended to the next business day.

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 DCS Local Office Division Manager in the county responsible for the assessment; or
4. The Regional Manager in the region responsible for the assessment.

If the DCS Local Office Director, Deputy Director, Division Manager or Regional Manager was the person who approved the initial Assessment of Child Abuse or Neglect (SF113/CW0311) determination, or was otherwise involved in the assessment, preparation of the report, or has a conflict of interest, he or she will not conduct the Administrative Review. The Administrative Review will be conducted by a different DCS Local Office Director, Deputy Director, Division Manager or Regional Manager.

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

DCS will require that the Administrative Review decision is made by the appropriate DCS Local Office Director, Regional Manager, Local Office Deputy Director or Division Manager. Community CPT's are prohibited from making the decision.

The objectives of an Administrative Review are to:

1. Provide an internal review of the assessment by DCS at the request of the perpetrator; to determine whether or not the assessment provides a preponderance of evidence to support the conclusion to substantiate the allegation(s);

2. Provide an opportunity for the alleged perpetrator to submit documentation (not testimony) regarding the allegation(s) substantiated to challenge the substantiation;
3. Comply with due process requirements that mandate DCS to offer a person identified as a perpetrator the opportunity to challenge allegations classified as substantiated. An Administrative Review is one step in the DCS administrative process.

If a Court's finding(s) support the substantiation, DCS **will not conduct** an Administrative Review, the person will remain on the Child Protection Index (CPI) and any request for Administrative Review will be denied. Findings of this type can be found in a Child in Need of Services (CHINS) or criminal/juvenile delinquency case orders.

1. A court in a Child in Need of Services (CHINS) case may determine that the report of child abuse and/or neglect is properly substantiated, child abuse and/or neglect occurred or a person was a perpetrator of child abuse and/or neglect. The determinations made by the court are binding.
2. A criminal (or juvenile delinquency) case may result in a conviction of the person identified as an alleged perpetrator in the report (or a true finding in a juvenile delinquency case). If the facts that provided a necessary element for the conviction also provided the basis for the substantiation, the conviction supports the substantiation and is binding.

If a CHINS Court orders a finding that the alleged child abuse or neglect identified in the report did not occur; or the person named as a perpetrator in a report of suspected child abuse or neglect was not a perpetrator of the alleged child abuse or neglect, DCS **will not conduct** an Administrative Review. The finding of the court is binding and the report will be unsubstantiated consistent with the court's finding. The DCS local office will notify the alleged perpetrator of the assessment conclusion, whether or not an Administrative Review occurs based on the court's finding. Upon notification, the individual identified as a perpetrator will have the opportunity to request reconsideration of a denial in writing within 15 days of the denial (including an additional three days if the denial is sent by mail) and provide any basis he/she may have to support the basis for alleging an error in the decision to deny administrative review.

The individual identified by DCS to conduct the Administrative Review may deny the Administrative Review, uphold the classification of the allegation(s) as substantiated, reverse the allegations classified as substantiated or return the report for further assessment so that additional information can be obtained. An Informal Adjustment does not justify a denial of an Administrative Review. The individual identified by DCS to conduct the Administrative Review may not stay the administrative review process.

**Note:** For those Administrative Reviews that were stayed before the effective date of this policy, the administrative review process must be concluded in accordance with

the stay letter provided to the perpetrator. If no deadline was provided by DCS, see Notice of to Reactivate Administrative Review or Appeal Request (Chapter 2 Notification Tool- Section M).

DCS will complete the Administrative Review and will notify the DCS local office of the decision so that appropriate action can be taken consistent with the decision. The individual identified by DCS to conduct the Administrative Review will also notify the individual identified as a perpetrator in writing of the outcome within **fifteen (15) calendar days** from the DCS local office receipt of the individual's request for administrative review.

The DCS LOD or designee will maintain in the assessment case file a record of:

1. The date of the Administrative Review;
2. The person who conducted the Administrative Review;
3. The Administrative Review decision; and
4. The copy of the review decision letter. See Practice Guidance.

This procedure does not apply to child abuse and/or neglect (CA/N) substantiated assessments involving child care workers, licensed resource parents or DCS employees. DCS will notify a DCS employee substantiated for child abuse or neglect that an automatic administrative review will be conducted after substantiation has been approved. The review will be conducted by a team of DCS staff members as designated by DCS Policy. DCS will notify a child care worker or a licensed foster parent, in writing, of the date, time and place of a face to face meeting with the DCS staff member who conducts the administrative review before the DCS determination to substantiate is approved. These administrative reviews are conducted automatically, without any request for review from the individual identified as a perpetrator. While these individuals are invited to attend their administrative review, the administrative review will occur regardless of the attendance of the individual identified as a perpetrator. DCS will require that the administrative review occur prior to supervisory approval of the assessment finding. A written review decision will be mailed or hand delivered to the individual identified as a perpetrator. Following the review, the DCS staff member will notify the person of the review decision. The written review decision will include procedures that the person must follow to request an administrative appeal hearing before an Administrative Law Judge. (Refer to the Indiana Child Welfare Manual, Chapter 2, Sections 3 and 4.)

**Are you automatically holding an Administrative Review on all Child Care Workers, foster parents substantiated for child abuse and/or neglect prior to substantiation?**

Yes

No

**Does your region schedule administrative reviews for child care workers and foster parents in accordance with DCS Policy?**

Yes

No

The Indiana Department of Child Services (DCS) recognizes the right of the alleged perpetrator to request an Administrative Appeal Hearing if substantiated allegations of Child Abuse and/or Neglect (CA/N) are upheld in the DCS Administrative Review or when an administrative review is denied. The process outlined herein will apply to all assessments that substantiate CA/N against a named individual identified as a perpetrator on or after October 15, 2006. (Refer to the Indiana Child Welfare Manual, Chapter 2, Section 5.)

If the substantiated assessment is against a minor perpetrator, the request for an Administrative Appeal Hearing must be made by the child's parent, guardian, custodian, attorney, Guardian ad Litem (GAL), or Court Appointed Special Advocate (CASA).

DCS requires that all requests for Administrative Appeal Hearing by an individual identified as a perpetrator utilize the Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (54776) and that the request be received by DCS Hearings and Appeals within **thirty (30) calendar days** (if request hand delivered) or **thirty-three (33) calendar days** (if request mailed) from the date identified on the Notice of Right to Administrative Appeal of Child Abuse/Neglect Determination (State Form 55148).

**Note:** If the request for an Administrative Appeal is received on a day that the DCS Hearings and Appeals is closed, the next business day is considered the receipt date. If the request deadline is on a day that DCS Hearings and Appeals is closed, the deadline is extended to the next business day.

If the substantiated assessment is against a DCS employee or a child care worker as defined in DCS policies Chapter 2, Section 3 Child Care Worker Assessment Review (CCWAR) Process and Chapter 2, Section 4 Assessment and Review of DCS Staff Alleged Perpetrators, the Administrative Appeal Hearing will be scheduled to be heard within twenty (20) calendar days of the date the request is received by Hearings and Appeals, unless the perpetrator (appellant) waives the time limit in writing as outlined in 465 IAC 3-3-9.

At the hearing, the DCS local office representative will:

1. Review assessment documentation prior to the hearing; and
2. Bring supporting documentation to be entered as evidence and witnesses to the hearing. Exhibits should be appropriately redacted to eliminate all Social Security numbers, identification of the report source, and any other information necessary for redaction.

**V. Community Child Protection Team (CPT)**

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

County	Yes	No
Dearborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Decatur	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jefferson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ohio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ripley	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Switzerland	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

County	Weekly	Monthly	Telephone	As necessary, but at least	Date of last meeting
Dearborn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/12/15
Decatur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/12/15
Jefferson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/17/15
Ohio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/10/15
Ripley	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/28/15
Switzerland	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/10/15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. How many meetings were held in:

County	SFY 2014	SFY 2015
Dearborn	12	11
Decatur	12	10
Jefferson	10	11
Ohio	11	11
Ripley	10	11
Switzerland	8	8

D. Are emergency CPT meetings held?

Yes

No

If yes, how many:

a. in SFY 2014? \_\_\_\_\_

b. in SFY 2015? \_\_\_\_\_

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

1. in SFY 2014? Total: 45 (Dearborn 7; Decatur 5; Jefferson 10; Ohio 9; Ripley 8; Switzerland 6)

2. in SFY 2015? Total: 48 (Dearborn 6; Decatur 6; Jefferson 12; Ohio 10; Ripley 6; Switzerland 8)

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

1. in SFY 2014? TOTAL: 521 (Dearborn 147; Decatur 207; Jefferson 40; Ohio 63; Ripley 54; Switzerland 10)

2. in SFY 2015? TOTAL: 539 (Dearborn 124; Decatur 210; Jefferson 50; Ohio 85; Ripley 57; Switzerland 15)

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

1. in SFY 2014? 0
  2. in SFY 2015? 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 DCS or director's designee Dearborn-Aimee Eckstein; Decatur-Amy Neimeyer-Davis\*\*; Jefferson-Gary Keith; Ohio-Michelle Smith; Ripley-Denise Burton; Switzerland-Gary Keith

2-3 Two (2) designees of juvenile court judge Dearborn-Steve Bradley and Vacant; Decatur-Deb Schilling and Rob Duckworth; Jefferson-Ashley Bickers and Tammy Monroe; Ohio-Steve Bradley and Annie Jackson; Ripley-Phil Mohr and Shannon Schmaltz; Switzerland-Don Stout and Jeff Theetge

4. County prosecutor or prosecutor's designee Dearborn-Joseph Kisor; Decatur-Nathan Harter; Jefferson-Chad Lewis; Ohio-Lynn Deddens\*\*; Ripley-Marcia Davis\*\*; Switzerland-Monica Hensley

5. County sheriff or sheriff's designee Dearborn-Mike Kreinhop; Decatur-Mike Woodhull; Jefferson-Keith Hartman; Ohio-Glen Potts; Ripley-Jeff Cumberworth; Switzerland-Nathan Hughes

6. The chief law enforcement officer of the largest LEA in the county or designee: Dearborn-Vacant; Decatur-Bill Meyerrose; Jefferson-Ty Eblen; Ohio-David Hewitt; Ripley-Tom Baxter; Switzerland-James Richards

7. **Either** president of county executive or president's designee **or** executive of consolidated city or executive's designee Dearborn-Scott Schwing; Decatur-Rick Nobbe; Jefferson-Connie Chambers; Ohio-Steve Slack; Ripley-Brenda Wetzler; Switzerland-Mark Helt

8. Director of CASA or GAL program or director's designee (\*See note after #13.) Dearborn-Alex Parniuk; Decatur-Stacey Beauchamp; Jefferson-Tonya Ruble-Richter; Ohio-Melanie Kittle; Ripley-Tonya Ruble-Richter; Switzerland-Carol Ann Sublett\*\*

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

9. **Either** public school superintendent or superintendent's designee **or** director of local special education cooperative or director's designee Dearborn-Carol Schiering; Decatur-Barb Lecher; Jefferson-Angela Vaughn and Karla Gauger; Ohio- Brandon Roeder; Ripley-Christi Heaton; Switzerland-Roy Leap and Tony Spoores

10-11. Two (2) persons, each of whom is a physician or nurse experienced in pediatric or family practice Dearborn-Keith Rhodes and Amy Whistler; Decatur-Diane Berry-Stewart and Lori Hunter; Jefferson-Holly Robinson\*\* and Mary Butler; Ohio-Jamie Works and Regina Couch; Ripley-Mandy Hughes and Jodi Meister; Switzerland-Joann Hickman and Scott Friede

12-13. One (2) citizens of the community Dearborn-Nancy Janszen\*\* and Tracy Mock; Decatur-Sandra Gabbard and Kristy Tebbe; Jefferson-Robert Pimlot; Ohio-Gayla Kaibel and David Jacksonm; Ripley-Ann Marie Marsh; Switzerland-Cynthia Wagner, Sara Brichto and Corrinna Davies

**\*Note:** If 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 13 as specified by I.C. 31-33-3-1 Director of local CPS or director's designee. (Refer to Child Welfare Manual, Chapter 1, Section 1.)

VI. Regional Child Protection Service Data Sheet

A. 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.)**

1.	List items purchased for the Child Protection Team and costs	<b>2014</b> 0	<b>2015</b> 0
2.	Child Advocacy Center/Other Interviewing Costs		<b>\$82,596</b>

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

<i>Job Classification</i>	SFY 2014		SFY 2015	
	<i>Average Salary</i>	<i>Fringe</i>	<i>Average Salary</i>	<i>Fringe</i>
Family Case Manager	\$ 38,031.61	Salary X (1.2375)+ \$12,446	\$ 38,184.72	Salary X (1.2375)+ \$12,446
Family Case Manager Supervisor	\$ 49,418.15	Salary X (1.2375)+ \$12,446	\$ 46,784.28	Salary X (1.2375)+ \$12,446

Clerical Support	\$ 24,620.93	Salary X (1.2375)+ \$12,446	\$ 24,061.15	Salary X (1.2375)+ \$12,446
Local Office Director	\$ 62,052.12	Salary X (1.2375)+ \$12,446	\$ 62,922.62	Salary X (1.2375)+ \$12,446

	<u>2014</u>	<u>2015</u>
1 Family Case Managers IIs	1,286,793.56	1,343,511.51
2 FCM Supervisors (or Local Director)	401,282.42	407,947.63
3 Clerical Support Staff	213,824.50	212,881.81
<b>Total Cost of Salaries</b>	<u>1,901,900.48</u>	<u>1,964,340.95</u>
<b>Grand Total of VI (Total Cost of Services In A, plus Total Cost of Salaries in B</b>	<u>1,984,496.40</u>	<u>1,046,936.90</u>

C.

**CERTIFICATION**

I certify and attest that the local Child Protection Service Plan of Region 15 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

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND COUNTY LAW ENFORCEMENT

Pursuant to various cites in the Indiana Juvenile Code, the following are general guidelines between the Indiana Department of Child Services (DCS), Child Protection Services (CPS), and Law Enforcement Agencies (LEA). While the establishment of procedures provides a basis for cooperative operations, it is recognized that sensitivity, diplomacy, and tact are some of the intangible elements which must be used to implement this protocol. Attention to things such as the genders of the victims of abuse or neglect and that of the investigators/assessors must be considered and handled on a case-by-case basis. The goal of our joint investigations/assessments should be to work together to take whatever steps are necessary to protect the child victims, considering the very individualized circumstances that are present in each case. A goal of our cooperative working relationship should be to make sure that there is consistency in the procedures that each of us uses in investigation/assessment of child abuse and neglect.

1. Reports of Child Abuse or Neglect will be immediately reported to the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556 (the "DCS Hotline"). Law Enforcement Agents can then key in the LEA Access Code: 3274357 to be advanced in the call in queue.
2. The Juvenile Code, in (IC 31-33-7-7), establishes basic procedures for cooperative interaction between CPS and Law Enforcement Agencies (LEAs). LEAs are required to immediately communicate to DCS any report the LEA receives alleging that a child may be abused or neglected, whether or not the LEA has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local county DCS' office whenever the LEA has reason to believe an offense has been committed (IC 31-33-8-2). Situations which would require immediate investigation are: severe or extensive injuries to the child; very young children left alone; any reported abuse of an infant; report of needed medical attention which has not been provided to children; and reports of repeated abuse or neglect.

If the child is not in imminent danger of severe bodily harm, the officer should make the preliminary investigation and determine if he feels CPS needs to be notified at that time, or if the report can wait until the next working day. A copy of a case report and any other pertinent information obtained by LEA will be forwarded to the local county DCS office.

In reports of sexual abuse, if LEA has reason to believe that an offense has been committed, there must be an immediate joint investigation with a CPS Case Manager and LEA, pursuant to IC 31-33-7-7. If LEA investigates a sexual offense, and then determines that the victim is a child, the report of this investigation should be called into the DCS Hotline immediately.

3. Pursuant to IC 31-33-9-1 and IC 31-33-9-2, DCS will be the lead investigator when a report is received involving a child who may be a victim of child abuse or neglect, and when the child is under the care of a public or private institution. The phrase "public or private institution" includes day care and group home facilities, foster homes, and public or private schools. In the case of public or private schools, LEA will be the lead investigator; for all other institutions, CPS will be the lead investigator. In situations in which the alleged perpetrator is an employee or owner of the public or private institution, the alleged perpetrator is considered to be in the position of "caretaker" to the alleged victim.

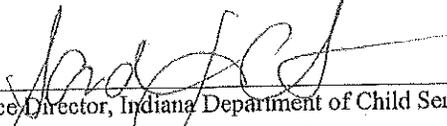
Whichever agency, law enforcement or CPS, receives the initial report of an allegation of this nature, must make an immediate oral report to the other agency, so that arrangements may be made to initiate the investigation.

In such cases, the interview must be a joint one, with both LEA and the CPS Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the

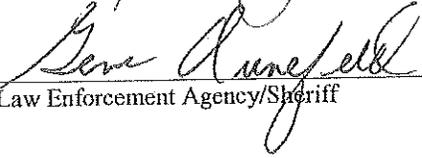
information that is needed for its portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A Case Manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm, then LEA will report to the DCS Hotline and the report will be forwarded to the local county DCS' office the following day.
5. A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the Judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS Case Manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child—this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS Case Manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this documentation must be signed by both the CPS Case Manager and LEA officer, when both have participated in the detention.
6. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
7. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
8. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
9. During working hours, CPS Case Managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.
10. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
11. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

This Protocol is effective as of the date of the last signature below (the "Effective Date").

  
\_\_\_\_\_  
Local Office Director, Indiana Department of Child Services

8-4-11  
Date

  
\_\_\_\_\_  
Law Enforcement Agency/Sheriff

1-6-12  
Date

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND COUNTY LAW ENFORCEMENT

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Whichever agency, law enforcement or CPS, receives the initial report of an allegation of this nature, must make an immediate oral report to the other agency, so that arrangements may be made to initiate the investigation.

In such cases, the interview must be a joint one, with both LEA and the CPS Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the

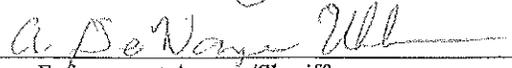
information that is needed for its portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

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This Protocol is effective as of the date of the last signature below (the "Effective Date").

  
\_\_\_\_\_  
Local Office Director, Indiana Department of Child Services

8-4-11  
Date

  
\_\_\_\_\_  
Law Enforcement Agency/Sheriff

1-5-12  
Date

## **Indiana Department of Child Services 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 forty-five 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 Indiana Department of Child Services (DCS) by calling the Indiana Child Abuse and Neglect Hotline (the "DCS Hotline") to report that they have taken custody of an abandoned infant at 1-800-800-5556.

### **Child Protection Service (CPS) 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 intake specialist will immediately notify the director or supervisor of the DCS Hotline. The case will be assigned immediately for assessment at a local county DCS' office. 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.
2. The Family Case Manager will notify the DCS' Local Office Attorney that a CHINS petition needs to be prepared on an abandoned infant from an EMS provider. The attorney will then notify the Judge and 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 an initial hearing within the next business day, the hearing is not to be held any later than two (2) days after the 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, ten (10) days in advance of a case review hearing and termination of parental rights hearing involving the abandoned infant.

#### **Additional information to remember:**

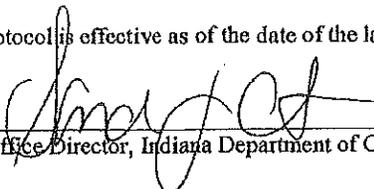
A baby left with an EMS provider per this statute is a defense against prosecution; therefore, these cases will not be assigned to law enforcement. The role of CPS is to place the infant in a safe environment and to file a CHINS petition. \*Pursuant to statute a CPS report will be accepted and

shared with law enforcement and prosecutor.

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 without causing them to flee without any information.

The Juvenile Court can waive the requirements for reasonable efforts because of rebuttable presumption that it is not in the best interest of the child, which will expedite permanency.

This Protocol is effective as of the date of the last signature below (the "Effective Date").

  
\_\_\_\_\_  
Local Office Director, Indiana Department of Child Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sheriff/County Sheriff's Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief/Local Police Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief/Local Fire Department

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Doctor/Emergency Room Services

1-9-2012  
Date

## **Indiana Department of Child Services 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 forty-five 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 Indiana Department of Child Services (DCS) by calling the Indiana Child Abuse and Neglect Hotline (the "DCS Hotline") to report that they have taken custody of an abandoned infant at 1-800-800-5556.

### **Child Protection Service (CPS) 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 intake specialist will immediately notify the director or supervisor of the DCS Hotline. The case will be assigned immediately for assessment at a local county DCS' office. 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.
2. The Family Case Manager will notify the DCS' Local Office Attorney that a CHINS petition needs to be prepared on an abandoned infant from an EMS provider. The attorney will then notify the Judge and 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 an initial hearing within the next business day, the hearing is not to be held any later than two (2) days after the 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, ten (10) days in advance of a case review hearing and termination of parental rights hearing involving the abandoned infant.

#### **Additional information to remember:**

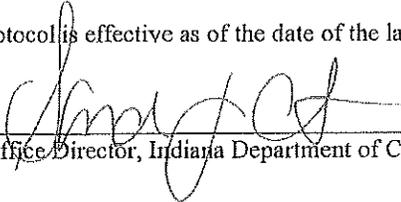
A baby left with an EMS provider per this statute is a defense against prosecution; therefore, these cases will not be assigned to law enforcement. The role of CPS is to place the infant in a safe environment and to file a CHINS petition. \*Pursuant to statute a CPS report will be accepted and

shared with law enforcement and prosecutor.

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 without causing them to flee without any information.

The Juvenile Court can waive the requirements for reasonable efforts because of rebuttable presumption that it is not in the best interest of the child, which will expedite permanency.

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\_\_\_\_\_  
Local Office Director, Indiana Department of Child Services

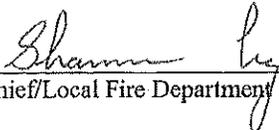
8-4-11  
Date

\_\_\_\_\_  
Sheriff/County Sheriff's Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief/Local Police Department

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Chief/Local Fire Department

1-6-12  
Date

\_\_\_\_\_  
Doctor/Emergency Room Services

\_\_\_\_\_  
Date

## **Indiana Department of Child Services 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 forty-five 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 Indiana Department of Child Services (DCS) by calling the Indiana Child Abuse and Neglect Hotline (the "DCS Hotline") to report that they have taken custody of an abandoned infant at 1-800-800-5556.

### **Child Protection Service (CPS) 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 intake specialist will immediately notify the director or supervisor of the DCS Hotline. The case will be assigned immediately for assessment at a local county DCS' office. 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.
2. The Family Case Manager will notify the DCS' Local Office Attorney that a CHINS petition needs to be prepared on an abandoned infant from an EMS provider. The attorney will then notify the Judge and 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 an initial hearing within the next business day, the hearing is not to be held any later than two (2) days after the child is taken into custody.
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4. The Family Case Manager will notify the EMS provider, in addition to parties identified under IC 31-34-21-4, ten (10) days in advance of a case review hearing and termination of parental rights hearing involving the abandoned infant.

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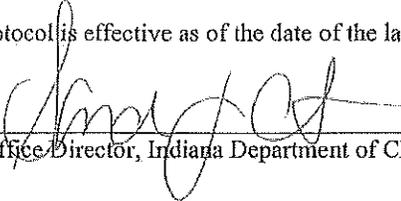
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shared with law enforcement and prosecutor.

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 without causing them to flee without any information.

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\_\_\_\_\_  
Local Office Director, Indiana Department of Child Services

8-4-11  
Date

\_\_\_\_\_  
Sheriff/County Sheriff's Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief/Local Police Department

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Chief/Local Fire Department

8-10-11  
Date

\_\_\_\_\_  
Doctor/Emergency Room Services

\_\_\_\_\_  
Date



Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**  
Decatur County Office  
1025 E Freeland Rd. Suite B  
Greensburg, IN 47240

812-663-6768  
FAX: 812-663-5703

[www.in.gov/dcs](http://www.in.gov/dcs)

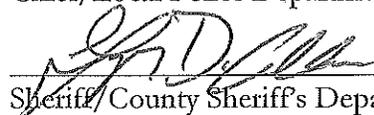
**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

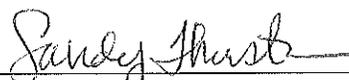
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**METHAMPHETAMINE INVESTIGATION/ASSESSMENT PROTOCOL**  
**LAW ENFORCEMENT AGENCY (LEA) AND**  
**CHILD PROTECTION SERVICES (CPS)**

Methamphetamine lab guidelines for contact with Child Protection Services:

1. Information is received about a meth lab and children are present/living at lab site.  
-Law enforcement prepares and obtains search warrant.
2. LEA contacts CPS before execution of meth lab search warrant.  
-Verify information received and obtain any new information from CPS.
3. LEA arranges to have CPS Assessors present (in a safe location) during warrant execution or on standby at a secondary location.
4. LEA follows up with CPS investigator after incident and attends Detention and/or Initial CHINS (Children in Need of Services) Hearing.
5. LEA provides yearly methamphetamine lab training to all CPS caseworkers  
-training is also extended throughout the county.
6. CPS contacts LEA when they receive drug-related or meth lab information.
7. When CPS Assessors observe meth lab component/precursors, they contact LEA immediately.

  
\_\_\_\_\_  
Chief/Local Police Department

  
\_\_\_\_\_  
Sheriff/County Sheriff's Department

  
\_\_\_\_\_  
Local Office Director/ Department of Child Services



*Protecting our children, families and future*



Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**  
Decatur County Office  
1025 E Freeland Rd. Suite B  
Greensburg, IN 47240

812-663-6768  
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[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND LOCAL LAW ENFORCEMENT

Pursuant to various cites in the Indiana Juvenile Code, the following are general guidelines between The Indiana Department of Child Services (DCS), Child Protection Services (CPS), and Law Enforcement Agencies (LEA). While the establishment of procedures provides a basis for cooperative operations, it is recognized that sensitivity, diplomacy, and tact are some of the intangible elements which must be used to implement this protocol. Attention to things such as the genders of the victims of abuse or neglect and that of the investigators/assessors must be considered and handled on a case-by-case basis. The goal of our joint investigations/assessments should be to work together to take whatever steps are necessary to protect the child victims, considering the very individualized circumstances that are present in each case. A goal of our cooperative working relationship should be to make sure that there is consistency in the procedures that each of us uses in investigation/assessment of child abuse and neglect.

1. Reports of Child Abuse or Neglect will be immediately reported to the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556. Law Enforcement Agents can key in the LEA Access Code: 3274357 to be advanced in the call in queue.
2. The Juvenile Code, in (IC 31-33-7-7), establishes basic procedures for cooperative interaction between CPS and Law Enforcement Agencies (LEAs). LEAs are required to immediately communicate to the DCS any report the LEA receives alleging that a child may be abused or neglected, whether or not the LEA has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local DCS whenever the LEA has reason to believe an offense has been committed (IC 31-33-8-2). Situations which would require immediate investigation are: severe or extensive injuries to the child, very young children left alone, any reported abuse of an infant, report of needed medical attention which has not been provided to children, and reports of repeated abuse or neglect.

If the child is not in imminent danger of severe bodily harm, the officer should make the preliminary investigation and determine if he feels CPS needs to be notified at that time, or if the report can wait until the next working day. A copy of a case report and any other pertinent information obtained by LEA will be forwarded to the local county DCS office.



*Protecting our children, families and future*

In reports of sexual abuse, if LEA has reason to believe that an offense has been committed, there must be an immediate joint investigation with a CPS case manager and LEA, pursuant to (IC 31-33-7-7). If LEA investigates a sexual offense, and then determines that the victim is a child, the report of this investigation should be called into the DCS Hotline immediately.

3. Pursuant to IC 31-33-9-1 and 31-33-9-2, DCS will be the lead investigator when a report is received involving a child who may be a victim of child abuse or neglect, and when the child is under the care of a public or private institution. The phrase "public or private institution" includes day care and group home facilities, foster homes, and public or private schools. In the case of public or private schools, LEA will be the lead investigator; for all other institutions, CPS will be the lead investigator. In situations in which the alleged perpetrator is an employee or owner of the public or private institution, the alleged perpetrator is considered to be in the position of "caretaker" to the alleged victim.

Whichever agency, law enforcement or CPS, receives the initial report of an allegation of this nature, must make an immediate oral report to the other agency, so that arrangements may be made to initiate the investigation.

In such cases, the interview must be a joint one, with both LEA and the Child Protection Services Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the information that is needed for their portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A case manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm then LEA will report to the Hotline and the report will be forwarded to the local county office the following day.
5. A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the Judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS case manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child—this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS case manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-



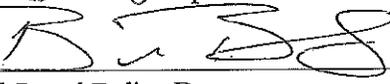
34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.

6. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
7. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
8. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
9. During working hours CPS case managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.
10. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
11. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

This Protocol is effective as of the date of the last signature below (the "Effective Date").

  
\_\_\_\_\_  
Director, Indiana Department of Child Services

12/22/2015  
Date

  
\_\_\_\_\_  
Chief, Local Police Department

12/23/15  
Date

  
\_\_\_\_\_  
Sheriff, County Sheriff's Department

12/23/15  
Date





Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**  
Decatur County Office  
1025 E Freeland Rd. Suite B  
Greensburg, IN 47240

812-663-6768  
FAX: 812-663-5703

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

**PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND LOCAL LAW ENFORCEMENT AGENCIES, CONCERNING THE REPORT OF CHILD ABUSE OR NEGLECT CHILD FATALITIES**

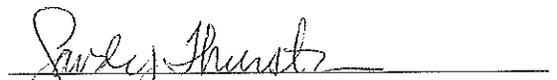
Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline to assure that DCS is aware of the death. DCS will complete a written report, SF114/FPP031 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the law enforcement agency (LEA). The DCS Hotline will determine if the report meets the statutory definition of child abuse or neglect to initiate an investigation/assessment and will then request LEA 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/assessment is complete, LEA will forward a copy of the investigation report to the local DCS office. DCS will provide a written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, to LEA.

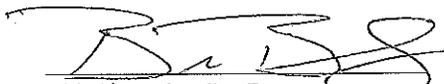
Suspicious child fatalities include, but are not limited to the following:

- Homicide with an alleged perpetrator in a caregiver role;
- Accidental death when 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; and
- Death of a child being supervised by the DCS, either as a Child in Need of Services or by a Program of Informal Adjustment.

Entered into this 23 day of December, 2015, between the Department of Child Services and Law Enforcement Officials.

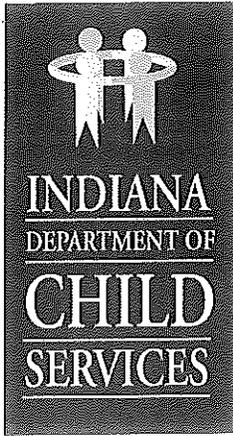
  
\_\_\_\_\_  
Sheriff/County Sheriff's Department

  
\_\_\_\_\_  
Local Office Director/Department of Child Services

  
\_\_\_\_\_  
Chief/Local Police Department



*Protecting our children, families and future*



Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

## **PROTOCOL WITH EMERGENCY MEDICAL SERVICE PROVIDERS REGARDING ABANDONED INFANTS INDIANA DEPARTMENT OF CHILD SERVICES**

The following protocol has been established between the Indiana Department of Child Services (DCS) and Emergency Medical Service Providers (EMS). Emergency Medical Service Providers include Law Enforcement Agencies, Fire Station Employees, and Hospital Emergency Room Staff/Doctors or Nurses.

### **Emergency Medical Services Providers Responsibilities**

1. An EMS provider shall, without a court order, take custody of a child who is, or who appears to be, not more than thirty (30) days of age if:
  - (1) The child is voluntarily left with the provider by the child's parent, guardian, or custodian; and
  - (2) The parent, guardian, or custodian does not express an intent to return for the child.
2. The EMS provider shall perform any act necessary to protect the child's physical health or safety.
3. Immediately after an EMS provider takes custody of an abandoned infant, the provider shall notify the Indiana Department of Child Services Child Abuse and Neglect Hotline at 1-800-800-5556.

### **Department of Child Services Responsibilities**

1. The Indiana Department of Child Services Child Abuse and Neglect Hotline will transition the intake to the appropriate local county DCS office. The local county DCS office shall assume the care, control, and custody of the child immediately after receiving notice from the EMS provider of the abandoned infant. The person designated by DCS shall be responsible for taking custody of the child from the EMS provider at the provider's location and delivering the child to an emergency placement caregiver selected by DCS.
2. DCS shall contact the Indiana Clearinghouse within 48 hours.

\*Indiana Missing Children Clearinghouse

100 North Senate Avenue  
Third Floor



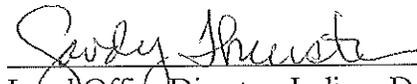
*Protecting our children, families and future*

Indianapolis, IN 46204-2259  
(317)232-8310/ (800) 831-8953 (nationwide)  
FAX: (317) 233-3057  
[www.state.in.us/isp](http://www.state.in.us/isp)

Indiana Clearinghouse for Missing Children and Missing Endangered Adults

3. Conduct a diligent search Affidavit of Diligent Inquiry (ADI)(SEARCH100801ADI) to locate either of the child's parents or other family members.
4. Ensure that a CHINS petition is filed and includes a request for the court to make findings of Best Interest/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS;
5. Works with the DCS Local Office Attorney to complete and file all documents necessary for court proceedings; and
6. Ensure a placement staffing occurs within five days of taking custody of the child.

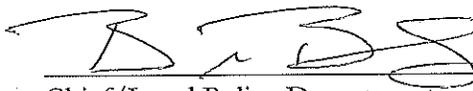
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Local Office Director, Indiana Department of Child Services

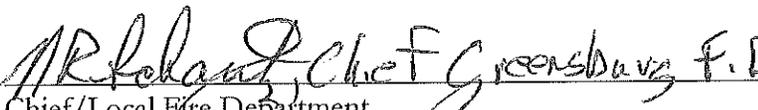
12/22/2015  
Date

  
Sheriff/County Sheriff's Department

12/23/2015  
Date

  
Chief/Local Police Department

12/23/15  
Date

  
Chief/Local Fire Department

12/22/15  
Date

  
Doctor or Director/Emergency Room Services

12/23/15  
Date

\*\*Sources: IC 31-34-2.5 – Emergency Custody of Certain Abandoned Children  
Indiana Department of Child Services Child Welfare Manual, Chapter 4, Section 34:  
Assessment of Safe Haven and Abandoned Infants, Version 3



Jefferson County

PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES  
AND COUNTY LAW ENFORCEMENT

Pursuant to various cites in the Indiana Juvenile Code, the following are general guidelines between The Indiana Department of Child Services (DCS), Child Protection Services (CPS), and Law Enforcement Agencies (LEA). While the establishment of procedures provides a basis for cooperative operations, it is recognized that sensitivity, diplomacy, and tact are some of the intangible elements which must be used to implement this protocol. Attention to things such as the genders of the victims of abuse or neglect and that of the investigators/assessors must be considered and handled on a case-by-case basis. The goal of our joint investigations/assessments should be to work together to take whatever steps are necessary to protect the child victims, considering the very individualized circumstances that are present in each case. A goal of our cooperative working relationship should be to make sure that there is consistency in the procedures that each of us uses in investigation/assessment of child abuse and neglect.

1. Reports of Child Abuse or Neglect will be immediately reported to the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556. Law Enforcement Agents can they key in the LEA Access Code: 3274357 to be advanced in the call in queue.
2. The Juvenile Code, in (IC 31-33-7-7), establishes basic procedures for cooperative interaction between CPS and Law Enforcement Agencies (LEAs). LEAs are required to immediately communicate to the DCS any report the LEA receives alleging that a child may be abused or neglected, whether or not the LEA has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local DCS whenever the LEA has reason to believe an offense has been committed (IC 31-33-8-2). Situations which would require immediate investigation are: severe or extensive injuries to the child, very young children left alone, any reported abuse of an infant, report of needed medical attention which has not been provided to children, and reports of repeated abuse or neglect.

If the child is not in imminent danger of severe bodily harm, the officer should make the preliminary investigation and determine if he feels CPS needs to be notified at that time, or if the report can wait until the next working day. A copy of a case report and any other pertinent information obtained by LEA will be forwarded to the local county DCS office.

In reports of sexual abuse, if LEA has reason to believe that an offense has been committed, there must be an immediate joint investigation with a CPS case manager and LEA, pursuant to (IC 31-33-7-7). If LEA investigates a sexual offense, and then determines that the victim is a child, the report of this investigation should be called into the DCS Hotline immediately.

3. Pursuant to IC 31-33-9-1 and 31-33-9-2, DCS will be the lead investigator when a report is received involving a child who may be a victim of child abuse or neglect, and when the child is under the care of a public or private institution. The phrase "public or private institution" includes day care and group home facilities, foster homes, and public or private schools. In the case of public or private

schools, LEA will be the lead investigator; for all other institutions, CPS will be the lead investigator. In situations in which the alleged perpetrator is an employee or owner of the public or private institution, the alleged perpetrator is considered to be in the position of "caretaker" to the alleged victim.

Whichever agency, law enforcement or CPS, receives the initial report of an allegation of this nature, must make an immediate oral report to the other agency, so that arrangements may be made to initiate the investigation.

In such cases, the interview must be a joint one, with both LEA and the Child Protection Services Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the information that is needed for their portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A case manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm then LEA will report to the Hotline and the report will be forwarded to the local county office the following day.
5. A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the Judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS case manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child--this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS case manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.
6. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
7. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
8. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
9. During working hours CPS case managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.

- 10. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
- 11. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

Signatures of LEA and DCS

*[Handwritten Signature]*  
 Sheriff 12/28/15

*Mary W. Keith 1/5/2016*

*Jefferson County LEO*

Jefferson County

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND COUNTY LAW ENFORCEMENT

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Signatures of LEA and DCS

Jo Ann M2      Madison Police  
Mary Wilton      1/5/2015  
Jefferson County      LAD



Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

Indiana Department of Child Services  
Room E306 - MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2739

317-234-5437  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

Child Support Hotline: 800-840-8752

Child Abuse and Neglect Hotline: 800-800-5556

*TEEC* COUNTY LAW ENFORCEMENT AGENCIES AND  
DEPARTMENT OF CHILD SERVICES DOMESTIC VIOLENCE PROTOCOL

PURPOSE

The purpose of this protocol is to enhance the response to Domestic Violence incidents when children are present in the home or situation has arisen where the risk for family violence has been identified.

LAW ENFORCEMENT RESPONSE

1. LEA responds, assesses the scene and determines if probable cause exists for an arrest.
2. LEA determines if children are present in the home or there is an immediate concern for the safety of a child who will return home. LEA will request immediate assistance from DCS at 1-800-800-5556 if:
  - Signs of injury to adults or child
  - Drugs and/or weapons are found in the home when a domestic battery has occurred
  - LEA believes that DCS presence is necessary based on circumstances of the family
3. If there is reasonable suspicion that family violence exists or LEA has information that a child may have witnessed domestic violence, LEA shall make a child abuse/neglect report to DCS within twenty-four (24) hours. LEA will also determine if a referral for community services is advisable.
4. LEA remains at scene until DCS responds if no arrest is made but situation is volatile and safety is an issue. If LEA is unable to stay at the scene until DCS arrives, DCS will not engage or assess the family or circumstances until LEA can return to provide safety and back up.

DEPARTMENT OF CHILD SERVICES

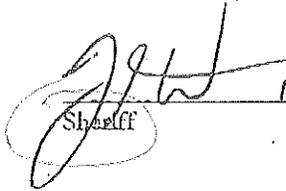
1. When an immediate safety issue is identified and children are present in the home or there is an immediate concern for the safety of a child who will return home, the DCS Family Case Manager (FCM) will immediately respond to the scene of the situation. Those signs include:
  - Signs of injury to adults or child
  - Drugs and/or weapons are found in the home when a domestic battery has occurred
  - LEA believes that DCS presence is necessary based on circumstances of the family
2. The DCS FCM will assess the safety of children in the home and will begin the initial assessment. The DCS FCM will also seek to determine if the child has witnessed domestic violence.
3. If the child is determined not to be safe in the home, the following actions will be considered to ensure the child's safety:
  - A. children may be detained;

April 2010



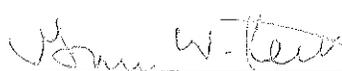
*Protecting our children, families and future*

- B. a CHINS petition may be filed, or,
- C other action will be pursued to ensure safety of the child.
- 4. If the child is safe in the home, the DCS FCM shall make referrals to appropriate community resources for services as needed and if appropriate. Referrals for services will be made as soon as needs are identified but no later than ten (10) days.

  
 Sheriff 12/28/15

Town Marshall

Chief of Police

 Jefferson Co  
 Department of Child Services 1/5/2016

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\_\_\_\_\_  
Sheriff

*J. Di M2*  
\_\_\_\_\_  
Chief of Police Malison Police

\_\_\_\_\_  
Town Marshall

*Wm W. Kent* 1/5/2016  
\_\_\_\_\_  
Department of Child Services

*Jefferson County*

PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND LOCAL LAW ENFORCEMENT AGENCIES, CONCERNING THE REPORT OF CHILD ABUSE OR NEGLECT CHILD FATALITIES

Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline to assure that DCS is aware of the death. DCS will complete a written report, SF114/FPP031 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the law enforcement agency (LEA). The DCS Hotline will determine if the report meets the statutory definition of child abuse or neglect to initiate an investigation/assessment and will then request LEA 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/assessment is complete, LEA will forward a copy of the investigation report to the local DCS office. DCS will provide a written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, to LEA.

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

- Homicide with an alleged perpetrator in a caregiver role;
- Accidental death when 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; and
- Death of a child being supervised by the DCS, either as a Child in Need of Services or by a Program of Informal Adjustment.

Entered into this 28<sup>th</sup> day of December, ~~2012~~<sup>2015</sup>, between the Department of Child Services and Law Enforcement Officials.

*Thomas W. Lewis*  
\_\_\_\_\_  
Director

*[Signature]*  
\_\_\_\_\_  
LEA/Sheriff 12/28/15

*Jefferson*  
*LOD*

Jefferson County

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Entered into this 4 day of January, 2010, between the Department of Child Services and Law Enforcement Officials.

W. W. Kent 1/5/2010  
Director

Pat M2  
LEA Sheriff  
Makison Police

*Jefferson County*

**INDIANA DEPARTMENT OF CHILD SERVICES**  
**METHAMPHETAMINE INVESTIGATION/ASSESSMENT PROTOCOL**  
**LAW ENFORCEMENT AGENCY (LEA) AND**  
**CHILD PROTECTION SERVICES (CPS)**

Methamphetamine lab guidelines for contact with Child Protection Services:

1. Information is received about a meth lab and children are present/living at lab site.  
-Law enforcement prepares and obtains search warrant.
2. LEA contacts CPS before execution of meth lab search warrant.  
-Verify information received and obtain any new information from CPS.
3. LEA arranges to have CPS Assessors present (in a safe location) during warrant execution or on standby at a secondary location.
4. LEA follows up with CPS investigator after incident and attends Detention and/or Initial CHINS (Children in Need of Services) Hearing.
5. LEA provides yearly methamphetamine lab training to all CPS caseworkers  
-training is also extended throughout the county.
6. CPS contacts LEA when they receive drug-related or meth lab information.
7. When CPS Assessors observe meth lab component/precursors, they contact LEA immediately.

*[Signature]*  
SHERIFF 12/28/15  
Law Enforcement Agent

*[Signature]* 12/28/16  
Local Office Director  
*Jefferson LOD*

Jefferson County

INDIANA DEPARTMENT OF CHILD SERVICES  
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LAW ENFORCEMENT AGENCY (LEA) AND  
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Joe Phil M2  
Law Enforcement Agent  
Madison Police

Wendy Wilkerson LOD  
Local Office Director

1/9/2016

PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD  
SERVICES AND LOCAL LAW ENFORCEMENT AGENCIES,  
CONCERNING THE REPORT OF CHILD ABUSE OR NEGLECT  
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Entered into this 7 day of December, 2015, between the Department of Child Services and Law Enforcement Officials.

Michelle Smith  
Director

David Hewitt  
LEA

John Dotts  
Sheriff

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In such cases, the interview must be a joint one, with both LEA and the Child Protection Services Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the information that is needed for their portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A case manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm then LEA will report to the Hotline and the report will be forwarded to the local county office the following day.
5. A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the Judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS case manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child—this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS case manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.
6. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
7. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
8. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
9. During working hours CPS case managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.

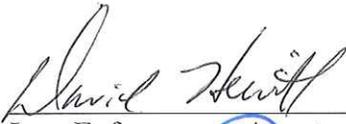
10. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
11. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

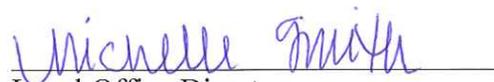
Signatures of LEA and DCS David Howell  
Jan E. Folt  
Michelle Smith

**INDIANA DEPARTMENT OF CHILD SERVICES**  
**METHAMPHETAMINE INVESTIGATION/ASSESSMENT PROTOCOL**  
**LAW ENFORCEMENT AGENCY (LEA) AND**  
**CHILD PROTECTION SERVICES (CPS)**

Methamphetamine lab guidelines for contact with Child Protection Services:

1. Information is received about a meth lab and children are present/living at lab site.  
-Law enforcement prepares and obtains search warrant.
2. LEA contacts CPS before execution of meth lab search warrant.  
-Verify information received and obtain any new information from CPS.
3. LEA arranges to have CPS Assessors present (in a safe location) during warrant execution or on standby at a secondary location.
4. LEA follows up with CPS investigator after incident and attends Detention and/or Initial CHINS (Children in Need of Services) Hearing.
5. LEA provides yearly methamphetamine lab training to all CPS caseworkers  
-training is also extended throughout the county.
6. CPS contacts LEA when they receive drug-related or meth lab information.
7. When CPS Assessors observe meth lab component/precursors, they contact LEA immediately.

  
\_\_\_\_\_  
Law Enforcement Agent

  
\_\_\_\_\_  
Local Office Director

  
\_\_\_\_\_  
Law Enforcement Agent



Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**

Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

**PROTOCOL WITH EMERGENCY MEDICAL SERVICE PROVIDERS  
REGARDING ABANDONED INFANTS  
INDIANA DEPARTMENT OF CHILD SERVICES**

The following protocol has been established between the Indiana Department of Child Services (DCS) and Emergency Medical Service Providers (EMS). Emergency Medical Service Providers include Law Enforcement Agencies, Fire Station Employees, and Hospital Emergency Room Staff/Doctors or Nurses.

**Emergency Medical Services Providers Responsibilities**

1. An EMS provider shall, without a court order, take custody of a child who is, or who appears to be, not more than thirty (30) days of age if:
  - (1) The child is voluntarily left with the provider by the child's parent, guardian, or custodian; and
  - (2) The parent, guardian, or custodian does not express an intent to return for the child.
2. The EMS provider shall perform any act necessary to protect the child's physical health or safety.
3. Immediately after an EMS provider takes custody of an abandoned infant, the provider shall notify the Indiana Department of Child Services Child Abuse and Neglect Hotline at 1-800-800-5556.

**Department of Child Services Responsibilities**

1. The Indiana Department of Child Services Child Abuse and Neglect Hotline will transition the intake to the appropriate local county DCS office. The local county DCS office shall assume the care, control, and custody of the child immediately after receiving notice from the EMS provider of the abandoned infant. The person designated by DCS shall be responsible for taking custody of the child from the EMS provider at the provider's location and delivering the child to an emergency placement caregiver selected by DCS.
2. DCS shall contact the Indiana Clearinghouse within 48 hours.

\*Indiana Missing Children Clearinghouse

100 North Senate Avenue  
Third Floor



*Protecting our children, families and future*

Indianapolis, IN 46204-2259  
(317)232-8310/ (800) 831-8953 (nationwide)  
FAX: (317) 233-3057  
[www.state.in.us/isp](http://www.state.in.us/isp)

Indiana Clearinghouse for Missing Children and Missing Endangered Adults

3. Conduct a diligent search Affidavit of Diligent Inquiry (ADI)(SEARCH100801ADI) to locate either of the child's parents or other family members.
4. Ensure that a CHINS petition is filed and includes a request for the court to make findings of Best Interest/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS;
5. Works with the DCS Local Office Attorney to complete and file all documents necessary for court proceedings; and
6. Ensure a placement staffing occurs within five days of taking custody of the child.

This protocol is effective as of the date of the last signature below (the "Effective Date").

Michelle Smith  
Local Office Director, Indiana Department of Child Services

12.7.15  
Date

Gen E. Potts  
Sheriff/County Sheriff's Department

12-7-15  
Date

David Hewitt  
Chief/Local Police Department

12-7-15  
Date

Steve Bell  
Chief/Local Fire Department

12-7-15  
Date

Mindy Carl  
Doctor or Director/Emergency Room Services

12-21-2015  
Date

\*\*Sources: IC 31-34-2.5 – Emergency Custody of Certain Abandoned Children  
Indiana Department of Child Services Child Welfare Manual, Chapter 4, Section 34:  
Assessment of Safe Haven and Abandoned Infants, Version 3





Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

Indiana Department of Child Services  
Ripley County Office  
531 W. U.S. Highway 50  
Versailles, Indiana 47042

812-689-6295  
FAX: 812-689-1427

[www.in.gov/dcs](http://www.in.gov/dcs)

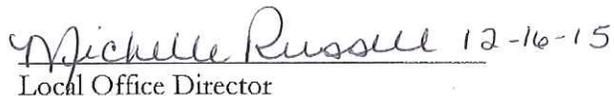
Child Support Hotline: 800-840-8757  
Child Abuse and Neglect Hotline: 800-800-5556

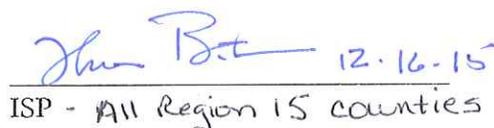
INDIANA DEPARTMENT OF CHILD SERVICES  
METHAMPHETAMINE INVESTIGATION/ASSESSMENT PROTOCOL  
LAW ENFORCEMENT AGENCY (LEA) AND  
CHILD PROTECTION SERVICES (CPS)

Methamphetamine lab guidelines for contact with Child Protection Services:

1. Information is received about a meth lab and children are present/living at lab site.  
-Law enforcement prepares and obtains search warrant.
2. LEA contacts CPS before execution of meth lab search warrant.  
-Verify information received and obtain any new information from CPS.
3. LEA arranges to have CPS Assessors present (in a safe location) during warrant execution or on standby at a secondary location.
4. LEA follows up with CPS investigator after incident and attends Detention and/or Initial CHINS (Children in Need of Services) Hearing.
5. LEA provides yearly methamphetamine lab training to all CPS caseworkers  
-training is also extended throughout the county.
6. CPS contacts LEA when they receive drug-related or meth lab information.
7. When CPS Assessors observe meth lab component/precursors, they contact LEA immediately.

  
Ripley County Sheriff 12-14-15

  
Local Office Director 12-16-15

  
ISP - All Region 15 counties 12-16-15



*Protecting our children, families and future*



Michael R. Pence, Governor  
 Mary Beth Bonaventura, Director

Indiana Department of Child Services  
 Ripley County Office  
 531 W. U.S. Highway 50  
 Versailles, Indiana 47042

TEL: 689-6295  
 FAX: 689-1427  
 www.in.gov/dcs

Child Support Hotline: 800-840-0757  
 Child Abuse and Neglect Hotline: 800-300-5556

**PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND LOCAL LAW ENFORCEMENT AGENCIES, CONCERNING THE REPORT OF CHILD ABUSE OR NEGLECT CHILD FATALITIES**

Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline to assure that DCS is aware of the death. DCS will complete a written report, SF114/FPP031 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the law enforcement agency (LEA). The DCS Hotline will determine if the report meets the statutory definition of child abuse or neglect to initiate an investigation/assessment and will then request LEA 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/assessment is complete, LEA will forward a copy of the investigation report to the local DCS office. DCS will provide a written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, to LEA.

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

- Homicide with an alleged perpetrator in a caregiver role;
- Accidental death when 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; and
- Death of a child being supervised by the DCS, either as a Child in Need of Services or by a Program of Informal Adjustment.

Entered into this 16<sup>th</sup> day of December, 2015, between the Department of Child Services and Law Enforcement Officials.

Michelle Russell  
 Local Office Director

[Signature] 12-14-15  
 Ripley County Sheriff

[Signature] 12-15-16  
 ISP - All Region 15 counties

[Signature] 01-04-2016  
 Batesville PD



Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

## **PROTOCOL WITH EMERGENCY MEDICAL SERVICE PROVIDERS REGARDING ABANDONED INFANTS INDIANA DEPARTMENT OF CHILD SERVICES**

The following protocol has been established between the Indiana Department of Child Services (DCS) and Emergency Medical Service Providers (EMS). Emergency Medical Service Providers include Law Enforcement Agencies, Fire Station Employees, and Hospital Emergency Room Staff/Doctors or Nurses.

### **Emergency Medical Services Providers Responsibilities**

1. An EMS provider shall, without a court order, take custody of a child who is, or who appears to be, not more than thirty (30) days of age if:
  - (1) The child is voluntarily left with the provider by the child's parent, guardian, or custodian; and
  - (2) The parent, guardian, or custodian does not express an intent to return for the child.
2. The EMS provider shall perform any act necessary to protect the child's physical health or safety.
3. Immediately after an EMS provider takes custody of an abandoned infant, the provider shall notify the Indiana Department of Child Services Child Abuse and Neglect Hotline at 1-800-800-5556.

### **Department of Child Services Responsibilities**

1. The Indiana Department of Child Services Child Abuse and Neglect Hotline will transition the intake to the appropriate local county DCS office. The local county DCS office shall assume the care, control, and custody of the child immediately after receiving notice from the EMS provider of the abandoned infant. The person designated by DCS shall be responsible for taking custody of the child from the EMS provider at the provider's location and delivering the child to an emergency placement caregiver selected by DCS.
2. DCS shall contact the Indiana Clearinghouse within 48 hours.

\*Indiana Missing Children Clearinghouse  
100 North Senate Avenue  
Third Floor



*Protecting our children, families and future*

Indianapolis, IN 46204-2259  
(317)232-8310/ (800) 831-8953 (nationwide)  
FAX: (317) 233-3057  
[www.state.in.us/isp](http://www.state.in.us/isp)

Indiana Clearinghouse for Missing Children and Missing Endangered Adults

3. Conduct a diligent search Affidavit of Diligent Inquiry (ADI)(SEARCH100801ADI) to locate either of the child's parents or other family members.
4. Ensure that a CHINS petition is filed and includes a request for the court to make findings of Best Interest/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS;
5. Works with the DCS Local Office Attorney to complete and file all documents necessary for court proceedings; and
6. Ensure a placement staffing occurs within five days of taking custody of the child.

This protocol is effective as of the date of the last signature below (the "Effective Date").

Michelle Russel  
Local Office Director, Indiana Department of Child Services

12-30-15  
Date

[Signature]  
Sheriff/County Sheriff's Department

12/14/15  
Date

[Signature] OSCARD PD  
Chief/Local Police Department

12/30/15  
Date

Brian Maynard Sunman Pd.  
Chief/Local Police Department

12/31/2015  
Date

[Signature] Milan PD  
Chief/Local Police Department

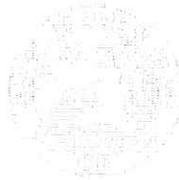
12-31-15  
Date

[Signature] Versailles PD  
Chief/Local Police Department

12-31-15  
Date

John Royalty Holden  
Chief/Local Police Department

12-31-15  
Date



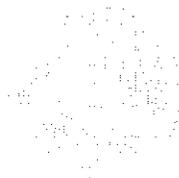
\_\_\_\_\_  
Chief/Local Fire Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor or Director/Emergency Room Services

\_\_\_\_\_  
Date

\*\*Sources: IC 31-34-2.5 – Emergency Custody of Certain Abandoned Children  
Indiana Department of Child Services Child Welfare Manual, Chapter 4, Section 34:  
Assessment of Safe Haven and Abandoned Infants, Version 3





Michael R. Pence, Governor  
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**  
Ripley County Office  
531 W. U.S. Highway 50  
Versailles, Indiana 47042

812-689-6295  
FAX: 812-689-1427

[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

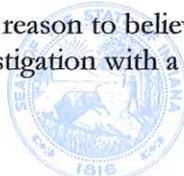
## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND RIPLEY COUNTY LAW ENFORCEMENT

Pursuant to various cites in the Indiana Juvenile Code, the following are general guidelines between The Indiana Department of Child Services (DCS), Child Protection Services (CPS), and Law Enforcement Agencies (LEA). While the establishment of procedures provides a basis for cooperative operations, it is recognized that sensitivity, diplomacy, and tact are some of the intangible elements which must be used to implement this protocol. Attention to things such as the genders of the victims of abuse or neglect and that of the investigators/assessors must be considered and handled on a case-by-case basis. The goal of our joint investigations/assessments should be to work together to take whatever steps are necessary to protect the child victims, considering the very individualized circumstances that are present in each case. A goal of our cooperative working relationship should be to make sure that there is consistency in the procedures that each of us uses in investigation/assessment of child abuse and neglect.

1. Reports of Child Abuse or Neglect will be immediately reported to the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556. Law Enforcement Agents can they key in the LEA Access Code: 3274357 to be advanced in the call in queue.
2. The Juvenile Code, in (IC 31-33-7-7), establishes basic procedures for cooperative interaction between CPS and Law Enforcement Agencies (LEAs). LEAs are required to immediately communicate to the DCS any report the LEA receives alleging that a child may be abused or neglected, whether or not the LEA has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local DCS whenever the LEA has reason to believe an offense has been committed (IC 31-33-8-2). Situations which would require immediate investigation are: severe or extensive injuries to the child, very young children left alone, any reported abuse of an infant, report of needed medical attention which has not been provided to children, and reports of repeated abuse or neglect.

If the child is not in imminent danger of severe bodily harm, the officer should make the preliminary investigation and determine if he feels CPS needs to be notified at that time, or if the report can wait until the next working day. A copy of a case report and any other pertinent information obtained by LEA will be forwarded to the local county DCS office.

In reports of sexual abuse, if LEA has reason to believe than an offense has been committed, there must be an immediate joint investigation with a CPS case manager and LEA, pursuant to



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(IC 31-33-7-7). If LEA investigates a sexual offense, and then determines that the victim is a child, the report of this investigation should be called into the DCS Hotline immediately.

3. Pursuant to IC 31-33-9-1 and 31-33-9-2, DCS will be the lead investigator when a report is received involving a child who may be a victim of child abuse or neglect, and when the child is under the care of a public or private institution. The phrase "public or private institution" includes day care and group home facilities, foster homes, and public or private schools. In the case of public or private schools, LEA will be the lead investigator; for all other institutions, CPS will be the lead investigator. In situations in which the alleged perpetrator is an employee or owner of the public or private institution, the alleged perpetrator is considered to be in the position of "caretaker" to the alleged victim.

Whichever agency, law enforcement or CPS, receives the initial report of an allegation of this nature, must make an immediate oral report to the other agency, so that arrangements may be made to initiate the investigation.

In such cases, the interview must be a joint one, with both LEA and the Child Protection Services Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the information that is needed for their portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A case manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm then LEA will report to the Hotline and the report will be forwarded to the local county office the following day.

A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the Judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS case manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child—this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS case manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this

documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.

5. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
6. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
7. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
8. During working hours CPS case managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.
9. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
10. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

Michelle Russell 12-16-15  
Local Office Director

Jack Lee Gurneth 12-14-15  
Ripley County Sheriff

John Bort 12-16-15  
ISP - All Region 15 counties

Batesville PD

[Signature] 12/30/15  
Osgood Town Marshall

[Signature] 12-31-15  
Milan PD

documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.

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Michelle Russell 12-16-15  
Local Office Director

Jeffery L. Gammath 12-14-15  
Ripley County Sheriff

John Port 12-16-15  
ISP - All Region 15 Counties

Steve Holt 01/04/2016  
Batesville PD

Osgood Town Marshall

Milan PD



Brian Mynard

Sunman PD

12/31/15

John Royalty

Holton Town Marshall

J.B. 12

Versailles PD



# Switzerland County

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND COUNTY LAW ENFORCEMENT

Pursuant to various cites in the Indiana Juvenile Code, the following are general guidelines between The Indiana Department of Child Services (DCS), Child Protection Services (CPS), and Law Enforcement Agencies (LEA). While the establishment of procedures provides a basis for cooperative operations, it is recognized that sensitivity, diplomacy, and tact are some of the intangible elements which must be used to implement this protocol. Attention to things such as the genders of the victims of abuse or neglect and that of the investigators/assessors must be considered and handled on a case-by-case basis. The goal of our joint investigations/assessments should be to work together to take whatever steps are necessary to protect the child victims, considering the very individualized circumstances that are present in each case. A goal of our cooperative working relationship should be to make sure that there is consistency in the procedures that each of us uses in investigation/assessment of child abuse and neglect.

1. Reports of Child Abuse or Neglect will be immediately reported to the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556. Law Enforcement Agents can they key in the LEA Access Code: 3274357 to be advanced in the call in queue.
2. The Juvenile Code, in (IC 31-33-7-7), establishes basic procedures for cooperative interaction between CPS and Law Enforcement Agencies (LEAs). LEAs are required to immediately communicate to the DCS any report the LEA receives alleging that a child may be abused or neglected, whether or not the LEA has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local DCS whenever the LEA has reason to believe an offense has been committed (IC 31-33-8-2). Situations which would require immediate investigation are: severe or extensive injuries to the child, very young children left alone, any reported abuse of an infant, report of needed medical attention which has not been provided to children, and reports of repeated abuse or neglect.

If the child is not in imminent danger of severe bodily harm, the officer should make the preliminary investigation and determine if he feels CPS needs to be notified at that time, or if the report can wait until the next working day. A copy of a case report and any other pertinent information obtained by LEA will be forwarded to the local county DCS office.

In reports of sexual abuse, if LEA has reason to believe than an offense has been committed, there must be an immediate joint investigation with a CPS case manager and LEA, pursuant to (IC 31-33-7-7). If LEA investigates a sexual offense, and then determines that the victim is a child, the report of this investigation should be called into the DCS Hotline immediately.

3. Pursuant to IC 31-33-9-1 and 31-33-9-2, DCS will be the lead investigator when a report is received involving a child who may be a victim of child abuse or neglect, and when the child is under the care of a public or private institution. The phrase "public or private institution" includes day care and group home facilities, foster homes, and public or private schools. In the case of public or private

schools, LEA will be the lead investigator; for all other institutions, CPS will be the lead investigator. In situations in which the alleged perpetrator is an employee or owner of the public or private institution, the alleged perpetrator is considered to be in the position of "caretaker" to the alleged victim.

Whichever agency, law enforcement or CPS, receives the initial report of an allegation of this nature, must make an immediate oral report to the other agency, so that arrangements may be made to initiate the investigation.

In such cases, the interview must be a joint one, with both LEA and the Child Protection Services Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the information that is needed for their portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A case manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm then LEA will report to the Hotline and the report will be forwarded to the local county office the following day.
5. A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS case manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child—this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS case manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.
6. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
7. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
8. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
9. During working hours CPS case managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.

10. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
11. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

Signatures of LEA and DCS

Matthew E. Hyman, Sheriff  
Wm. W. Ketch, LEO  
Switzerland County

Switzerland County

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND COUNTY LAW ENFORCEMENT

Pursuant to various cites in the Indiana Juvenile Code, the following are general guidelines between The Indiana Department of Child Services (DCS), Child Protection Services (CPS), and Law Enforcement Agencies (LEA). While the establishment of procedures provides a basis for cooperative operations, it is recognized that sensitivity, diplomacy, and tact are some of the intangible elements which must be used to implement this protocol. Attention to things such as the genders of the victims of abuse or neglect and that of the investigators/assessors must be considered and handled on a case-by-case basis. The goal of our joint investigations/assessments should be to work together to take whatever steps are necessary to protect the child victims, considering the very individualized circumstances that are present in each case. A goal of our cooperative working relationship should be to make sure that there is consistency in the procedures that each of us uses in investigation/assessment of child abuse and neglect.

1. Reports of Child Abuse or Neglect will be immediately reported to the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556. Law Enforcement Agents can they key in the LEA Access Code: 3274357 to be advanced in the call in queue.
2. The Juvenile Code, in (IC 31-33-7-7), establishes basic procedures for cooperative interaction between CPS and Law Enforcement Agencies (LEAs). LEAs are required to immediately communicate to the DCS any report the LEA receives alleging that a child may be abused or neglected, whether or not the LEA has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local DCS whenever the LEA has reason to believe an offense has been committed (IC 31-33-8-2). Situations which would require immediate investigation are: severe or extensive injuries to the child, very young children left alone, any reported abuse of an infant, report of needed medical attention which has not been provided to children, and reports of repeated abuse or neglect.

If the child is not in imminent danger of severe bodily harm, the officer should make the preliminary investigation and determine if he feels CPS needs to be notified at that time, or if the report can wait until the next working day. A copy of a case report and any other pertinent information obtained by LEA will be forwarded to the local county DCS office.

In reports of sexual abuse, if LEA has reason to believe than an offense has been committed, there must be an immediate joint investigation with a CPS case manager and LEA, pursuant to (IC 31-33-7-7). If LEA investigates a sexual offense, and then determines that the victim is a child, the report of this investigation should be called into the DCS Hotline immediately.

3. Pursuant to IC 31-33-9-1 and 31-33-9-2, DCS will be the lead investigator when a report is received involving a child who may be a victim of child abuse or neglect, and when the child is under the care of a public or private institution. The phrase "public or private institution" includes day care and group home facilities, foster homes, and public or private schools. In the case of public or private

schools, LEA will be the lead investigator; for all other institutions, CPS will be the lead investigator. In situations in which the alleged perpetrator is an employee or owner of the public or private institution, the alleged perpetrator is considered to be in the position of "caretaker" to the alleged victim.

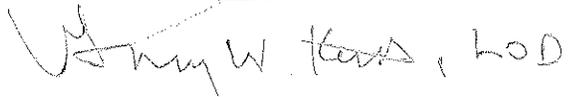
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In such cases, the interview must be a joint one, with both LEA and the Child Protection Services Case Manager being present during the interview to be certain that each is afforded the opportunity to gather the information that is needed for their portion of the investigation. Should a situation arise in which the alleged victim refuses to be interviewed by either the CPS Case Manager or LEA, the interviewing agency will supply the other with written questions to which answers are needed. There must be a mutual sharing of information and both must be kept fully informed of the progress, findings, and disposition of the investigation by being given copies of investigative reports and interview log notes.

4. A case manager from DCS will be on-call 24 hours per day. The schedule for on-call duty is prepared on a quarterly basis and then updated as changes in personnel occur. If a police officer requires DCS assistance, the DCS Hotline should be contacted. The DCS Hotline will immediately contact the on-call local county Family Case Manager for a call requiring an immediate response by local DCS staff. If the child is not in imminent risk of harm then LEA will report to the Hotline and the report will be forwarded to the local county office the following day.
5. A child may be taken into custody by an LEA officer with probable cause to believe the child is in need of services and is in immediate danger, and if the Judge of a juvenile court cannot be reached to obtain a court order (IC 31-34-2-3). Detention should be undertaken after consultation with the DCS Hotline and a local case manager except in cases of extreme urgency. Even in cases of extreme urgency, CPS must be notified that a child has been put in a temporary placement. In cases in which LEA takes custody of a child, they will then place the child in the custody of the CPS case manager, who will find an appropriate placement for the child. In any event, before taking a child into custody, it shall be determined if any less restrictive methods can protect the child—this would include removing the perpetrator of the abuse, pursuant to (IC 31-34-2-2). If the child must be taken into custody, appropriate family members will be given preferential consideration in placement by the CPS case manager and after completion of a limited criminal history check on proposed caregivers (IC 31-34-4-2). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order and this documentation must be signed by both the CPS case manager and LEA officer, when both have participated in the detention.
6. DCS or LEA shall take color photographs of areas of trauma visible on the child as part of an investigation/assessment. (IC 31-33-8-3).
7. When LEA is involved in the investigation of a child fatality, they will be given notice by CPS of a Child Fatality Review Team meeting. The purpose of the fatality review team is to review the information on a child death from all points of view, with the goal of determining if the death could have been prevented, and to discuss what activities or projects might be undertaken in the community to educate people about child safety and prevention.
8. It is hoped that a good working relationship will be continued between DCS and LEA; however, if there is a disagreement or problem between LEA and a case manager, then that situation should be reported to the individual's supervisor. Open communication between LEA and DCS are vitally important.
9. During working hours CPS case managers may require assistance in an investigation/assessment from an officer if there is suspected violence or criminal charges may result.

10. All information obtained during an investigation/assessment, including the name of the complainant, is confidential and cannot be released, and this includes release to the media. During investigations of institutional abuse or neglect, as described above, special attention will need to be focused on working with the schools, and their contact with the media, to be certain that the confidentiality of the victim is maintained.
11. LEA and CPS shall provide to each other any information, including copies of investigation reports, on incidents or causes in which the child may be a victim of abuse or neglect. This requirement includes reports of investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS). CPS is required to submit all substantiated reports to LEA, the Prosecutor, and the Child Protection Team.

Signatures of LEA and DCS

  
V. W. Hays, LOD  
Switzerland County

 V. W. Hays, Police Chief



Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

Indiana Department of Child Services  
Room E306 - MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2739

317-234-5437  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

Child Support Hotline: 800-840-8757

Child Abuse and Neglect Hotline: 800-800-5556

*Switzerland* COUNTY LAW ENFORCEMENT AGENCIES AND  
DEPARTMENT OF CHILD SERVICES DOMESTIC VIOLENCE PROTOCOL

PURPOSE

The purpose of this protocol is to enhance the response to Domestic Violence incidents when children are present in the home or situation has arisen where the risk for family violence has been identified.

LAW ENFORCEMENT RESPONSE

1. LEA responds, assesses the scene and determines if probable cause exists for an arrest.
2. LEA determines if children are present in the home or there is an immediate concern for the safety of a child who will return home. LEA will request immediate assistance from DCS at 1-800-800-5556 if:
  - Signs of injury to adults or child
  - Drugs and/or weapons are found in the home when a domestic battery has occurred
  - LEA believes that DCS presence is necessary based on circumstances of the family
3. If there is reasonable suspicion that family violence exists or LEA has information that a child may have witnessed domestic violence, LEA shall make a child abuse/neglect report to DCS within twenty-four (24) hours. LEA will also determine if a referral for community services is advisable.
4. LEA remains at scene until DCS responds if no arrest is made but situation is volatile and safety is an issue. If LEA is unable to stay at the scene until DCS arrives, DCS will not engage or assess the family or circumstances until LEA can return to provide safety and back up.

DEPARTMENT OF CHILD SERVICES

1. When an immediate safety issue is identified and children are present in the home or there is an immediate concern for the safety of a child who will return home, the DCS Family Case Manager (FCM) will immediately respond to the scene of the situation. Those signs include:
  - Signs of injury to adults or child
  - Drugs and/or weapons are found in the home when a domestic battery has occurred
  - LEA believes that DCS presence is necessary based on circumstances of the family
2. The DCS FCM will assess the safety of children in the home and will begin the initial assessment. The DCS FCM will also seek to determine if the child has witnessed domestic violence.
3. If the child is determined not to be safe in the home, the following actions will be considered to ensure the child's safety:
  - A. children may be detained;

April 2010



*Protecting our children, families and future*

- B. a CHINS petition may be filed, or,  
C other action will be pursued to ensure safety of the child.
4. If the child is safe in the home, the DCS FCM shall make referrals to appropriate community resources for services as needed and if appropriate. Referrals for services will be made as soon as needs are identified but no later than ten (10) days.

Nathan E. Hughes  
Sheriff

\_\_\_\_\_  
Town Marshall

\_\_\_\_\_  
Chief of Police

Wm W. Keck, L.O.D  
Department of Child Services  
Switzerland County



Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

Indiana Department of Child Services  
Room E306 - M547  
302 W. Washington Street  
Indianapolis, Indiana 46204-2739

317-234-5437  
FAX: 317-234-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

Child Support Hotline: 800-840-8757  
Child Abuse and Neglect Hotline: 800-800-5556

*Suburban* COUNTY LAW ENFORCEMENT AGENCIES AND  
DEPARTMENT OF CHILD SERVICES DOMESTIC VIOLENCE PROTOCOL

PURPOSE

The purpose of this protocol is to enhance the response to Domestic Violence incidents when children are present in the home or situation has arisen where the risk for family violence has been identified.

LAW ENFORCEMENT RESPONSE

1. LEA responds, assesses the scene and determines if probable cause exists for an arrest.
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4. LEA remains at scene until DCS responds if no arrest is made but situation is volatile and safety is an issue. If LEA is unable to stay at the scene until DCS arrives, DCS will not engage or assess the family or circumstances until LEA can return to provide safety and back up.

DEPARTMENT OF CHILD SERVICES

1. When an immediate safety issue is identified and children are present in the home or there is an immediate concern for the safety of a child who will return home, the DCS Family Case Manager (FCM) will immediately respond to the scene of the situation. Those signs include:
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  - LEA believes that DCS presence is necessary based on circumstances of the family
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April 2010



*Protecting our children, families and future*

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\_\_\_\_\_  
Sheriff

\_\_\_\_\_  
Town Marshall

Vermont Police

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Department of Child Services

W. W. Kent 1/5/2010  
Switzerland County LEO

Switzerland County

PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD  
SERVICES AND LOCAL LAW ENFORCEMENT AGENCIES,  
CONCERNING THE REPORT OF CHILD ABUSE OR NEGLECT  
CHILD FATALITIES

Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline to assure that DCS is aware of the death. DCS will complete a written report, SF114/FPP031 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the law enforcement agency (LEA). The DCS Hotline will determine if the report meets the statutory definition of child abuse or neglect to initiate an investigation/assessment and will then request LEA 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/assessment is complete, LEA will forward a copy of the investigation report to the local DCS office. DCS will provide a written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, to LEA.

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

- Homicide with an alleged perpetrator in a caregiver role;
- Accidental death when 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; and
- Death of a child being supervised by the DCS, either as a Child in Need of Services or by a Program of Informal Adjustment.

Entered into this 29 day of Dec, <sup>2016</sup>2012, between the Department of Child Services and Law Enforcement Officials.

Wynne W. Hunt, L.O.D.  
Director  
Switzerland County

Nathan E. Hughes  
LEA/Sheriff

# Switzerland County

## PROTOCOL BETWEEN THE INDIANA DEPARTMENT OF CHILD SERVICES AND LOCAL LAW ENFORCEMENT AGENCIES, CONCERNING THE REPORT OF CHILD ABUSE OR NEGLECT CHILD FATALITIES

Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline to assure that DCS is aware of the death. DCS will complete a written report, SF114/FPP031 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the law enforcement agency (LEA). The DCS Hotline will determine if the report meets the statutory definition of child abuse or neglect to initiate an investigation/assessment and will then request LEA 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/assessment is complete, LEA will forward a copy of the investigation report to the local DCS office. DCS will provide a written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, to LEA.

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- Death of a child being supervised by the DCS, either as a Child in Need of Services or by a Program of Informal Adjustment.

Entered into this 5th day of JAN, <sup>2016</sup>2012, between the Department of Child Services and Law Enforcement Officials.

Wm W. Lewis, LEO  
Director  
Switzerland County

[Signature]  
LEA/Sheriff  
Vernon Polacy

Switzerland County

INDIANA DEPARTMENT OF CHILD SERVICES  
METHAMPHETAMINE INVESTIGATION/ASSESSMENT PROTOCOL  
LAW ENFORCEMENT AGENCY (LEA) AND  
CHILD PROTECTION SERVICES (CPS)

Methamphetamine lab guidelines for contact with Child Protection Services:

1. Information is received about a meth lab and children are present/living at lab site.  
-Law enforcement prepares and obtains search warrant.
2. LEA contacts CPS before execution of meth lab search warrant.  
-Verify information received and obtain any new information from CPS.
3. LEA arranges to have CPS Assessors present (in a safe location) during warrant execution or on standby at a secondary location.
4. LEA follows up with CPS investigator after incident and attends Detention and/or Initial CHINS (Children in Need of Services) Hearing.
5. LEA provides yearly methamphetamine lab training to all CPS caseworkers  
-training is also extended throughout the county.
6. CPS contacts LEA when they receive drug-related or meth lab information.
7. When CPS Assessors observe meth lab component/precursors, they contact LEA immediately.

Nathan E. Hughes  
Law Enforcement Agent

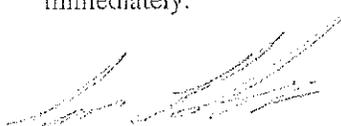
Wendy W. Keith 11/5/2010  
Local Office Director  
Switzerland County

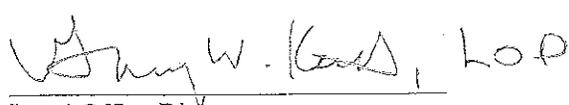
Switzerland County

INDIANA DEPARTMENT OF CHILD SERVICES  
METHAMPHETAMINE INVESTIGATION/ASSESSMENT PROTOCOL  
LAW ENFORCEMENT AGENCY (LEA) AND  
CHILD PROTECTION SERVICES (CPS)

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Perry Police Department  
Law Enforcement Agent

  
Wayne W. Gaud, Local Office Director

Switzerland County

Dearborn Salary Computation:

2014

FCMs:

4 at 100% =  $38,031.61 * 1.2375 + 12446 = 59,510.12 * 4 = 238,040.48$

8 at 10% =  $38,031.61 * 1.2375 + 12446 = 59,510.12 * .1 * 8 = 137,219.29$

Total FCM:  $375,259.76$

FCM Supervisors:

1 at 80% =  $49,418.15 * 1.2375 + 12446 = 73,600.96 * .8 = 61,369.97$

1 at 25 % =  $49,418.15 * 1.2375 + 12446 = 73,600.96 * .25 = 27,734.74$

Total Supervisor:  $89,104.71$

Clerical Support Staff:

2 at 50% =  $24,620.93 * 1.2375 + 12446 = 42,914.40 * .5 * 2 = 55,360.40$

2015

FCMs:

4 at 100% =  $38,184.72 * 1.2375 + 12446 = 59,699.60 * 4 = 238,798.36$

8 at 10% =  $38,184.72 * 1.2375 + 12446 = 59,699.60 * .1 * 8 = 137,310.87$

Total FCM:  $376,109.23$

FCM Supervisors:

1 at 80% =  $46,784.28 * 1.2375 + 12446 = 70,341.55 * .8 = 58,762.44$

1 at 25 % =  $46,784.28 * 1.2375 + 12446 = 70,341.55 * .25 = 26,919.89$

Total Supervisor:  $85,682.33$

Clerical Support Staff:

2 at 50% =  $24,061.15 * 1.2375 + 12446 = 42,221.67 * .5 * 2 = 54,667.67$

**DECATUR COUNTY**

SFY 2014

(3) FCM, 100% CPS:  $38031.61 \times 1.2375 = 47064.12 + 12446 = 59510.12 \times 3 = 178,530.35$

(1) FCMS, 75% CPS:  $49418.15 \times .75 = 37063.61 \times 1.2375 = 45866.22 + 12466 = 58,312.22$

(1) Clerical Support, 80% CPS:  $24620.93 \times .80 = 19696.74 \times 1.2375 = 24374.72 + 12446 = 36,820.72$

SFY 2015

(3) FCM, 100% CPS:  $38184.72 \times 1.2375 = 47253.59 + 12446 = 59699.59 \times 3 = 179,098.77$

(1) FCMS, 75% CPS:  $46784.28 \times .75 = 35088.21 \times 1.2375 = 43421.66 + 12446 = 55,867.66$

(1) Clerical Support, 80% CPS:  $24061.15 \times .80 = 19248.92 \times 1.2375 = 23820.54 + 12446 = 36,266.54$

JEFFERSON								
SFY2014	Number in Position	% of CPS	Average Salary	% of CPS	x 1.2375	12446	x Number of FCM	
FCM	5	100	38031.61	38031.61	47064.12	59510.12	297550.59	
FCM	5	20	38031.61	7606.32	9412.82	21858.82	109294.12	406844.71
FCMS	1	100	49418.15	49418.15	61154.96	73600.96	73600.96	
FCMS	1	30	49418.15	14825.45	18346.49	30792.49	30792.49	104393.45
Clerical	2	50	24620.93	12310.47	15234.2	27680.2	55360.4	
SFY2015	Number in Position	% of CPS	Average Salary	% of CPS	x 1.2375	12446	x Number of FCM	
FCM	5	100	38184.72	38184.72	47253.59	59699.59	298497.96	
FCM	5	20	38184.72	7636.94	9450.72	21896.72	109483.59	407981.55
FCMS	1	100	46784.28	46784.28	57895.55	70341.55	70341.55	
FCMS	1	30	46784.28	14035.28	17368.66	29814.66	29814.66	100156.21
Clerical	2	50	24061.15	12030.58	14887.84	27333.84	54667.67	

Ohio County CPS salary calculations:

SFY 2014

1x FCM:  $\$38,031.61 \times 30\% = \$11,409.48$

*Live Supp.*

1x LOD:  $\$62,052.12 \times 30\% = \$18,615.64$

1x Clerical:  $\$24,620.93 \times 30\% = \$7,386.28$

Total:  $\$37,411.40$

26,565.24

35,482.85

21,586.52

SFY 2015

1x FCM:  $\$38,184.72 \times 50\% = \$19,092.36$

*Live Supp.*

1x LOD:  $\$62,922.62 \times 50\% = \$31,461.31$

1x Clerical:  $\$24,061.15 \times 30\% = \$7,218.35$

Total:  $\$57,772.02$

36,072.80

51,379.37

21,378.71

# Ripley

2014

FCM 1- 100% \$59,510.10

FCM 2-100% \$59,510.10

FCM 3-20% \$ 21,858.82

FCM 4- 20% \$ 21,858.82

FCM 5 -20% \$ 21,858.82

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Total \$184,596.70

FCMS- 50% \$ 43,023.49

LOD-10% \$ 20,124.95

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Total \$63,148.44

Clerk-15% \$17,016.26

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Grand Total 2014: 264,761.40

2015

FCM 1- 100% \$59,699.59

FCM 2- 100% \$59,699.59

FCM 3-20% \$ 21,896.71

FCM 4-20% \$ 21,896.71

FCM 5-20% \$ 21,896.71

FCM 6-20% \$ 21,896.71

FCM 7- 20% \$ 21,896.71

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Total \$228,882.73

FCMS-50% \$ 43,250.02

LOD-10% \$20,232.67

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Total \$ 63,482.69

Clerk 20% \$ 18,574.38

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Grand Total 2015: \$310,939.80

Switzerland						
SFY2014	Number in Position	% of CPS	Average Salary	% of CPS	x 1.2375	12446
FCM	1	100	38031.61	38031.61	47064.12	59510.12
FCM	1	40	38031.61	15212.64	18825.65	31274.65
FCM	1	25	38031.61	9507.9	11766.03	24212.03
FCMS/LOD	1	50	62052.12	31026.06	38394.75	50840.75
Clerical	1	50	24620.93	12310.47	15234.2	27680.2
SFY2015	Number in Position	% of CPS	Average Salary	% of CPS	x 1.2375	12446
FCM	5	100	38184.72	38184.72	47253.59	59699.59
FCM	5	40	38184.72	15273.89	18901.44	31347.44
FCM	1	25	38184.72	9546.18	11813.4	24259.4
FCMS/LOD	1	50	62922.62	31461.31	38933.37	51379.37
Clerical	1 2	50	24061.15	12030.58	14887.84	27333.84