	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
INDIANA DEPARTMENT OF CHILD SERVICES	**Chapter 4:** Assessment	**Effective Date:** November 1, 2009
	Section 0: Diligent Search	**Version:** 1

POLICY

The Indiana Department of Child Services (DCS) will conduct a diligent search for known, absent and non-custodial parents, along with relatives and non-relative kin, who may provide a support to both the child and family. The diligent search will begin with the child and/or youth's first contact with DCS, will include a thorough search of all potential resources, and will continue throughout the child and/or youth's involvement with DCS.

DCS shall conduct a diligent search to locate the following:

1. Absent and non-custodial parents for the purposes of notifying them of a Detention and Initial Hearing and other Juvenile Court proceedings, including missing parents for the purpose of terminating parental rights or adoption, unless a parent:
   a. Is deceased (certified by a Death Certificate);
   b. Has signed a consent to the adoption of the child;
   c. Has surrendered the child for adoption;
   d. Has already had his or her rights terminated with respect to the child who is the subject of the Juvenile Court proceeding; or
   e. Has an address that the Family Case Manager (FCM) has been to and confirmed that the parent lives there (within the last month).

2. All individuals involved in a Child Abuse and/or Neglect (CA/N) intake report whose whereabouts are unknown for the purpose of conducting an assessment;
3. Relatives required by law to be notified within 30 days of a child's removal from his or her parent(s), guardian, or custodian(s);
4. Relatives or other significant individuals to a child in DCS custody for the purpose of finding the best and earliest placement for a child that will result in permanency or support for the family, or for child care and other assistance to intact families;
5. Siblings of a child (ren) in DCS custody for the purpose of placing the siblings together or to facilitate regular visitation. See separate policy, 8.1 Selecting a Placement Option;
6. Individuals who may be possible informal supports and who are identified by the child(ren) or family of children and families receiving in-home services; and
7. Children absent from placement. This includes any child for whom DCS is legally responsible who is absent from the child's approved/authorized placement without the consent of the child's caregiver or DCS. This also includes a child who is placed in protective custody and the child is abducted or the child's whereabouts become unknown during a pending assessment.

.

Code Reference

IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings

PROCEDURE

The FCM will:

1. If a non-custodial parent(s) whereabouts are unknown, ask the custodial parent where DCS can find the other parent(s);
2. During conversations with the parent, gather information on any relatives, friends, or non-relative kin who could be a resource for the child and/or youth or family, obtain addresses, telephone numbers, aliases, veteran status, present or previous employers, the last school the child attended, doctor's names, tribal affiliation (if applicable), and any other information that would be helpful in locating resources for the child;
3. Ask both the custodial or non-custodial parent for the location and contact information for any paternal and/or maternal grandparents, aunts, uncles, or adult siblings of the child(ren) involved, and any other relatives suggested by the child(ren) or parent;
4. If the caregiver is not the custodial parent(s), talk with the current caregiver about the whereabouts of the child's parent(s) and other relatives and any other known caregivers;

   Note: Results of efforts described in 1 - 4 above, must be documented in the assessment record as well as the Indiana Child Welfare Information System (ICWIS). These efforts must also be captured or updated in the GenoPro software (Genogram or Family Network Diagram).

5. Make an in-person visit to the parent's last known address if there is reason to believe that the parent may be there. See separate policy, 5.6 Locating Absent Parents for specific information. Contact the landlord, ensuring that the identified individual's confidentiality is being maintained. See separate policy 2.6 Sharing Confidential Information. If there are multiple parents involved, make a good faith effort to make contact with all missing parents. See separate policy, 4.20 Good Faith Efforts;
6. If the parent(s) are deceased, continue to conduct a diligent search for living relatives of the child(ren) for notice purposes and to encourage participation in a Child and Family Team (CFT) Meeting;
7. Search the databases available to the FCM including the Indiana Support Enforcement Tracking System (ISETS); ICWIS and the Indiana Client Eligibility System (ICES);
8. Document all search efforts and the results of each search effort in the ICWIS contact log within 24 hours of completion of each respective search;
9. Advise the Child and Family Team (CFT) regarding the identity, or lack thereof, of a noncustodial parent and relatives, efforts made to locate and contact the parent or identified relatives and the identity and location of other persons contacted as requested by the child or the child's parent(s); and
10. Continue to pursue these efforts, if necessary, throughout the life of the case. See separate policies, 5.4 Noncustodial Parents, and 5.6 Locating Absent Parents.

In the event of a removal, the FCM will:

1. Identify and locate those individuals required by IC 31-34-3-4.5 to be notified of the removal. See Related Information;

2. Record in the ICWIS contact log:
   a. The name, address, contact information, and relation to the child, of each person contacted or available to be contacted, and
   b. The name, relation to the child, and efforts made to locate and contact each relative who has not been located for purposes of the written notice of removal.

3. Contact the located individuals as soon as possible to consider them for participation in Child and Family Team (CFT) Meetings, placement for the child, and as informal supports for the child and family;
4. Provide each individual with written notice of the removal using the form Notice to Relatives (NOT060901LTR) within 30 days of the removal;

   Note: When it is known or suspected that a relative has caused family or domestic violence, DCS may not notify that relative of the child's removal. The decision not to provide notice to any of the required relatives must be made jointly with the Supervisor and documented in ICWIS.

5. Follow all confidentiality requirements when communicating with relatives. See Practice Guidance for more information.

PRACTICE GUIDANCE

Coping with Parental Resistance

Often when engaging parents, they will refuse to identify absent parents, relatives or other adults who care about their children. The following are some suggested strategies that may be of assistance in overcoming parental resistance. They include:

1. Informing parents about the benefits to children of having a relationship with the other parent and permanent connections with relatives and other caring adults and the harmful effects for children who do not have these supports;
2. Being persistent and recognizing that sometimes parents (and others) are not ready to provide information when first asked. Their resistance may lessen as they see that other family members are concerned, participate in family preservation or reunification services, Child and Family Team (CFT) Meetings, or reconsider their child's well-being;
3. Asking children and youth themselves about who is important to them and who they want to contact. See 4.A Tool – Tips for Child Interviews for some helpful techniques for interviewing children;
4. Seeking individuals who may be resources for all kinds of support to children and parents – not just limited to placement options; and
5. Partnering with the courts and attorneys to obtain court orders requiring that parents identify relatives to whom written notice of removal is required by law.

Confidentiality

All DCS staff members are required to follow confidentiality requirements when communicating with relatives and other supportive individuals. When providing the Notice to Relatives (NOT060901LTR) as required by law, DCS staff members are only permitted to share the information outlined in Related Information. If these relatives contact the FCM to request additional information about the case, the FCM should work with the child's parent(s) to engage

the relative in the CFT Meeting process and Visitation Plan, as appropriate. See 2.6 Sharing Confidential Information.

DCS recommends that a separate letter be sent to each required individual for each child. Children may not have the exact same relatives and for confidentiality purposes, they can only receive information about the children they are related to. Additionally, the law requires DCS to notify certain relatives about a child's removal and the best way DCS can do that is to send a letter to each person. For example, DCS can't guarantee that a grandmother will show the letter to the grandfather just because they live at the same address.

FORMS

1. Notice to Relatives (NOT060901LTR) – Available in ICWIS
2. 4.A Tool – Tips for Child Interviews

RELATED INFORMATION

Assessing Family Members' Interest by Building Trust with Relatives

When family members do not respond immediately to DCS inquiries this does not necessarily mean that they don't care about the child(ren). When DCS takes the time to build trust with relatives, it can go a long way to help them seriously consider the role they want to play in the child's life. DCS can help relatives see that they don't have to limit their roles to providing a place to stay, but have a variety of ways they can be involved in the child's life.

Suggested strategies to build trust with relatives include:

1. Persevere – Continue to engage the family during each contact and during Child and Family Team (CFT) Meetings to partner in the identification of family and important individuals in the lives of the child(ren) and family; and
2. Provide Several Opportunities for Family Participation in CFT Meetings – It is important to let family members decide as much as possible about how they can help the child. Once the child's situation is clear, it is important to give relatives an opportunity to step forward. Family members often take the initiative to let others know about the child's situation. They often show their support in unanticipated ways – including traveling long distances at their own expense to participate in planning meetings.

Respecting Family and Community Culture

Throughout the relative search process, it is important to honor families' culture and background and to integrate their cultural practices into plans for the child's care. In many cultures, family and community members have a range of supportive roles in caring for children. Families' cultural traditions can greatly enhance plans for child rearing, parenting and supporting children. To build rapport with relatives and engage them in developing workable plans, DCS must be familiar with the family's culture and build on their unique traditions.

Notification Required by IC 31-34-3-4.5

Indiana state law requires the FCM to notify the following individuals within 30 days of a child's removal from his or her parents, guardian, or custodian:

1. Maternal and paternal grandparents;
2. Adult aunts and uncles;
3. Any other adult relatives suggested by either parent or the child; and
4. All of the child's siblings who are at least 18 years of age.

Note: When it is known or suspected that a relative has caused family or domestic violence, DCS may not notify that relative of the child's removal. The decision not to provide notice to any of the required relatives must be made jointly with the Supervisor and documented in ICWIS.

Relatives should be told the following information when provided notice of the removal:

1. Notice that the child has been removed from his or her parent(s), guardian, or custodian by DCS;
2. Options the relative may have to become a relative placement for the child and failure to respond to the notice may result in the loss of this option;
3. The requirements for the relative to become a licensed resource parent; and
4. Additional services available to the child while in foster care.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2012
	Section 1: Reviewing the Child Abuse and/or Neglect (CA/N) Intake Report and Other Records	**Version:** 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will thoroughly review the Preliminary Report of Alleged Child Abuse or Neglect (SF 114 CW0310) (Child Abuse and/or Neglect (CA/N) intake report) and other available records in order to gain insight into potential issues prior to making contact with the child and family.

DCS will consider the following when reviewing the CA/N intake report and other records:

1. What is the nature and extent of the family's current and previous involvement with DCS, Division of Family Resources, and community-based services;
2. What safety concerns exist for the child and for the FCM; and
3. What issues should be discussed with the child and family members.

Code References

IC 31-36-3-3 (b) Notification To Department; Investigation Of A Child; Notification To Parents

PROCEDURE

The Family Case Manager (FCM) will:

1. Review the CA/N intake report;

   Note: Per IC 31-36-3-3 DCS must conduct an assessment concerning a child who voluntarily enters an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian, no later than **forty-eight (48) hours** following notification by the emergency shelter or shelter care facility of the child's name, location and whether the child alleges CA/N.

2. Review prior DCS and Department of Family Resources (DFR) contact with the family via the following sources **if available**:
   a. **[NEW]** Child protection service records: Management Gateway for Indiana's Kids (MaGIK) (see Practice Guidance for viewing limited-access unsubstantiated CA/N history),
   b. Child support records: Indiana Support Enforcement Tracking System (ISETS),
   c. Public assistance records: Indiana Client Eligibility System (ICES), or
   d. Other local electronic and paper records.

3. Discuss the CA/N intake report with the assigned FCM of any open DCS assessment or ongoing case;

4. Review pertinent information from outside sources (e.g., Law Enforcement Agencies (LEA), schools, public utility companies, Bureau of Motor Vehicles, etc.);
5. Obtain and review additional confidential information as needed (e.g., medical records, social services records, etc.);
6. Consider the following when reviewing records:
   a. What is the nature and extent of the family's current and previous involvement with DCS, Division of Family Resources, and community-based services,
   b. What safety concerns exist for the child and for the FCM, and
   c. What issues should be discussed with the child and family members.

7. Determine if the alleged perpetrator is a DCS employee or a child care worker.

PRACTICE GUIDANCE

[NEW] Viewing Unsubstantiated, Limited-Access CA/N History

DCS will retain a hard copy of documentation relating to an unsubstantiated assessment of child abuse or neglect in the DCS local office for six (6) months after the assessment has been approved by the supervisor. At that time, the hard copy file will be transferred to the records center in accordance with the Records Retention Schedule. Documentation in electronic form will be maintained until 24 years after the birth of the youngest child named in the DCS assessment report as an alleged victim of CA/N. The electronic documentation will be accessible only by management personnel 180 days after the assessment is approved by the supervisor. When completing an assessment that has limited-access history, the FCM can obtain temporary access to the documentation through their supervisor. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged to comply with a court order.

Thorough Review of Records

A thorough review of the CA/N intake information enables the FCM to form an initial assessment of the child's safety. Factors like the child's age and vulnerability and the family history are critical in this initial stage of the assessment.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114 CW0310)– Available in MaGIK
2. Records Retention Schedule

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2010
	Section 2: Preparing for the Assessment	**Version:** 3

POLICY

The Indiana Department of Child Services (DCS) will take all foreseeable, necessary precautions to protect the safety of the alleged child victim(s), the Family Case Manager (FCM) and/or other responders during the assessment.

To the extent possible given required response times, FCMs will take the necessary steps for adequate preparation prior to initiating any interviews or assessment of home conditions.

[NEW] DCS will begin identifying the appropriateness of utilizing the Child and Family Team (CFT) meeting process with families in which DCS serves during the assessment preparation stage.

Code References

N/A

PROCEDURE

Before initiating any interviews and assessment of home conditions, the FCM will*:*

1. Be familiar with all policies related to interviewing, including:
   a. 4.4 Required Interviews,
   b. 4.5 Consent to Interview Child,
   c. 4.6 Exigent Circumstances,
   d. 4.8 Entry into Home or Facility,
   e. 4.9 Interviewing Children,
   f. 4.10 Interviewing the Parent, Guardian, or Custodian,
   g. 4.11 Interviewing the Alleged Perpetrator,
   h. 4.13 Assessing Home Conditions,
   i. 4.14 Examining a Child, and
   j. 4.30 Institutional Assessments
2. Arrange interpreter services if the parties to the assessment are non-English speaking;
3. Develop an interview plan. Decide whether, in an optimal situation, it is best for family members to be interviewed separately or together. Determine the best order for the interviews to occur;
4. **[NEW]** Assess appropriateness of the utilization of a CFT meeting;
5. If domestic violence was identified during the Child Abuse and/or Neglect (CA/N) intake, prior to contacting the family:
   a. Contact Law Enforcement Agency (LEA) to determine if the family has had previous domestic violence contacts and/or police runs to their home for violence;

b. Determine if a detective has already been assigned to the case. If a detective has been assigned, discuss working together during the assessment with the detective; and

Note: DCS will not delay the initiation or completion of any assessment, regardless of LEA involvement. See separate policy, 4.29 Joint Assessments.

c. Consider the safety of all family members prior to scheduling interviews.

6. Plan interviews with law enforcement if the CA/N allegations are of a criminal nature. See separate policy, 4.29 Joint Assessments;
7. To the extent possible and practical, plan the location of each interview with the goal of optimizing the safety of the child, the FCM, and any other responders;
8. For each location where an interview will occur, consider any known or suspected safety risks and determine appropriate safety precautions, e.g. - law enforcement assistance. Seek supervisory input when necessary;
9. Gather necessary maps and driving directions;
10. Confirm that all equipment is in working order (e.g. - cell phones, cameras, video recorders, audio recorders, etc.); and
11. Start the assessment. See separate policy, 4.3 Conducting the Assessment - Overview.

The Supervisor will:

1. Review all information pertaining to the risk of the situation and assist the FCM in planning and preparing for the assessment as needed; and
2. Assure that all FCMs have access to appropriate, functioning assessment (interview) equipment (e.g. - cell phones, cameras, video recorders, audio recorders, etc.)

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Interpreter Services

All DCS local offices should have a plan for the availability of interpreter services when needed both for persons who are non-English speaking and for those who communicate using American Sign Language.

Considering the Risk of the Situation

What environmental factors might pose a danger to child safety and FCM safety? Examples include, but are not limited to:

1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;

3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (See related document, Indiana Drug Endangered Child Response Protocol);
6. Family members that are criminal suspects and have outstanding arrest warrants; and
7. Dangerous pets and/or animals.

Assistance from Law Enforcement

Request assistance when any risk factors have been identified that could threaten the safety of the child(ren), the FCM and/or other responders. See separate policy, 4.29 Joint Assessments.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
INDIANA DEPARTMENT OF CHILD SERVICES	**Chapter 4:** Assessment	**Effective Date:** June 1, 2011
	Section 3: Conducting the Assessment – Overview	**Version:** 6

POLICY

The Indiana Department of Child Services (DCS) will conduct a thorough assessment.

DCS will seek Law Enforcement Agency (LEA) assistance as needed, in order to conduct the assessment.

Code References

1. IC 31-33-8-7: Scope of the investigation
2. IC 31-33-8-2: Investigations by law enforcement agencies
3. IC 31-36-3: Homeless Children
4. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

The Family Case Manager (FCM) will:

1. Notify the parent, guardian, or custodian of the allegation(s) and request consent to interview the child unless exigent circumstances exist. See separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances;

   Note: An assessment involving domestic violence does not warrant an automatic removal to ensure the safety of the child(ren). Domestic violence does not always constitute exigent circumstances to interview the child(ren) without first seeking parental consent. See separate policy, 4.4 Required Interviews for further information.

2. Locate the subjects of the Child Abuse and/or Neglect (CA/N) intake report (e.g. - the alleged victim, victim's parent(s), guardian(s), or custodian, and alleged perpetrator). See separate policy, 4.7 Locating the Subjects;
3. Identify him or herself and show proper identification at the onset of each interview.
4. Follow appropriate procedures for gaining entry into the home or facility. See separate policy, 4.8 Entry into Home or Facility;
5. Conduct the following interviews (in the order shown below, to the extent possible and practical):
   a. Required Interviews[1] (See separate policy, 4.4 Required Interviews):
      1.) The alleged child victim, all other children living in the home and any children not living in the home who were present at the time of the alleged incident. See separate policy, 4.9 Interviewing Children,

[1] If practical given the particulars of the situation, the FCM should conduct the interviews in this order.

2.) The parent(s), guardian(s), or custodian. See separate policy, 4.10 Interviewing the Parent, Guardian, or Custodian,
3.) All witnesses,
4.) If they exist, at least two (2) professionals believed to have knowledge that relates to the allegation(s),
5.) The alleged perpetrator. See separate policy, 4.11 Interviewing the Alleged Perpetrator, and
6.) The reporting source (unless the reporting source is anonymous).

b. Any additional interviews necessary to gain adequate information from which to draw conclusions about the validity of the allegation(s). Examples may include, but are not limited to, extended family members, family friends, ministers, rabbis or priests, etc.

6. Visually examine an alleged child victim as necessary to confirm alleged or suspected bodily injuries. See separate policy, 4.14 Examining A Child. Photograph visible trauma found on any child or secure photographs that have been taken by a medical professional or LEA. See separate policy, 4.15 Photographing Trauma;
7. Arrange for necessary medical and/or psychological examinations. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations;
8. Complete a Safety Assessment, and if appropriate, a Family Support/Community Services Plan (SF 53243/CW3425). See separate policies, 4.18 Safety Assessment and 4.19 Family Support/Community Services Plan for Conditionally Safe Children and 5.7 Child and Family Team (CFT) Meetings;
9. Conduct an assessment of the home environment. See separate policy, 4.13 Assessing Home Conditions. See separate policy, 5.7 Child and Family Team (CFT) Meetings;
10. During all interviews, gather additional demographic information that is not already included on the CA/N intake report;
11. **[REVISED]** Provide each parent, guardian, or custodian, including an alleged father or any known non-custodial parent and alleged perpetrator, Notice of Availability of Completed Reports and Information (SF 51886/CW0024S) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
12. If at any point during an interview in a home suspicions arise that a meth lab is present, immediately exit the home without alarming the adults and/or children. Call 9-1-1. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol;
13. Discontinue the interview if at any point the FCM becomes concerned for his or her safety (e.g. - the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
14. If the alleged perpetrator is a DCS staff member, notify the accused employee's Regional Manager or the DCS Human Resources Office. See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators;
15. Gather additional information necessary to make a determination about the validity of the allegations. See separate policy, 5.7 Child and Family Team (CFT) Meetings;
16. Document all information gathered during the assessment;
17. Seek supervisory input as needed throughout the assessment;
18. Document good faith attempts if unable to complete any element of the assessment and seek supervisory input. See separate policy, 4.20 Good Faith Efforts;

19. Send the 30 Day Report to the administrator of the facility that made the CA/N report, if applicable. See separate policy, 4.21 30 Day Assessment Reports;
20. If the alleged perpetrator is a child care worker or resource parent, notify the child care worker of his or her right to participate in an informational review prior to arriving at a finding. See separate policy, 2.3 Child Care Workers Assessment Review Process;
21. Arrive at a finding of substantiated or unsubstantiated for each allegation. See separate policy, 4.22 Making an Assessment Finding;
22. If necessary, conduct a Risk Assessment and Strengths and Needs Assessment. See separate policies, 4.23 Risk Assessment and 4.24 Strengths and Needs Assessment;
23. Take additional actions if necessary to assure the child's safety, including implementing child and family services. See separate policy, 4.26 Determining Service Levels and Transitioning to Case Management and 5.7 Child and Family Team (CFT) Meetings;
24. Complete the Assessment Report. See separate policy, 4.25 Completing the Assessment Report; and
25. If any allegations are substantiated, send notice to the perpetrator(s) regarding their rights to a review and an appeal of the decision. See separate policies, 2.1 Requests for Administrative Review, and 2.5 Administrative Appeal Hearings.

PRACTICE GUIDANCE

Domestic Violence Assessments

The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to child(ren) by the presence of domestic violence. The challenge in providing Child Protection Services (CPS) in domestic violence cases is to keep the child(ren) safe without penalizing the non-offending parent and without escalating the violent behavior of the alleged domestic violence offender. The primary responsibility of DCS is to determine the overall risk to the child(ren) and take appropriate action to ensure their continued safety.

Every family will be assessed for the presence of domestic violence whether or not it was a part of the Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) intake report. The purpose of this assessment is to assess the nature, severity, and impact of the alleged domestic violence on the child(ren).

CA/N assessments may increase the risk to the child(ren) and other family members when domestic violence is present. It is important to consider how the assessment process will affect the safety of all involved and take action as outlined in this chapter.

[REVISED] Distribution of the Notice of Availability of Completed Reports and Information

The Notice of Availability of Completed Reports and Information (SF 48201/CW0024) should not be left on the parent, guardian, custodian or alleged perpetrator(s) door. The information contained in this document should be discussed verbally with the parent, guardian, custodian and alleged perpetrator(s) to ensure an understanding of the contents of the form. This will provide the parent, guardian, custodian and alleged perpetrator(s) with an opportunity to ask the FCM any questions regarding this document. It also provides the opportunity for verbal and written notice to each parent, guardian, custodian and/or alleged perpetrator(s). Mailing the form is acceptable if the parent, guardian, custodian or alleged perpetrator(s) live outside the jurisdiction of the DCS local office. However, the FCM should make attempts to contact the individual prior to mailing the form.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) – Available in ICWIS
2. Safety Assessment – Available in ICWIS
3. Family Support/Community Services Plan (SF 53243/CW3425) – Available in ICWIS
4. Notice of Availability of Completed Reports and Information (SF 48201/CW0024) – Available in Hardcopy
5. 30 Day Report – Available in ICWIS
6. Risk Assessment – Available in ICWIS
7. Strength and Needs Assessment – Available in ICWIS

RELATED INFORMATION

Physically Seeing and Interviewing All Children in the Home

It is necessary for DCS to conduct a **face-to-face** interview with **all** children living in the household because they may have witnessed the alleged CA/N, and there is a possibility that they may also be victims. For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at a level that is appropriate given the child's developmental status.

Gathering Additional Information

Sources of additional information may include but are not limited to: relatives, neighbors, school officials, teachers and other employees, physicians, other professionals, or agencies in the community, and law enforcement. Such persons should only be contacted when the FCM has reason to believe they have pertinent information.

It is important to note that the purpose of gathering additional information is to gain knowledge that may aid in the assessment, not to release **confidential information** already gathered. Confidentiality regarding the reporting source of the additional information must also be maintained.

Communication with Supervisor

Because the Supervisor provides the first level of quality assurance within the system, it is important the Supervisor be updated and consulted as necessary throughout the assessment.

Contacting LEA

Each DCS local office must develop Inter-Agency Agreements with their local LEA to outline procedures on the handling of new CA/N intake reports.

Homeless Unaccompanied Minors

Exigent circumstances exist when assessing a report of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian present. The parent, guardian, or custodian of the child must be notified within **48 hours** of DCS receiving the report, but no later than **72 hours** of the child entering the shelter. DCS must

notify the parent, guardian, or custodian that the child is in a shelter and has been interviewed by DCS. If DCS has reason to believe that the child is a victim of child abuse or neglect, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines that the child is unsafe and the coercive intervention of the court is needed, refer to separate policy, 4.28 Involuntary Removals for procedures to follow.

Alleged Father
A person who has asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has been filed in court.

Noncustodial Parent
A person who does not have legal or primary physical custody of the child.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** January 1, 2012
	Section 4: Required Interviews	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will conduct the following required interviews during **all** Child Abuse and/or Neglect (CA/N) assessments:

1. The alleged child victim;
2. All other children living in the home and any children not living in the home who were present at the time of the alleged incident;
3. The parent, guardian, or custodian;
4. The alleged perpetrator;

   Exception: DCS will not interview the alleged perpetrator when certain conditions apply; See separate policy, 4.11 Interviewing the Alleged Perpetrator.

5. The reporting source (unless the reporting source is anonymous);
6. Identified witnesses; and
7. Professionals believed to have first-hand knowledge that relates to the allegation(s), if such professionals are accessible.

[NEW] Note: Contact vs. Interview

A contact can be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

A contact includes but is not limited to:

1. Face-to-Face home, other office;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail;
6. Correspondence.

[NEW] DCS will interview the non-custodial parent regarding the CA/N assessment or document in the Indiana Child Welfare Information System why the contact or interview with that person could not be made. See Related Information regarding information on Contacts vs. Interviews.

The Indiana Department of Child Services (DCS) will conduct or arrange an individual face-to-face interview with the alleged child victim(s), all other children living in the home, and any children not living in the home who were present at the time of the alleged incident regardless of the allegation(s). For children who are too young or unable to communicate, an interview will

consist of face-to-face interaction with the child at a level that is appropriate given the child's developmental status.

DCS will conduct any additional interviews necessary to gain adequate information from which to draw conclusions about the validity of the allegation(s).

> **Note**: Legitimate exceptions to this policy are discussed in the individual policies for each interview type (i.e., 4.11 Interviewing the Alleged Perpetrator) as well as in the policy 4.7 Locating the Subjects.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will conduct the following interviews in the following manner for all assessments:

1. An **in-person** interview with the **alleged child victim.** See separate policy, 4.9 Interviewing Children;
2. An **in-person** interview with **all other children** living in the home and any other children present in the home at the time of the alleged incident;
3. An **in-person** interview with one or both of the **parent(s), guardian, or custodian(s)**. The interview will take place on the same day that the interview takes place with the alleged child victim, unless not possible. See separate policy, 4.10 Interviewing the Parent, Guardian or Custodian;
4. An **in-person** interview with the **alleged perpetrator**. See separate policy, 4.11 Interviewing the Alleged Perpetrator;
5. An in-person or phone interview with the **reporting source** (unless the reporting source is anonymous);
6. An in-person or phone interview with every person who is known to have **witnessed** the incident. The FCM will document in the Indiana Child Welfare Information System if no witnesses exist; and
7. An in-person or phone interview with **professionals** who did not make the report, but believed to have first-hand knowledge that relates to the allegation(s), results of the incident, injury to the child victim, or circumstances of the family being assessed, if such professionals are accessible. The FCM will document in the Indiana Child Welfare Information System if no such professionals exist.

Interviews Involving Domestic Violence

All interviews should be performed separately. Consider completing interviews outside of the home when possible. All interviews must be performed without the alleged domestic violence offender present. Consider the safety of all family members and DCS staff when structuring interviews.

Interviews should be completed in the following order:

1. Non-offending parent;
2. Child(ren); and
3. Alleged domestic violence offender.

Exception: If there is danger for the non-offending parent and/or child(ren), and the child(ren) cannot keep information from the alleged domestic violence offender, the interview with the child(ren) may be postponed. (The child may identify with the alleged domestic violence offender and may disclose the contents of the interview.) This will occur only in very rare instances and the Supervisor must be notified immediately and approve the decision.

PRACTICE GUIDANCE

Interviews with Witnesses to a Domestic Violence Incident

These interviews should be conducted with an understanding that the personal safety of the individuals is a consideration that may impact their willingness to discuss the abuse and/or violence occurring within the family. All interviews should focus on child safety.

FORMS AND TOOLS

N/A

RELATED INFORMATION

Professionals

Examples include, but are not limited to, therapists, social workers, school personnel, medical professionals, and religious leaders (priests, rabbis, ministers, etc.). Professionals in this context do not include DCS employees (Directors, Supervisors, etc.).

Witnesses

Based on the information uncovered during the assessment, the FCM may become aware of one or more persons who witnessed the alleged CA/N. The FCM should seek to locate and interview those persons.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2011
	Section 5: Consent to Interview Child	**Version:** 3

POLICY

The Indiana Department of Child Services (DCS) will secure the **consent** (permission) of the child's **parent, guardian, or custodian prior to interviewing a child** who is the following:

1. An alleged victim of Child Abuse and/or Neglect (CA/N);
2. An alleged child perpetrator; or
3. A potential witness or collateral contact.

Exceptions to this rule include:

1. Exigent circumstances override the necessity of consent due to concerns for the alleged child victim's safety and well-being. See separate policy 4.6 Exigent Circumstances;
2. A reasonable number of attempts made to locate and contact the parent, guardian, or custodian result in no contact being made;
3. The child is under the care and custody of DCS **and** parental rights have been terminated; or
4. The child is committed to a Department of Correction (DOC) facility.

[NEW] See Related Information regarding Contacts vs. Interviews.

If the custodial parent, guardian or custodian of a child refuses to allow DCS to interview the child after the Family Case Manager (DCS) has attempted to obtain consent from the custodial parent, guardian or custodian, DCS may petition a court to order the custodial parent, guardian or custodian to make the child available to be interviewed.

An assessment involving domestic violence does not warrant an automatic removal to ensure the safety of the child(ren). Domestic violence does not always constitute exigent circumstances to interview the child(ren) without first seeking parental consent.

If the parent, guardian, or custodian refuses to give consent and/or places conditions upon the interview process that the FCM finds unacceptable, and no exigent circumstances exist, a court order will be pursued.

In certain circumstances, DSC will seek consent from individuals other than the child's parent, guardian, or custodian prior to the interview. See Related Information for details.

Code References

1. IC 5-26.5-1-3: Domestic violence
2. IC 31-33-8-7 (d): Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements

PROCEDURE

The FCM will:

1. Consider whether exigent circumstances exist. (Refer to separate policy, 4.6 Exigent Circumstances for guidance and follow all procedures contained in the policy if exigent circumstances exist.);
2. If exigent circumstances **do not exist**, determine who must give consent. (See Related Information for assistance);
3. Make a reasonable number of attempts to contact the person who must give consent;
4. If unable to make contact with the required parties after a reasonable number of attempts, document attempts in the Indiana Child Welfare Information System, proceed with child interview without consent and complete Step 9 below;
5. If contact is made with the required parties, ask for consent after explaining the following:
   a. The interview is part of a DCS CA/N assessment,
   b. The interview must take place to assure the child's safety,
   c. The CA/N allegations are: _____ (per the CA/N intake),
   d. The information gained during the interview is confidential. It will not be released to outside parties unless it is required during a court proceeding (See separate policy, 2.6 Sharing Confidential Information). The parent, guardian, or custodian has the right to know the information gained during the interview.
6. If consent given, have the required parties sign form, Consent of Parent, Guardian or Custodian to Interview Child(ren) (SF52013/CW0052), and proceed with child interview;
7. Follow all procedures in separate policy, 4.8 Entry Into Home or Facility;
8. **[REVISED]** If consent not given, coordinate with the DCS Local Office Attorney to petition a court order for the child(ren) to be interviewed, either with or without the custodial parent, guardian or custodian being present;
9. In any cases where consent was not requested and the child interview proceeded due to exigent circumstances, give notice of interview to parent, guardian, or custodian or Facility Administrator as soon as possible but no later than the same day of the interview; and
10. Notify the appropriate Licensing Child Placing Agency (LCPA), ongoing services FCM and/or Probation Officer of the interview.

PRACTICE GUIDANCE

Engaging families to gain consent

Exhibiting empathy, professionalism, genuineness, and respect is the first step to building a trust-based relationship with families. Establishing a relationship by effectively engaging with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together could increase the chances of gaining consent from parents.

FORMS AND TOOLS

1. Consent of Parent, Guardian or Custodian to Interview Child(ren) (SF 52013/CW0052) – Available in the Indiana Child Welfare Information System

2. Notice to Parent, Guardian or Custodian of Interview with Child (SF 53130/CW2129) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION [REVISED]

[NEW] Contact vs. Interview

A contact can be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

A contact includes but is not limited to:

1. Face-to-Face home, other office;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail;
6. Correspondence.

Who Must Give Consent When Exigent Circumstances Do Not Exist?

The chart below summarizes many, but not all, situations. If an FCM encounters a circumstance not covered on this chart, he or she should use critical thinking skills and seek supervisory guidance as needed.

Child's Situation	Additional Details	Consent From
Child lives at home with parent, guardian, or custodian		Parent, guardian, or custodian
Child lives in foster home	Parental rights have not been terminated	Parent, guardian, or custodian. No consent needed from resource parent or LCPA.[1]
Child is on probation		Parent, guardian, or custodian
Child has been committed to DOC facility		No consent needed from parent, guardian, or custodian; consent is required from DOC facility superintendent
Child has been placed in residential facility	Alleged perpetrator is an employee or resident of the facility	**Exigent circumstances are assumed to exist; no consent needed**
	Alleged perpetrator is someone other than an employee or resident of the facility	Assessing FCM contacts ongoing services FCM assigned to child. Ongoing services FCM seeks consent from parent, guardian, or custodian
Child is under care and custody of DCS	Parental rights have been terminated, but child has not been emancipated.	Assessing FCM seeks permission from ongoing services FCM assigned to child.

Exigent Circumstances

See Practice Guidance in separate policy, 4.6 Exigent Circumstances.

[1] It is advisable to give advance notice of the interview to the LCPA as a courtesy.

Consent from One or Both Parents?

1. If the child has **two** parents and **both** parents have physical custody of the child (i.e., the parents are living together) either parent may give consent. However, once either parent has said "no," it is inappropriate to seek permission from the other parent (this is referred to as "answer shopping.");
2. If the child has **two** parents but the parents do not live together, consent must be obtained from the custodial parent (i.e., the parent with physical custody, also referred to as the "custodial parent").

Consent from a Guardian

A child will have only one legally appointed guardian.

Reasonable Number of Attempts

A "reasonable number of attempts" generally means that the FCM attempted to reach the individual at various times during the day to allow for work and/or school schedules; used multiple methods of contact; etc.. What exactly constitutes a reasonable "number" will vary depending upon the urgency of the assessment. In general, the FCM should attempt to reach the parent, guardian, or custodian by trying each address or phone number between three (3) and five (5) times for an assessment that must be initiated within 24 hours. For an assessment that must be initiated within five (5) days, the FCM should try each address and phone number between five (5) to 10 times. See separate policy, 4.20 Good Faith Efforts, for related information.

Verbal Consent

Verbal consent should be used as a last resort. For verbal consent, the FCM should put the parent, guardian, or custodian on speakerphone and have an individual (a DCS employee, law enforcement agency (LEA), or a school, mental health or medical professional) serve as a witness. If verbal consent is used, the FCM must follow-up by getting the parent, guardian, or custodian's signature on a consent form as soon as possible and placing the form in the assessment file.

Consent to Interview vs. Consent to Enter

Consent to interview does not necessarily constitute consent to enter. For instance, father gives an FCM permission to interview a child; mother is home with the child and gives the FCM permission to enter the home to conduct the interview. See separate policy, 4.8 Entry Into Home or Facility.

Constraints on Interviews

It is possible that the parent, guardian, or custodian will place constraints on the DCS interview with the child, i.e. "You may interview the child only in my presence." In these circumstances the FCM should clearly document the constraints placed on the interview and whether the constraints were accommodated. If the constraints are not accommodated and the parent, guardian, or custodian refuses to allow DCS to interview the child a court order may be sought.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** July 1, 2008
	Section 6: Exigent Circumstances	**Version:** 2

POLICY

When exigent circumstances are determined to exist for an alleged victim of Child Abuse and/or Neglect (CA/N) interview, the Indiana Department of Child Services (DCS) is not required to obtain consent from the child's parent, guardian, or custodian prior to interviewing the child.

DCS defines exigent circumstances as situations that would cause a reasonable person to believe that a timely interview (See separate policy, 3.9 Initiation Times for Assessments) with the child is necessary due to concerns for the child's well-being and safety, and that seeking parental, guardian, or custodian consent first may cause harm to the child or place the child at greater risk.

DCS will assume exigent circumstances exist when:

1. The parent, guardian, or custodian is the alleged perpetrator or is allegedly aware of the maltreatment of the child victim and has allegedly not assured his or her safety;
2. The safety of the alleged child victim might be jeopardized by delaying the interview and/or notifying the parent, guardian, or custodian;
3. There is reason to believe that essential evidence would not be available if there were delay or notice;
4. **[NEW]** The homeless unaccompanied minor is voluntarily receiving shelter from an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian; or
5. When exigent circumstances do not exist, DCS will seek consent from the child's parent, guardian, or custodian prior to conducting an interview with a child. See related policy, 4.5 Consent to Interview Child.

Supervisory approval is not required to validate the decision made by the Family Case Manager (FCM) regarding whether exigent circumstances are present.

Code References

IC 31-36-3-3: Homeless Children

PROCEDURE

The FCM will:

1. Determine if exigent circumstances exist based on his or her best judgment and assessment of all information available at the time;
2. If the FCM has determined exigent circumstances exist, proceed with interviewing the child without consent from the parent, guardian, or custodian. Notify the parent, guardian, or custodian as soon as possible after the interview, but no later than the same day in which the interview occurred; and

[NEW] Note: For homeless unaccompanied minors voluntarily receiving shelter without the presence or consent of a parent, guardian, or custodian, an assessment must be conducted within 48 hours of receiving the report, but no later than 72 hours of the child entering the shelter. If CA/N is believed to have occurred the location of the shelter may not be disclosed to the parent by DCS.

3. If the FCM has determined that exigent circumstances do not exist, follow all procedures in separate policy, 4.5 Consent to Interview Child.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) – Available in ICWIS

RELATED INFORMATION

Determining if Exigent Circumstances Exist

Every Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) should be evaluated on its own merit and the FCM should always make decisions that support the safety, well-being, and due process for the child. Such an evaluation requires the application of critical thinking skills to carefully assess the current safety factors and the potential risk of future harm to the child.

In the following examples, seeking parent, guardian, or custodian permission prior to interviewing the child would further endanger the child:

1. The child self-reports CA/N allegations to DCS or a professional (e.g., teacher, doctor) and the child requests an interview with DCS without parent, guardian, or custodian consent;
2. The parent is the alleged perpetrator and there are immediate concerns for the child's safety. In this example, it would be in the best interest of the child to interview him or her immediately at a location other than the child's home; and
3. The child's uncle is the alleged perpetrator of sexual abuse. There was a previous report of alleged sexual abuse of the child by this uncle. The assessment report documents that the parent did not believe the allegations. In this situation, the FCM has reason to believe that the parent will not provide for the safety of the child.

Decision Support

DCS Central Office will stand behind the decision made by the FCM provided the FCM:

1. Made the decision based on the best interests of the safety and well-being of the child;
2. Sought supervisory validation IF the FCM was unclear about whether or not the safety and well-being of the child may have been compromised by seeking consent prior to interviewing; and
3. Clearly documented his or her rationale in the assessment records.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** May 1, 2009
	Section 7: Locating the Subjects	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will make good faith efforts to locate all required contacts when conducting a Child Abuse and/or Neglect (CA/N) assessment.

See related policy, 4.20 Good Faith Efforts.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Attempt to locate the subjects of all required interviews by consulting a variety of resources. See separate policy, 4.4 Required Interviews.

   Note: Diligent efforts should be made in requesting information pertaining to the absent parent or parents of any child who is alleged to be a victim of CA/N.

2. In cases where the whereabouts of a child are unknown, contact the child's parent, guardian, or custodian and request to be notified when the child appears.
3. Document the **inability** to locate and interview any required contact along with the efforts made. See separate policy, 4.20 Good Faith Efforts.

[NEW] When contacting and/or locating individuals who are residing at a domestic violence shelter, the FCM will:

1. If shelter staff declines to share the information, indicate that they have reason to believe that a child(ren) and parent who are the subject of a DCS assessment are present at the shelter;
2. Leave a message with the shelter staff asking the parent to contact the FCM to arrange for an interview with both the parent and child(ren);
3. If the parent has not contacted the FCM within two (2) business days after leaving the message with shelter staff, contact the shelter staff again and request to speak with the parent; and
4. If necessary, consult with Supervisor regarding denial of access to the child(ren) and the need to seek court intervention.

The Supervisor will assist the FCM as necessary by using creative problem-solving techniques to help locate the subjects.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Locating the Subjects

Several avenues are available to obtain assistance with locating the required contacts. Examples include, but are not limited to:

1. Relatives who may have recent information concerning the subjects' whereabouts;
2. Law enforcement (e.g. - can run a search on license plate numbers, social security numbers, etc.);
3. Local branch of United States (U.S.) Post Office;
4. Local utility companies;
5. Bureau of Motor Vehicles (BMV);
6. School records;
7. Internet search engines (i.e. www.google.com); and
8. Telephone directories and information (i.e., dial 4-1-1).

See separate policy, 5.6 Locating Absent Parents for assistance with locating absent parents.

[NEW] Domestic Violence Shelters and Confidentiality

Due to federal and state confidentiality requirements, DCS staff may not be able to obtain information from staff of a domestic violence shelter. When the child(ren) and non-offending parent are at a domestic violence shelter, shelter staff may decline to confirm their presence.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2008
	Section 8: Entry into Home or Facility	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) may make in-person contact with a child in his or her home or any other place where the child may be.

DCS is required to seek permission to enter a home for the purpose of conducting interviews and/or assessing the home's condition. Permission to enter must be given by an adult living in the home. Children under the age of 18 years cannot give permission to enter the home.

> **Exception**: DCS may only enter without permission when accompanied by a Law Enforcement Agency (LEA).

If one adult who lives in a home gives permission to enter, and a second adult who lives in the home verbally objects, DCS will not enter the home and will instead seek a court order.

DCS reserves the right to revoke a foster home license if denied access to a foster home.

[REVISED] DCS is required to check in, present DCS issued identification, request permission from an Administrator (e.g., Director and/or Program Coordinator, Principal, etc.), and/or follow all written protocols when entering schools, child care centers, residential facilities, emergency shelters or shelter care facilities, medical facilities, or correctional facilities for the purpose of conducting interviews.

DCS may request an order from the juvenile court if admission to a home or facility is denied. If an order from the court is granted, DCS will gain entry by accompanying LEA when LEA executes the order.

DCS will not enter a home if there is suspicion that it contains a meth lab (See the Indiana Drug Endangered Children (DEC) Response Protocol).

Permission to enter a home or facility will not constitute consent to interview a child. DCS will seek permission to interview a child in accordance with the policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances.

DCS will immediately contact LEA and request emergency assistance if a child is believed to be home alone and it is believed the child's safety and well-being is in danger.

Code References

IC 31-33-8-7: Scope of Investigation; order for access to home, school or other place

PROCEDURE

Note: Prior to entering a home or facility for the purposes of conducting an interview with a child, the Family Case Manager (FCM) will follow procedures contained in separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances.

Prior to entering a home or facility the FCM will:

1. Ask to speak to an adult in the house (or facility personnel);
2. Introduce himself or herself and show official DCS identification;
3. Explain the purpose of the visit without revealing any confidential information about the Child Abuse and/or Neglect (CA/N) assessment;
4. Seek permission to enter if a home (follow visitor check-in procedures if a facility); and
5. Document permission given to enter home or facility and by whom.

Upon entering a home the FCM will:

1. Exit the home immediately and without alarming the persons inside if at any time he or she suspects the home may contain a meth lab. See Indiana Drug Endangered Child (DEC) Response Protocol; and/or
2. Discontinue the assessment if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the necessary interview(s) and/or home conditions assessment.

If access to a home or facility is denied, the FCM will:

1. Request an order from the juvenile court to gain admission to the home or facility;
2. If court order is granted, return to the home or facility with LEA, who will execute the court order and gain admission;
3. Notify the entity responsible for licensing the home (DSC local office or Licensed Child Placing Agency (LCPA)) if denied entry to a licensed foster home; and
4. Document that the request was denied and who denied the request.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Home

For the purpose of this policy, “home” means home, foster home, relative home, or licensed child care home.

[REVISED] Facility

For the purpose of this policy, “facility” means a facility or institution, including, but not limited to, a school, child care center, registered childcare ministry, group home, inpatient (residential) treatment center, hospital, emergency shelters, shelter care facilities, juvenile detention center, and Indiana Department of Corrections (DOC) facility.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** October 1, 2012
	Section 9: Interviewing Children	**Version:** 4

POLICY [REVISED]

[REVISED] The Indiana Department of Child Services (DCS) will conduct or arrange an individual face-to-face interview[1] with the alleged child victim, all other children living in the home (including children who live in the home part time due to a custody arragngment or have visitation in the home), and any children not living in the home who were present at the time of the alleged incident regardless of the allegation.The Family Case Manager (FCM) will always inquire about the household composition and if any other children live in the home part time or have visitation.

[NEW] If a child who lives in the home part time or has visitation is listed as a *victim*, the child's custodial parent can be advised of the allegations by receiving a copy of the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) and the Assessment of Alleged Child Abuse or Neglect Report (SF 113/CW0311). If the child is not listed as a victim, the child should be interviewed as a witness. (See Practice Guidance)

The FCM will distinguish between making a "contact" with a child and when that child is "interviewed" by accurately documenting what occurred in Management Gateway for Indiana's Kids (MaGIK).

Contact vs. Interview

A contact can be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a Child Abuse and/or Neglect (CA/N) report not in the presence of family members or witnesses. A contact is not always considered an interview. A contact includes but is not limited to:

1. Face-to-Face home, other office;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail; and
6. Correspondence.

[REVISED] When interviewing children who are alleged to have been exposed to domestic violence, DCS will focus interviews with children on the:

1. Result of witnessing what they saw and/or heard (are there any signs of behavioral, cognitive or emotional impact);
2. Child's understanding and/or interpretation of the violence (how does the child explain what happened or what lead to the domestic violence); and
3. Child's concerns about safety.

[1] For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at a level that is appropriate given the child's developmental status.

Note: It is critical to assess the unique impact of domestic violence on each child, not just what they were exposed to or observed.

A trained forensic interviewer may conduct an interview if the child is an alleged victim of sexual abuse; however, DCS will be present during the interview.

Law Enforcement Agency (LEA) may conduct an interview if LEA and DCS are participating in a joint assessment, however, DCS will be present during the interview. Further, DCS will conduct an additional interview if unable to assess child safety and well-being during the joint LEA interview.

[NEW] FCMs will consider all relevant factors regarding the assessment in determining when to utilize video and/or audio equipment to record interviews with children. Video and/or audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, or other complex cases could lead to criminal charges being filed. (See Practice Guidance)

Code References

1. IC 31-34-13: Child videotape testimony in child in need of services proceedings
2. IC 5-26.5-1-3: Domestic violence
3. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

The Family Case Manager (FCM) will:

1. **[NEW]** Determine which children require a face to face interview by asking if additional children live in the home part time or have visitation;
2. Obtain consent from a parent, guardian, or custodian prior to interviewing any child, unless exigent circumstances exist. (See separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances.);
3. Conduct the interview in a location and/or setting that assures privacy for the child;
4. Honor a parent, guardian, or custodian's request to be present during the interview **if** his or her presence will not impede or influence the interview in any way;
5. **[REVISED]** Determine when to video and/or audio tape the interview with an alleged victim by staffing with a Supervisor if possible;

   [NEW] Note: Video and/or audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, or other complex cases could lead to criminal charges being filed.

6. Develop rapport with the child prior to asking questions about the alleged CA/N;
7. Explain to the child at the beginning of the interview what will happen with the information obtained during the interview (i.e., who will this information be shared with);
8. **[REVISED]** Document in MaGIK any possible behavioral signs of domestic violence in the child, especially statements that they are afraid of the alleged perpetrator or domestic violence offender;
9. Engage the child(ren) in the development of the Family Support/Community Services Plan (SF53243/CW3425), if age appropriate. See separate policy, 4.19 Family Support/Community Services Plan.

PRACTICE GUIDANCE

Indicators of Domestic Violence

If any of the following indicators of domestic violence are observed during the course of an assessment, carefully consider how to proceed with the interview (i.e., if the alleged domestic violence offender is present, the interview may need to be handled differently than if the parent, guardian, custodian, or child were alone).

Child Indicators:

1. Child may blame self for the abuse;
2. Child may identify with the alleged domestic violence offender by "acting out" aggressively toward the non-offending parent;
3. Child may be depressed, confused, or exhibit animosity, anger, or sadness;
4. Infants may be moody, restless, sleepless, or lack responsiveness;
5. Regression, such as bed wetting or thumb sucking;
6. School phobia- a manifestation of leaving the non-offending parent alone in the home;
7. Guilt or the inability to establish trusting relationships;
8. Child tries to hide the fact that domestic violence is present in the home;
9. Child may take on the "mothering" role;
10. Child may demonstrate fear when the alleged domestic violence offender is around;
11. Child overly protective of one (1) parent; and/or
12. Child may be withdrawn, apathetic, or feel insecure and powerless.

[NEW] Interviewing Children that Live in the Home Part Time or Have Visitation

If a child is determined to live in the home part time or has visitation as the result of a custody arrangement, the child requires a face to face interview. If it is determined that the child is *not* a victim, the FCM should proceed with setting up an interview with the child but is not permitted to disclose any details regarding the allegations of abuse or neglect to the child's custodial parent. The FCM should stress the importance of the interview by advising the parent that the child may have witnessed an incident or have information that has been disclosed to them by another child that can affect child safety. The FCM should also advise the child's parent that they can be present during the interview with their child.

[REVISED] Video/Audio Taping Interviews

The FCM is to make reasonable efforts to use audio and/or video equipment to record the interview with the child. Recording interviews may reduce the number of times an alleged child victim must be interviewed. It may also reduce the necessity for the alleged victim to provide further testimony if the case goes to court.

Decisions regarding how to record an interview should be made based on the circumstances of the report and the location of the interview. Written notes should always be taken during the interview (preferably by someone other than the assigned FCM when possible, such as LEA or another FCM). All information should be reviewed and clarified with the child to assure an accurate understanding of what the child said. The FCM should explain to the extent possible to the child that they are being recorded.

FCMs should use critical thinking skills to consider all factors when deciding to utilize video and/or audio equipment to record interviews with children. Video and/or audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, or other complex cases could lead to criminal charges being filed.

[REVISED] Location and Presence of Others

In planning for an interview of a child, the FCM should ensure that the location of the interview is non-threatening and neutral so the child can feel safe. When circumstances allow, the child should be interviewed separately from other family members. The FCM should allow the interview to begin with the non-offending parent present and work towards separate interviews. The interview with the child should never be conducted in the prescence of or within hearing distance of the alleged perpetrator.

Types of Questions to Ask During an Interview

Open-ended questions should be used as much as possible. Multiple-choice or yes and no questions should only be used if the FCM is unable to elicit any information from the child. The more open-ended the question the greater confidence one can have in the child's response. The following open-ended questions are to provide guidance on gathering information regarding the who, what, when, where and how of the alleged CA/N:

Who questions: These questions are important in identifying the parties involved and who is aware of what has happened.
Who did this? Who was there? Who knows about this besides you?

When questions: These questions are used to determine the most recent occurrence as well as the duration of the abuse or neglect. In physical abuse cases, "When" questions are used, for instance, to determine if the degree of healing of the injury is consistent with the time frame the child is describing.
When mommy left, what was on TV? When mommy came home, what was on TV?

Where questions: These questions are used to determine the location of the CA/N as well as the whereabouts of other family members at the time of the occurrence.
Where were you hit? Where were mommy and daddy at the time you were hit?

How questions: These questions help children expand their responses. For instance, when a child says, "He hit me," the worker might say, "*How did he hit you?*" or "*Tell me about that*."

What questions: These questions ask for descriptive statements or observations. The worker may need to ascertain whether the child was threatened, tricked, bribed or otherwise coerced to cooperate with a perpetrator (e.g., in a sexual abuse incident) or to maintain secrecy after any incident of abuse or neglect. For instance, a child who has divulged that the perpetrator "told me not to tell" should be asked, "*What did he say?*"

FORMS AND TOOLS

Family Support/Community Services Plan (SF53243)

RELATED INFORMATION

Number of Interviews

While it is best practice to conduct only one interview with a child, an FCM may have to conduct additional interviews with a child if the FCM was unable to gather sufficient information in the intial interview to assess child safety and well-being.

Joint Interviews with LEA
See separate policy, 4.29 Joint Assessments, for more information.

Forensic Interviews for Children who are Alleged Victims of Sexual Abuse
It is best for a child who is an alleged victim of sexual abuse to be interviewed by a professional who is trained and experienced in forensic interviewing. DCS offers specialized trainings on this topic. If DCS and LEA are present for an interview, the determination of who will lead the interview should be based on who has the proper training and is able to develop rapport with the child.

Using means other then verbal communication is often a critical component of interviewing alleged victims of sexual abuse. In many cases what a child will demonstrate with objects or drawings is far more compelling than what they may say. The interviewer may ask the child to draw pictures of the home, the family, etc., or to communicate using blank figure drawings or anatomically detailed dolls and doll houses.

[REVISED] Child Advocacy Centers (CACs)
At CAC's, the various members of the Child Protection, Law Enforcement, Prosecution, Victim Advocacy, Medical and Mental Health Communities are able to provide children and their families comprehensive services within a child-friendly environment designed to meet the child's needs.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** June 1, 2011
	Section 10: Interviewing the Parent, Guardian, or Custodian	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the parent(s), guardian, or custodian(s) of an alleged victim of Child abuse and/or Neglect (CA/N), unless one (1) or both cannot be located or refuse an interview.

DCS will provide information about available community resources to all families experiencing domestic violence. See Practice Guidance for a list of possible indicators of domestic violence.

The interview will take place on the same day as the interview with the alleged child victim, unless not possible.

DCS will introduce the Child and Family Team (CFT) Meeting process to every parent, guardian, or custodian, during the initial interview, if appropriate. See separate policy, 5.7 Child and Family Team (CFT) Meetings.

Code References

1. IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations
2. IC 31-33-18-4: Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs
3. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

If the parent, guardian, or custodian is the alleged perpetrator, the Family Case Manager (FCM) will follow all procedures contained in separate policy, 4.11 Interviewing the Alleged Perpetrator.

If the parent, guardian, or custodian is **not** the alleged perpetrator, the FCM will:

1. Secure identifying information and request (not require) the individual's social security number (SSN);
2. State the reason for the interview;
3. Allow the parent, guardian, or custodian to respond to each allegation;
4. Allow the parent, guardian, or custodian to "tell his or her side of the story";
5. Focus the interview on the safety of the child;
6. Look for any indications of CA/N and ask questions related to any indications that are present;
7. Observe the interactions between the parent, guardian, or custodian and other family members, including the child;
8. Assess whether the parent, guardian, or custodian may be a victim of domestic violence and provide information about available community resources;

9. Obtain the names of other family members and/or collateral contacts who may be able to provide additional information relating to the alleged CA/N;
10. Discuss any stress factors that may be present;
11. Review with the parent, guardian, or custodian what has been discussed during the interview to verify comprehension;
12. Explain that the assessment is not complete, and explain what will happen next and how he or she will be informed of results of the assessment;
13. Introduce the CFT meeting process and encourage the parent, guardian, or custodian to utilize this method of practice to assess the child's safety, develop plans to address child safety, and problem solve concerns or issues as they are identified. Explain that the process can serve to reinforce their strengths, assist in identifying informal supports and develop plans to address their needs; and
14. **[REVISED]** Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF48201/CW0024) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). If the perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
15. See Related Information for a definition of alleged father.

    Note: In assessments that involve alleged domestic violence, the non-offending parent should never be given the responsibility of providing the Notice of Availability of Completed Reports and Information (SF 48201/CW0024) to the alleged domestic violence offender; this includes sending the Notice of Availability of Completed Reports and Information (SF 48201/CW0024) in the mail or leaving it at the house with the non-offending parent; rather, the FCM should deliver this notice to the alleged domestic violence offender in person.

For interviews conducted with the non-offending parent in a relationship where domestic violence is alleged the FCM will follow all procedures above and will:

1. Never ask the non-offending parent about domestic violence in the presence of the alleged domestic violence offender;
2. Assure the non-offending parent that they are concerned about his or her safety and the safety of the child(ren). DCS will not confront the alleged domestic violence offender with information shared regarding abuse without first discussing it with the non-offending parent;
3. Not attempt to force the non-offending parent to disclose about the abuse. Use of good engagement and questioning skills by the FCM will ease the non-offending parent during the interview process and may help them to share more information about the domestic violence;
4. Explain that child(ren) may experience immediate and long-term harm from exposure to domestic violence. Document this discussion in ICWIS;
5. Not assume that resistant or uncooperative non-offending parents want or choose to be in violent relationships. Recognizing and attending to the fears and issues faced by the non-offending parent will increase the FCM's ability to engage the non-offending parent's participation in pursuing safety;
6. Provide information about community resources;
7. Discuss what will happen with the information gathered; and
8. Ask about safe times to make future contact.

   Note: If the non-offending parent is also believed to be a perpetrator of CA/N, see separate policy, 4.11 Interviewing the Alleged Perpetrator.

PRACTICE GUIDANCE

Indicators of Domestic Violence

If any of the following indicators of domestic violence are observed during the course of an assessment, carefully consider how to proceed with the interview (i.e., if the alleged domestic violence offender is present, the interview may need to be handled differently than if the parent, guardian, or custodian were alone).

Adult Indicators:

1. Evidence of physical injuries;
2. Feelings of depression, anger, and emotional distress;
3. Low self-esteem and suicidal thoughts;
4. Frequent medical problems;
5. Violence in family of origin;
6. Requests for financial assistance;
7. Isolation from friends and family;
8. Damaged property (holes in the wall, etc.);
9. Minimizing abuse;
10. Offender's accusations of infidelity;
11. Abuse of family pets;
12. Limited access to financial resources;
13. Child(ren) overly protective of one parent;
14. Reluctance of adults to be interviewed separately; and/or
15. One parent or adult answers all of the questions.

FORMS AND TOOLS

1. **[REVISED]** Notice of Availability of Completed Reports and Information (SF 48201/CW0024) – Available in Hardcopy

RELATED INFORMATION

Successful Interviews

Plan to interview the person in a place that is private and where there will be no interruptions. This may help to reduce the person's anxiety. The FCM should explain the allegations and the potential outcomes. Although the assessment is incomplete, the parent, guardian, or custodian has a right to know, within the limits of confidentiality, what has happened and what has been determined thus far. If the parent signs a release of information form, other non-offending adults in the household may be informed of the outcome in order to assist with protecting the child. **If the parent utilizes this option, the FCM must document thoroughly in the assessment notes.** Full disclosure will also help develop a beginning level of trust and enhance the likelihood that the person will cooperate with the agency.

Social Security Numbers (SSNs)

The FCM should request the SSN, but he or she cannot legally demand and/or require the disclosure of this information.

Domestic Violence

If at any point during the assessment the FCM learns that a parent, guardian, or custodian may be a victim of domestic violence, the FCM should provide that person with information about community services that are available to domestic violence victims. Questions about domestic violence should be asked only in one-on-one interviews.

Resources for Domestic Violence:
Indiana Coalition Against Domestic Violence
Crisis Line: 1-800-332-7385, www.violenceresource.org

Indiana Coalition Against Sexual Assault
1-800-691-2272, www.incasa.org

National Coalition Against Domestic Violence
1-800-799-SAFE (7233) or TTY 1-800-787-3224, www.ncadv.org

Parent, Guardian, or Custodian is Alleged CA/N Perpetrator

If the parent, guardian, or custodian is the alleged perpetrator, that person should be interviewed in accordance with the policy, 4.11 Interviewing the Alleged Perpetrator. Additionally, if more than one parent, guardian, or custodian is being interviewed and one is identified as the alleged perpetrator, the interviews should be conducted separately.

Interviewing Non-custodial Parents

FCMs should attempt to locate and interview non-custodial parents. See separate policy, 5.4 Noncustodial Parents.

Alleged Father

A person who has asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has been filed in court.

Noncustodial Parent

A person who does not have legal or primary physical custody of the child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** June 1, 2011
	Section 11: Interviewing the Alleged Perpetrator	**Version:** 3

POLICY

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the alleged perpetrator of Child Abuse and/or Neglect (CA/N) unless:

1. An attorney representing the alleged perpetrator informs DCS that his or her client will not participate in an interview;
2. The alleged perpetrator's identity is unknown or he or she cannot be located;
3. The alleged perpetrator is a **child and** the parent, guardian, or custodian does not give consent to an interview **and** a court order can't be obtained; or
4. The alleged perpetrator has already been interviewed by Law Enforcement Agency (LEA) regarding the same allegations and DCS is able to obtain a copy of the interview.

If the alleged domestic violence offender is not the alleged perpetrator of CA/N, he or she must still be interviewed. The purpose of this interview is to thoroughly assess the safety of the child(ren).

DCS will immediately discontinue an interview if an alleged perpetrator requests an attorney.

If the alleged perpetrator is a child, DCS will seek a joint interview with LEA. DCS will not interview an alleged child perpetrator without LEA present unless LEA declines or is unavailable for participation.

DCS will coordinate with LEA when conducting interviews with alleged perpetrators who are in police custody and/or if a joint investigation is being conducted.

Code References

N/A

PROCEDURE

In domestic violence assessments, prior to making face-to-face contact with the alleged perpetrator the Family Case Manager (FCM) will:

1. Inform the non-offending parent of the time and location of the interview with the alleged domestic violence offender, if possible; and
2. Plan for the FCMs own safety prior to and during the interview. Consider conducting the interview in a place where others are present (DCS local office, alleged domestic violence offender's place of employment, consult with Supervisor for additional suggestions).

   Note: If the FCM has assessed that the alleged domestic violence offender appears too dangerous to interview alone, consider completing a joint assessment with LEA.

In all assessments, prior to starting the interview the Family Case Manager (FCM) will:

1. Secure identifying information and request the individual's Social Security number (SSN);
2. State the reason for the interview;
3. Explain that it is in the best interest of the alleged child victim's safety and well-being that the alleged perpetrator cooperates and completes an interview;
4. Inform the alleged perpetrator that any information he or she shares during the interview may be released to LEA, the Prosecutor, and/or other sources. If the alleged perpetrator is a child and the FCM is not reasonably assured that the child understands this statement, the FCM will make every effort to have the child's parent, guardian, or custodian present before starting the interview; and
5. Assure that the alleged perpetrator understands that he or she is free to end the interview at any time.

If the alleged perpetrator refuses the interview, the FCM will:

1. If the alleged perpetrator is a parent, guardian, or custodian, explain that if the FCM cannot verify that the child is safe by completing the interview, the child may have to be removed;
2. Explain that the CA/N assessment will move forward regardless of the alleged perpetrator's participation in an interview; and
3. Follow-up at a later time[1] with the parent, guardian, or custodian to see if he or she will agree to be interviewed.

During the interview the FCM will:

1. Stop the interview if the alleged perpetrator requests the presence of his or her attorney or if LEA indicates that the interview should be halted;
2. Engage the alleged domestic violence offender in an assessment that is respectful and structured;
3. Ask questions to establish the type of relationship the alleged perpetrator has with the alleged victim;
4. Not disclose any information provided by the non-offending parent or child(ren) during the interview. Refer only to information provided from 3rd party reports (e.g., LEA, court documents, etc.);
5. Take detailed notes or assure that detailed notes are taken by LEA or another FCM, if possible;
6. Allow the alleged perpetrator to respond to each allegation;
7. Allow the alleged perpetrator to tell his or her "side of the story";
8. Focus the interview on the safety of the child(ren);
9. Observe and ask questions about indications of CA/N;
10. Identify any children of the alleged perpetrator who do not reside with the alleged perpetrator and determine the reason he or she does not have custody;
11. Ask questions to determine the amount and type of access the alleged perpetrator has to the alleged child victim;
12. Review with the alleged perpetrator what has been discussed to confirm comprehension;
13. Explain that the assessment is not completed, what will happen next, and how he or she will be informed of results of the assessment;

[1] Within the timeframe required to complete a timely investigation.

14. **[NEW]** Provide the alleged perpetrator(s) with a copy of the form, Notice of Availability of Completed Reports and Information (SF 48201/CW0024) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). If the alleged perpetrator is a child, provide a copy to his or her parent, guardian or custodian.
15. If the alleged perpetrator is a child care worker, inform the child care worker that he or she will be notified in writing of the right to a review of the facts of the assessment prior to an assessment finding. See separate policy, 2.3 Child Care Workers Assessment Review Process;
16. Inform the alleged perpetrator that if the report is substantiated, he or she will receive a copy[2] of the completed assessment report, or if the alleged perpetrator is a child, his or her parent, guardian, or custodian will receive a copy. See separate policy, 4.22 Making an Assessment Finding; and
17. Inform an alleged perpetrator (or the parents if the alleged perpetrator is a child) that if an allegation of CA/N is substantiated, he or she will also receive instructions for requesting an Administrative Review of the decision by the DCS Local Office Director, and following that a hearing for further review, if requested. See separate policy, 2.1 Requests for Administrative Review.

After the interview, the FCM will:

1. Translate any hand-written interview notes by entering them electronically into the Indiana Child Welfare Information System (ICWIS); and
2. If a face-to-face interview with an alleged perpetrator did not occur or ended prematurely, document thoroughly the reasons why in ICWIS.

If the alleged perpetrator is a DCS employee the FCM will in addition:

1. Conduct the assessment following all policy as for any other alleged perpetrator;
2. Inform the alleged employee perpetrator that he or she must notify his or her DCS Local Office Director or work Unit Manager within one (1) business day of learning of the assessment;
3. Notify the alleged employee perpetrator's Regional Manager within one (1) business day of learning of the assessment if the alleged employee perpetrator works in a DCS Local Office;
4. Notify the DCS Human Resources Office within one (1) business day of learning of the assessment if the alleged employee perpetrator works in Central Office; and
5. Inform the alleged employee perpetrator that an Administrative Review of the assessment will be required if the assessment is substantiated.

See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators.

PRACTICE GUIDANCE

Successful Interviews with the Alleged Perpetrator

When engaging the alleged perpetrator, it is important to attempt to engage around a "mutual concern" for the safety and well being of the child. Do not assume that there is a lack of concern on the part of the alleged perpetrator. Establishing a non-adversarial tone will be most effective in gathering accurate information in a timely fashion.

[2] Certain confidential information will be removed from the report copy, such as the identity of the reporting source.

Note: In assessments where domestic violence is alleged, the purpose of interviews with the alleged domestic violence offender is to discuss how to ensure the safety of the child(ren) not to get them to admit to the domestic violence.

Anticipate denial, minimizing, rationalization, and blaming someone or something else. Challenge the denial with observations and facts, do not "challenge" the individual. Point out statements and/or observations that are inconsistent with the explanation. Ask the alleged perpetrator to describe his or her perspective and the identified inconsistency. The FCM's tone should remain neutral and fact-oriented throughout the interview.

Assess the quality of the alleged perpetrator's relationship with the child and other family members to determine the level of risk to the child. It is important to remember that some allegations are wrong. A child may be injured due to an accident. The perpetrator may be someone else. The alleged perpetrator may be responsible but did not intend the result. While lack of intent to harm does not mean that maltreatment did not occur, it may have a positive implication for safety and risk. The FCM's questions will elicit information that is useful both in determining whether maltreatment occurred and in assessing safety and risk.

FORMS AND TOOLS

1. **[REVISED]** Notice of Availability of Completed Reports and Information (SF 48201/CW0024).—Available in Hardcopy

RELATED INFORMATION

Social Security Numbers (SSNs)
An FCM should request the SSN of the alleged perpetrator, but he or she cannot legally demand and/or require the disclosure of this information.

Joint Interviews with LEA
Whether DCS or LEA will take the lead during a joint interview should be decided on a case-by-case basis and will depend upon factors that include, but are not limited to: the nature of the allegations; the probability of criminal charges; who has more experience and training; who has better rapport with the alleged perpetrator; etc.

Alleged Perpetrator in Police Custody
If the alleged perpetrator is in the custody of LEA, the FCM must work with LEA to ensure that the individual's rights under criminal law are not violated.

LEA Present for Alleged Child Perpetrator Interviews
Anything an alleged perpetrator states during an interview with DCS, regardless of his or her age, can be used in a court of law. A child may not fully understand this, even if the FCM explains it, unless LEA is present during the interview. Most children of a certain age or developmental status will understand the seriousness of the situation more clearly when LEA is present.

Alleged Perpetrator is the Parent, Guardian, or Custodian

The greater the degree of relatedness between the victim and the perpetrator, the greater the risk to the child, especially for emotional abuse. It is critical that the FCM remember the alleged perpetrator, in most cases, does care about the safety and well being of the child. The alleged perpetrator does, however, have a substantial vested interest in convincing professionals and others, including family members, that the child is either lying, mistaken, fantasizing, or emotionally disturbed. This is because potential consequences for the alleged perpetrator are dire, including loss of his or her child, family, and possibly job.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** July 1, 2008
	Section 12: Courtesy Interviews	**Version:** 2

POLICY

It is the policy of the Indiana Department of Child Services (DCS) that the DCS local office with jurisdiction over an assessment will conduct the required interviews.

However, it may be appropriate for an alternate DCS local office to conduct a courtesy interview due to issues such as but not limited to, excessive travel distances and conflicts of interest.

The decision regarding the appropriateness of a courtesy interview will be made at the Supervisor (or higher) level. In general, courtesy interviews that are being requested due to excessive travel times will not be granted unless the assessing FCM would have to travel more than one hour (one way) from his/her local office or home.

DCS will conduct courtesy interviews for Child Welfare agencies in other states when personnel from that State would experience excessive travel to conduct the interview.

As with standard interviews, in conducting a courtesy interview DCS will make every effort to use audio/video equipment to record the interview.

Code References
N/A

PROCEDURE

The assessing FCM in the DCS local office that has jurisdiction over the assessment will:

1. Contact his/her Supervisor if he/she believes a courtesy interview is appropriate.
2. Explain why a courtesy interview is the most efficient and effective method for conducting the interview.

If he/she agrees, the Supervisor in the DCS local office that has jurisdiction over the assessment will:

1. Contact a Supervisor at the DCS local office (or at the out-of-state agency) where the courtesy interview will take place.
2. Discuss the specific circumstances that make a courtesy interview desirable.
3. If it is mutually agreed that a courtesy interview is appropriate, relay the details of the assessment, including the allegations and information that is pertinent to the safety of the FCM who will conduct the courtesy interview.
4. Discuss and agree upon a completion date for the interview(s) to be conducted and for the documentation to be mailed.

The Supervisor in the DCS local office that is conducting the courtesy interview will:

1. Assign the interview to an FCM.
2. Assure that the interview is completed by the agreed upon deadline.
3. Assure that all notes and any audio/video recordings from the interview are mailed to the requesting Supervisor within the agreed upon deadline.

The FCM conducting the courtesy interview(s) will:

1. Explain to the person(s) being interviewed that the interview is part of an assessment being conducted by _____ in _____ (county/state).
2. Follow all policies and procedures outlined in all applicable interviewing policies (See separate policies, 4.11 Interviewing the Alleged Perpetrator, 4.9 Interviewing Children and 4.10 Interviewing the Parent/Guardian/Custodian.
3. Type any hand-written notes to assure legibility before delivering all interview documentation (including any audio/video recordings) to his/her Supervisor.

RELATED INFORMATION

Logistics Example

The alleged child victim lives in County A and is transported more than an hour to a hospital in County B for medical care. County A has jurisdiction over the assessment but may ask County B to conduct a courtesy interview at the hospital to prevent extensive travel.

Courtesy Assessments of Home Conditions

Courtesy assessments of home conditions should be handled on a case-by-base basis. In general, best practice is for the assigned FCM in the County that has jurisdiction over the assessment to conduct the home conditions assessment so that he/she has first-hand knowledge about the conditions of the home. This is especially important if the FCM must later make recommendations regarding placement. For more information see separate policy, 4.13 Assessing Home Conditions.

Homeless Unaccompanied Minor in a Shelter

The alleged child victim's permanent residence with his/her parents is in County A, but a report is made by a homeless shelter in County B (more than an hour away from County A); County B will conduct a courtesy interview of the child at the shelter. The Local DCS office in County A will be responsible for completing the assessment and arriving at a finding.

FORMS AND TOOLS

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** October 1, 2012
	Section 13: Assessing Home Conditions	**Version:** 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will conduct an assessment of the home of an alleged child victim if**:**

1. The alleged Child Abuse and/or Neglect (CA/N) occurred in the child's home; and
2. During the course of the assessment, concerns about the condition of the home and its impact on child safety and well-being arise.

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

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

See Practice Guidance for a list of indicators of domestic violence.

Code References

IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

[REVISED] The Family Case Manager (FCM) will:

1. Make a determination as to whether an announced or unannounced visit to the home should be conducted;
2. Consider any risks associated with visiting the home relating to the safety of the FCM and the child. If significant safety risks are identified, assistance from LEA can be requested;
3. Seek permission to enter the home from an adult living in the home. If permission is denied, seek a court order and assistance from LEA to gain entry. See separate policy, 4.8 Entry into Home or Facility;
4. Exit the home immediately and without alarming the persons inside if at any time the FCM suspects the home may contain a meth lab. See Indiana Drug Endangered Children (DEC) Response Protocol;
5. Discontinue the interview if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
6. Examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe;

7. Examine the kitchen (refrigerator, cabinets, pantry, etc.) to verify adequate food supply;
8. Document the conditions of the home in writing; photograph any adverse conditions;
9. Add new allegations to the assessment report if concerns are noted during the assessment of the home environment; and
10. Complete an emergency removal of the child from the home if conditions are found that warrant such action. See separate policy, 4.28 Involuntary Removals for further details.

PRACTICE GUIDANCE

[REVISED] Announced and Unannounced Visits

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

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

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

During a home visit, observe for potential indicators of domestic violence

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

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

[NEW] Safe Sleeping

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

1. Always place babies on their backs to sleep. The back sleep position is the safest;

2. In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g. cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib: http://www.cpsc.gov/nsn/cribrules.pdf;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on pillows, bean bags, quilts, sheepskins or other soft surfaces;
4. Keep soft objects and toys, and loose bedding, out of babies' sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby's face;
5. Keep babies' sleep area close to, but separate from, where you and others sleep. Babies should not sleep in a bed, on a couch, or armchair with adults or other children. They can sleep in the same room as you;
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult; and
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching, changing the direction that the baby lies in the crib from one week to the next, and avoiding too much time in car seats, carriers and bouncers.

More information can be found through:

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

FORMS AND TOOLS

N/A

RELATED INFORMATION

General

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

[REVISED] Assessment of Risk

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

1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (See related document, Indiana Drug Endangered Child Response Protocol);
6. Family members that are criminal suspects and have outstanding arrest warrants; and
7. Dangerous pets and/or animals.

[REVISED] Assistance from Law Enforcement

Request assistance when any risk factors have been identified that could threaten the safety of the child, the FCM and/or other responders. See separate policy, 4.29 Joint Assessments.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2007
	Section 14: Examining a Child	**Version:** 1

POLICY [NEW] **OLD POLICY: N/A**

The Indiana Department of Child Services (DCS) will, as necessary to confirm alleged or suspected bodily injuries, visually examine an alleged child victim.

DCS will obtain consent from the parent, guardian, or custodian prior to examining a child unless there are exigent circumstances. See separate policy, 4.6 Exigent Circumstances.

DCS will not examine children who are alleged to be sexually abused, regardless of the age of the child. Examination of such children will occur at a medical facility. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations.

A Family Case Manager (FCM) will not examine a pre-pubescent or older child of the opposite gender.

When examining a child aged two (2) and older, the FCM will use standard precautions to observe the child's injuries without examining the child's anus, genitalia, or chest, unless the FCM and the child are in the presence of a medical professional.

See also related policy, 4.15 Photographing Trauma.

Code References

IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations

PROCEDURE

The FCM will:

1. Get consent from the parent, guardian, or custodian to examine the child if the Child Abuse and/or Neglect (CA/N) allegations warrant such action or if during the interview with the child the FCM sees signs or hears information that leads to suspicions of physical injuries;
2. Seek a court order if consent is not given and no exigent circumstances exist;
3. Reassure the child, to gain rapport before initiating the examination;
4. If, despite the FCM's efforts to reassure the child, the child's discomfort level is too high to complete an examination, discontinue efforts to examine the child and make alternate arrangements;
5. Observe the child to determine if there are external marks (e.g., cuts, bruises, welts, burns, scratches, sores, etc.) that may have been caused by CA/N;
6. Take photographs of any trauma. See separate policy, 4.15 Photographing Trauma;

7. Make detailed notes about each injury (e.g., location, color, shape, size and whether open, raised, etc.); and
8. Refer the child as needed for further examination by medical, dental, and mental health professionals. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

General

When a stranger observes a child's body, it can be frightening for the child. While observing the child, it is important to be clear with the child, speaking calmly and confidently about the process. As the FCM observes the child's body, he or she should tell the child what is happening and what is seen in a logical and descriptive manner. Always ask the child to explain how the injury occurred. The FCM should be sensitive to the child's needs; some children may want to engage in conversation during the exam; others may want to be quiet; some may need to be reassured by the FCM; etc. Despite the FCM's best efforts, some children's discomfort level may preclude examination by the FCM, in which case alternate arrangements should be made to have the child examined by a medical professional.

Parents may be reluctant to have their children examined. Their fear and reluctance may be picked up by the child and exacerbate an already anxious situation. Parents need to be told what is happening, why, and how they can help their children. The FCM should enlist the parents' assistance when removing the child's clothing.

Standard Precautions When Not in Presence of Medical Personnel

To avoid observing the anus or genitalia of a child aged two (2) and older, the FCM should ask a child to leave his or her underwear on. The front waistline of the underwear can be lowered to allow observation of the lower abdomen and upper pelvic area. The rear of the underwear can also be lowered completely to expose the buttocks to allow observation.

FCMs should not ask females to remove bras. The bra should be left on and the child can shift from side to side, the straps of the bra to observe the areas of the chest and back directly under the straps.

Witnesses

It is always good practice to have an adult witness present when examining a child, if possible and practical. Depending upon the circumstances, an appropriate witness may be another FCM, a Law Enforcement Officer, the child's parent, guardian, or custodian, etc. **[NEW]** The FCM should document thoroughly name and title of witness (e.g., FCM, Law Enforcement Officer, Social Worker, parent, guardian, or custodian, etc.).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** December 1, 2009
	Section 15: Photographing Trauma	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) will take, or ensure that a Law Enforcement Agency (LEA) or a medical professional takes, color photographs of all visible trauma or injury on an alleged child victim.

DCS will destroy all photographs when an unsubstantiated report is expunged in accordance with the policy, 2.13 Expungement of Records.

See also separate policy, 4.14 Examining a Child.

Code References

1. IC 31-33-8-3: Photographs and x-rays
2. IC 31-33-10-3: Delivery of Photos to Local CPS Agency

PROCEDURE

The Family Case Manager (FCM) will:

1. Follow all procedures contained in separate policy, 4.14 Examining a Child;
2. Consider the child's gender, age, and need for privacy when determining who will take photographs and selecting a location;
3. Assure that LEA takes photographs of the child if the assessment is a joint assessment. See separate policy, 4.29 Joint Assessments;
4. Assure photographs are taken of all visible trauma suspected to be the result of Child Abuse and/or Neglect (CA/N);
5. Assure that where possible, the face of the child is shown with the trauma or injury;
6. Document the child's name, the location where the photograph was taken, the date and time the photo was taken, the name of the person taking the photo, and the names of any witnesses;
7. Document receipt of any and all photographs taken by LEA or a medical professional; and
8. Make color duplicates of photos available to the Prosecuting Attorney and/or LEA.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Parental Consent to Take Photographs

While it is good practice to request permission from parent, guardian, or custodian to photograph the child, such consent is not required.

IC 31-33-10-1 requires that a health care provider take photographs of trauma visible on the child who is the subject of a report.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** September 1, 2010
	Section 16: Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations	**Version:** 3

POLICY

During an assessment, the Indiana Department of Child Services (DCS) may seek to obtain medical and/or psychological tests and evaluations, drug screens, or other substance abuse evaluations on an **alleged child victim** and **any child who lives in the home** of an alleged child victim to determine the health and well-being of the child.

DCS will pursue a **medical evaluation** when one or more of the following conditions exists:

1. The child has an injury that would cause a reasonable person to believe that medical attention is necessary;
2. The allegations include sexual abuse involving penetration and it is believed the information that will be gathered during the examination of the child will assist in making an assessment finding;
3. The child has been removed from a meth lab or meth home. See the Indiana DEC Response Protocol.
4. The child is under the age of two, and shaking or a head injury is alleged even if there are no visible injuries.

[REVISED] DCS will assure that all child victims who will be under the supervision of DCS will receive a **Child and Adolescent needs and Strengths (CANS) Assessment**. See separate policy, 4.32 Child and Adolescent needs and Strengths (CANS) Assessment.

DCS will pursue a **psychological assessment** when one (1) or more of the following conditions exists:

1. The child's CANS Assessment indicates a need for a full mental health assessment. See separate policy, 4.32 Child and Adolescent needs and Strengths (CANS) Assessment.
2. The child exhibits behaviors that would cause a reasonable person to believe he/she is a danger to him/herself and/or others.

DCS will pursue a drug screen and/or a substance abuse evaluation of the child victim if one or more of the following conditions exists:

1. The alleged child victim may have had access to illegal substances being used by the parent/guardian/custodian or other adults in the home;
2. The alleged child victim's behavior indicates he/she may have used or been exposed to illegal substances as a result of neglect or lack of supervision on the part of the parent/guardian/custodian.

DCS may ask a parent/guardian/custodian of an alleged child victim to **voluntarily** submit to medical and/or psychological tests and assessments, drug screens, or other substance abuse assessments if the allegations involve CA/N which may be due to:

1. Illegal substance use;
2. Alcohol abuse; or
3. Mental incompetence.

Note: DCS does not have the authority to require such action. If the parent/guardian/custodian does not agree to voluntary testing, DCS may pursue a court order if such tests and evaluations are necessary to complete the Assessment.

DCS may seek access to mental health records of the parent, guardian, or custodian as part of a Preliminary Inquiry, if an emergency exists in which a child is alleged to be a Child in Need of Services (CHINS). DCS may petition the Juvenile court for an order to release the mental health records.

Code References

1. IC 31-32-12: Mental or Physical Examinations
2. IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations
3. IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian

PROCEDURE

The FCM will:

1. Request consent from the parent/guardian/custodian.
2. Seek a court order, if consent is not given or an emergency exists and the child is alleged to be a CHINS.
3. Arrange for necessary medical and/or psychological examinations or substance abuse evaluations.
4. Request written findings upon the examination and follow procedures in separate policy, 4.17 Accessing Child's Medical, Psychological and Substance Abuse Records to obtain copies of the records.

RELATED INFORMATION

Medical Exams for Alleged Sexual Abuse Victims

The extent and type of evaluation will be determined by a medical doctor. The doctor will likely consider such things as the length of time that has passed since the incident, the age of the child (in relation to the trauma of an invasive exam), etc.

Waiting for Test/Evaluation Results

If the FCM has not received the results of a medical or psychological test/evaluation, drug screen, or other substance abuse evaluation by the end of the assessment deadline, the FCM should proceed with making a finding. See separate policy, 4.22 Making an Assessment Finding. without the test/evaluation results unless the results will impact the finding one way or another.

IC 31-32-12-2: Temporary Confinement of Child

The Juvenile Court may order that the child be temporarily confined for up to 14 days, excluding Saturdays, Sundays and legal holidays, for the completion of mental or physical examinations of the child.

FORMS AND TOOLS

Consent to Release of Mental Health and Addiction Records (SF 51128/CW 0045)

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2010
	Section 17: Accessing Child's Medical, Psychological, and Substance Abuse Records	**Version:** 2

POLICY

The Indiana Department of Child Services (DCS) is not required to get consent from the parent, guardian, custodian or the child prior to accessing an alleged child victim's medical (physical health) records if the records pertain to an examination or treatment that:

1. Occurred as part of a Child Abuse and/or Neglect (CA/N) assessment; or
2. Resulted in a CA/N report by a medical professional.

Note: This policy complies with the Health Insurance Portability and Accountability Act (HIPAA) regulations. See Related Information for details.

[REVISED] DCS is required to obtain written consent from the alleged victim's parent, guardian, or custodian prior to obtaining:

1. Any mental health assessment or treatment records;
2. Any medical records for the alleged child victim that were not a part of a CA/N assessment and
3. Any alcohol use and/or substance abuse assessment or treatment records;

Exception: If the alcohol use/substance abuse records pertain to treatment that the child received through his or her own voluntary consent, that child may consent to the release of the records without parent, guardian, or custodian consent.

DCS will seek a court order if:

1. An alleged child victim's parent, guardian, or custodian does not give consent;
2. An alleged child victim does not consent to the release of alcohol use/substance abuse records pertaining to treatment that the child received through his or her own voluntary consent; or
3. An alleged child victim's counselor asserts the "victim counselor privilege" and denies DCS access to the child's mental health records.

Code References

1. IC 16-39-2: Chapter 2. Release of Mental Health Records to Patient and Authorized Persons
2. IC 35-37-6: Privileged communications and victim counseling
3. IC 31-32-11-1: Admissibility of privileged communications

PROCEDURE

The Family Case Manager (FCM) will:

1. As necessary, seek required signatures on the form, Consent to Background Investigation and Release to facilitate the release of medical (physical health) records of an alleged child victim;
2. Seek required signatures on the form, Consent to Release of Mental Health and Addiction Records (SF 51128/CW0045) to facilitate the release of **mental health**, **alcohol use** and/or **substance use** records of an alleged child victim; or
3. Seek a court order as needed if a required consent is denied.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Consent to Release of Mental Health and Addiction Records (SF 51128/CW0045)
2. Consent to Background Investigation and Release (Juvenile Justice Benchbook C-3.04)

RELATED INFORMATION

Health Insurance Portability and Accountability Act (HIPAA)
45 CFR 164.512(b)(1)(ii) makes exceptions to HIPAA for child protection services (CPS) investigations. “A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to …A public health authority or other appropriate government authority authorized by law to receive reports of child abuse and neglect.”

The Victim Counselor Privilege
Criminal procedures in IC 35-37-6: Privileged communications and victim counseling establish victim counselor privilege related to "confidential communications" between a victim and a victim counselor. All victim counselors remain bound by the mandated reporting statutes pertaining to CA/N. Thus, victim counselor privilege cannot be applied to the reporting of suspected CA/N. Anytime a victim counselor has reason to believe a child is a victim of CA/N, the counselor must make a report to DCS. However, after a report has been made, the victim counselor may assert the victim counselor privilege to prevent the disclosure of information and records during the course of the investigation.

Voluntary Consent to Treatment and Release of Related Records by a Minor
IC 12-23-12-1: Notification or consent of parents or guardians; treatment in absence of notification, states that a minor who voluntarily seeks treatment for alcoholism, alcohol abuse, or drug abuse from the Family and Social Services Administration (FSSA)/Division of Mental Health and Addiction (DMHA) or a facility approved by FSSA/DMHA may receive treatment without notification or consent of the parents, guardian, or person having control or custody of the minor. DCS interprets this code, along with 42 USC Sec 290 dd-2, to mean that a minor can consent to the release of records that pertain to treatment for which he or she voluntarily consented.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** June 1, 2012
	Section 18: Initial Safety Assessment	**Version:** 5

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will complete an initial Safety Assessment (including a response and decision) within 24 hours of the initiation of every assessment and a subsequent Safety Assessment when there are:

a. Changes in family circumstances;
b. Changes in information known about the family;
c. Changes in ability of protective factors to mitigate safety threats; and/or
d. Changes at the point of a critical case juncture.

When child safety concerns are identified, DCS will always consider the viability of informal and community support services prior to considering involuntary removal of the child. When a Child in Need of Services (CHINS) petition must be filed, DCS will always consider an in-home CHINS if the child can be safe.

DCS will utilize the Child and Family Team (CFT) Meeting process to engage children and families throughout the assessment phase to assist in planning for child safety while identifying the child and family's strengths, informal supports and needs. See separate policy, 5.7 Child and Family Team (CFT) Meetings.

DCS will explore all possible safety options for the child with the non-offending parent in domestic violence situations.

DCS will assist the family with referrals when community services are deemed necessary.

DCS will continually reassess a child's safety based on the most current information available by completing subsequent Safety Assessments.

[NEW] Change in Household Composition

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household can occur if it is in the best interest of the child. (See separate policy 4.37 Change in Household Composition)

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete an initial Safety Assessment to determine if there are any safety threats present;

2. Determine if any protective factors are present to mitigate the safety threats;
3. Identify what safety responses will be used to control the threat to safety;
4. Utilize the CFT Meeting process to identify the child and family strengths and needs that will assist in planning for child safety;
5. Take necessary actions to remove the child (see separate policy, 4.28 Involuntary Removals) if the child cannot remain in the home;
6. Document the details of the Safety Assessment, response and decision by completing the safety assessment in the Indiana Child Welfare Information System within one (1) business day of the safety assessment completion; and
7. Reassess safety immediately by completing a subsequent Safety Assessment when there are:
   a. Changes in family circumstances;
   b. Changes in information known about the family;
   c. Changes in ability of protective factors to mitigate safety threats; and/or
   d. Changes at the point of a critical case juncture.
8. Identify the appropriate Safety Decision. If no safety threats exist, consider recommending assessment closure with supervisor approval.

PRACTICE GUIDANCE

[NEW] Successful interventions reduce risk and ensure the well-being of the child. Protective factors (nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections and concrete supports for parents) should be considered when assessing safety.

FORMS AND TOOLS

1. Safety Assessment - Available in the Indiana Child Welfare Information System
2. Family Support/Community Services Plan (SF 53243/CW3425)

RELATED INFORMATION

Purpose of Safety Assessments

The purpose of the safety assessment is:

1) To help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protecting intervention, and
2) To determine what interventions (protective factors/safety responses) should be initiated or maintained to provide appropriate protection.

Safety vs. Risk Assessment

It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** June 1, 2012
	Section 19: Family Support/Community Services Plan for Conditionally Safe Children	**Version:** 5

POLICY [REVISED]

During the assessment the Indiana Department of Child Services (DCS) will assist the child's family with the development of a Family Support/Community Services Plan (SF 53243/CW3425) whenever:

1. A safety decision of "Conditionally Safe" has been determined; or
2. An assessment finding of "Substantiated" is reached but DCS will take no further direct intervention.

When domestic violence has been alleged, DCS will create a Family Support/Community Services Plan (SF 53243/CW3425) upon initiation of the assessment and begin planning for the safety of the child and all family members. See Practice Guidance for assistance. The purpose of this plan is to:

1. Achieve immediate and long-term safety for the child and non-offending parent;
2. Provide safety options for the non-offending parent and the child; and
3. Address behaviors demonstrated by the alleged domestic violence offender that pose a risk to the child's safety.

Note: Family Support/Community Services Plan (SF 53243/CW3425) for the non-offending parent and child should not be shared with the alleged domestic violence offender. The Family Case Manager (FCM) should work with the alleged domestic violence offender to develop a separate Family Support/Community Services Plan (SF53243/CW3425) . If a case is opened, DCS will work with the family to transition both Family Support/Community Services plans into Safety Plans.

Following the completion of the Safety Assessment, a Family Support/Community Services Plan (SF 53243/CW3425) will be created as quickly as necessary to protect the safety of the child.

If it is identified during the assessment phase that the child's family will require on-going case management (DCS involvement), DCS will transition the Family Support/Community Services Plan (SF 53243/CW3425) into a Safety Plan (SF51455/CW 0440) prior to transitioning the case to on-going services.

Code References

1. IC 35-37-6-1: "Confidential Communication" defined
2. IC 34-6-2-34.5 Domestic or Family Violence

PROCEDURE

The FCM will:

1. Discuss in detail with the family the implementation of either of the interventions below that were chosen as part of the safety response:
   a. The family uses extended family resources, neighbors, or other individuals in the community to ensure the child's safety, and/or
   b. The family receives services through community providers.
2. Write a Family Support/Community Services Plan (SF 53243/CW3425) with the family's participation. The plan should describe in detail how, when, and by whom each intervention will be implemented;
3. Specify the consequences for the family if an intervention is not followed;
4. Specify how the FCM will monitor and support the family's compliance with the plan until the completion of the assessment;
5. Have the parents, guardian, or custodian sign the plan;
6. Re-assess the child's safety before closing the assessment. See separate policy, 4.25 Completing the Assessment; and
7. Assess whether the child's family will require on-going services. If identified, transition the Family Support/Community Services Plan (SF 53243/CW3425) into a Safety Plan (SF51455/CW 0440) prior to transitioning to on-going services.

PRACTICE GUIDANCE

[NEW] Consider Protective Factors When Ensuring Safety

When completing a Family Support/Community Services Plan consider the following protective factors when evaluating the family's ability to ensure the safety of their child:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports.

Family Support/Community Services Planning with Assessments Involving Domestic Violence

DCS will partner with the non-offending parent and child to create a Family Support/Community Services Plan (SF 53243/CW3425) in all assessments where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the Family Support/Community Services Plan (SF 53243/CW3425) can be revised to incorporate the Safety/Survival Plan that was created.

> **Note:** DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans can best be created by referring the non-offending parent to a domestic violence program in the community.

This Family Support/Community Services Plan (SF 53243/CW3425) should address the following:

1. Safety for the non-offending parent and child until he or she can meet with a domestic violence advocate;
2. Referrals to domestic violence programs;

3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. Family Support/Community Services Plan (SF 53243/CW3425) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged domestic Violence offender accountable; and
4. Writing down a list of phone numbers of neighbors, friends, family, and community Service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

Including Children in the Planning Process

The child should be engaged in safety planning; however, they are not responsible for their own safety and should not be responsible for implementing the safety plan. If during the initial interview, the child is unable to identify who they would call or where they would go in an emergency, work with them to develop a basic plan for safety.

Examples include, but are not limited to:

1. Find a safe adult and ask for help whenever they experience violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escape from the house if an assault is imminent or in progress and where to meet an identified safe adult. If they cannot escape, discuss where they can go to be safe in the house;
3. Avoid being in the middle of the domestic violence;
4. Find a place to go in an emergency and the steps to take to find safety; and
5. Call the police or 911 when the violence begins.

Tracking and Adjusting of Family Support/Community Services Plans

When it is identified during the assessment that the child and family will require on-going services from DCS, the Family Support/Community Services Plan (SF 53243/CW3425) will be transitioned into a Safety Plan.

From the point it was identified that a Family Support/Community Services Plan was needed, DCS engages the child, family and CFT and develops certain intervention strategies to transition the family forward towards sustainable changes and making a difference in the family situation. During the course of the assessment, many of these strategies are strengthened and certain tasks are completed which require further adjustment. If referrals are completed, follow-up may be required. See separate policy, 5.1 Transitioning from Assessment.

FORMS AND TOOLS

Family Support/Community Services Plan (SF 53243/CW3425)

RELATED INFORMATION

General

The Family Support/Community Services Plan (SF 53243/CW3425) is a written agreement between DCS and the parent(s), guardian, or custodian(s) specifying what extended family supports or community services will be utilized and how those will ensure the immediate safety of the child. The plan should contain action steps and these action steps should have deadlines for completion that do not extend beyond the end of the assessment. All actions should relate directly to the child's immediate safety. The extended Family Support/Community Services Plan (SF 53243/CW3425) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders, including, but not limited to child support and child custody orders.

Parental Involvement in Development

Involvement of the family in the development of a Family Support/Community Services Plan (SF 53243/CW3425) is imperative. The greater the family's participation in this process, the more ownership they will have in a successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation(s). When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan's terms, remind the parent that the child may not be safe under present circumstances.

Extended Family Support

Extended family members are often the most resourceful and most effective as resources for support and their interventions are least disruptive for the child involved. Family support services may consist of childcare, transportation, home management assistance and teaching of skills, and financial assistance for housing, food, or clothing on a short term basis.

Referring the Family to Community Services

Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples include routine or emergency medical care or mental health care (outpatient), alcohol or substance abuse services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies, Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, food and clothing assistance, etc.

[NEW] Change in Household Composition

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household can occur if it is in the best interest of the child. (See separate policy 4.37 Change in Household Composition)

If the child or the child and parent temporarily move to an alternative location:

1. That location must be safe for the child; and

2. If there is another caregiver for the child, that caregiver must agree to provide a safe environment for the child.

A change in household composition would be documented in the Family Support/Community Services Plan (SF 53243/CW3425) or outlining the family's plan in the CFT meeting notes. It is important to understand that changes within a family's household will impact the child's well-being. Therefore the circumstances resulting in the temporary change of household shall be rectified within 5 days or court action will be initiated. See separate policies 5.9 Informal Adjustment and 6.2 Filing a CHINS Petition.

At any time during an assessment when there is a restriction placed on any parent regarding contact with a child and/or his or her parent, a CHINS Petition will be filed. If the restriction is placed on another adult in the household, for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety circumstance has been remedied. The non-biological household member does not have the same right of access to a child as the biological parent.

Some flexibility in the filing of CHINS will allow those we serve to have the primary responsibility for the care and safety of their children. When there is an identified correctable situation, the partnership between our agency, families and the community will work together for the best outcome.

Domestic Violence Advocates and Confidentiality

According to IC 35-37-6-1 communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates cannot give testimony without victim consent in CHINS proceedings.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2007
	Section 20: Good Faith Efforts	**Version:** 1

POLICY [REVISED] **RELATED OLD POLICY: 205.56**

The Indiana Department of Child Services (DCS) will make good faith efforts to:

1. Meet all assessment deadlines; and
2. Complete all required assessment components.

When it is not possible or practical to complete a component and/or meet a deadline due to extenuating circumstances, DCS will document the extenuating circumstances.

Code References

N/A

PROCEDURE [NEW]

The Family Case Manager (FCM) will:

1. Make a reasonable number of attempts and employ creative problem-solving techniques in an effort to complete each assessment component and to do so within the required time frame;
2. When extenuating circumstances prevent completion of a component within the deadline or altogether, document the circumstances in the assessment file;
3. Seek supervisory input whenever a deadline cannot be met and/or a component cannot be completed; and
4. Document the reasoning if, with supervisory approval, the decision is made to reach a finding based on the available evidence and close the assessment without completion of one (1) or more required components.

The Supervisor will:

1. Review the documentation and discuss the circumstances with the FCM to make a final determination about whether good faith efforts have been made;
2. Assist the FCM with creative problem-solving techniques if it is determined that good faith efforts have not been made and additional efforts should be made to complete a particular assessment component; and
3. Advise the FCM to recommend a finding based on the available evidence if the Supervisor determines that good faith efforts have been made and the incomplete assessment will be closed.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Good Faith Efforts to Locate

Upon arriving at the last known address for a child who is the subject of a Child Abuse and/or Neglect (CA/N) report, the FCM learns that the family has fled. The FCM consults local phone directories and information, school records, Bureau of Motor Vehicle BMV records, utility company records, and public assistance records in search of additional information that may help identify the family's new location. The records search yields no new information. The FCM returns to the last known address and inquires with several neighbors, who report that the family moved "out west" and left no forwarding address. The FCM leaves contact information with the neighbors and asks them to call him or her should the family reappear. At no point should the FCM reveal that he or she works for the Indiana Department of Child Services (or Child Protection Services (CPS), child welfare, etc.) as this would violate the confidentiality rights of the family. The FCM can state that he or she works for the State of Indiana. The FCM documents all efforts to locate and discusses with his or her Supervisor, who determines that good faith efforts have been made and the assessment will be closed.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2011
	Section 21: Report of Assessment or Investigation	**Version:** 3

POLICY

[REVISED] The Indiana Department of Child Services (DCS) shall send the Report of Assessment or Investigation no later than 30 days after receiving the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) from a:

1. Hospital;
2. Community mental health center;
3. Managed care provider (as defined in IC 12-7-2-127(b);
4. Referring physician;
5. Dentist;
6. Licensed psychologist;
7. School;
8. Child caring institution licensed under IC 31-27;
9. Group home licensed under IC 31-27 or IC 12-28-4;
10. Secure private facility; or
11. Child placing agency as defined in IC 31-9-2-17.5.

DCS shall send the Report of Assessment or Investigation to:

1. The administrator of the hospital;
2. The community mental health center;
3. The managed care provider;
4. The referring physician;
5. The dentist;
6. The principal of the school;
7. A licensed psychologist;
8. A child caring institution licensed under IC 31-27;
9. A group home licensed under IC 31-27 or IC 12-28-4;
10. A secure private facility; or
11. A child planning agency (as defined in IC 31-9-2-17.5).

Note: The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

The Report of Assessment or Investigation must contain these items that are known at the time the report is sent:

1. The name of the alleged victim of CA/N;
2. The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim;
3. Whether the assessment is closed;
4. Whether the department has made an assessment of the case and has not taken any further action;
5. The Family Case Manager's name and telephone number;

6. The date the report is prepared;
7. Other information that DCS may prescribe.

The Report of Assessment or Investigation is confidential and may be made available only to the agencies named above and the personal and agencies listed in IC 31-33-18-2.

Code References

IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality

PROCEDURE

[REVISED] No later than 30 days after the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) is received, the FCM will:

1. Complete the Report of Assessment or Investigation in the Indiana Child Welfare Information System;
2. Complete the Report of Assessment or Investigation by updating any appropriate data fields that are not populated;
3. Print the Report of Assessment or Investigation and submit to the Supervisor for review and approval.
   Note: Do not attach the Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311); and
4. Deliver the approved Report of Assessment or Investigation to the appropriate person via United States (U.S.) mail in an envelope marked “Confidential”.

PRACTICE GUIDANCE

[NEW] Linking an assessment report may eliminate the ability to automatically generate each Report of Assessment or Investigation in the Indiana Child Welfare Information System. If more than one report is received by DCS from the agencies listed above, it is the responsibility of the FCM to generate a Report of Assessment or Investigation for each professional report source and include the statutorily required information outlined in this policy.

FORMS AND TOOLS

1. Report of Assessment or Investigation – Available in the Indiana Child Welfare Information System
2. Preliminary Report of Alleged Child Abuse or Neglect (SF 114) – Available in the Indiana Child Welfare Information System
3. Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

N/A

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2012
	Section 22: Making an Assessment Finding	**Version:** 8

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will make all findings on an assessment no later than **30 days** from the date the Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) was received.

DCS will make a finding of **"substantiated"** when facts obtained during the assessment provide a **preponderance** of evidence that is sufficient to lead a reasonable person to believe that Child Abuse and/or Neglect (CA/N) has occurred or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim.

> **Note:** When domestic violence is the only risk factor in a family, DCS will not substantiate CA/N on the parent accused of domestic violence solely for the alleged behavior. However, a decision to substantiate is justified when the actions of the alleged domestic violence offender are combined with the inability or the unwillingness of the other adult(s) in the household to take sufficient actions to ensure the safety of the child.
>
> A substantiation for neglect against a parent may be sufficient if he or she is acting contrary to available help and support needed to keep the child safe. See Practice Guidance for a list of questions to assist in making a finding for assessments involving domestic violence.

DCS will provide effective early intervention services to children from birth to age three (3). Any child victim under the age of three (3) at the time that DCS makes a finding of **"substantiated**" will automatically be referred to First Steps through the Management Gateway for Indiana's Kids (MaGIK).

DCS will make a finding of **"unsubstantiated"** when facts obtained during an assessment provide credible evidence that CA/N has **not** occurred.

Code References

1. IC 31-33-8-12: Classification of reports
2. IC 31-9-2-123: "Substantiated"
3. IC 31-9-2-132: "Unsubstantiated"
4. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

For **each allegation** the Family Case Manager (FCM) will:

1. Carefully review and weigh all evidence collected during the assessment;
2. Consider the credibility of each piece of evidence collected and place greater weight on those pieces of evidence that have greater credibility;

3. Consult with his or her Supervisor as needed to arrive at an assessment finding;
4. Document the finding and rationale in the assessment records; and
5. Follow all procedures to complete the Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311). See separate policy, 4.25 Completing the Assessment Report.

If an allegation is determined to be "**unsubstantiated**," the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **untrue.** Also include a statement that there is a "lack of a preponderance of evidence to support that the allegation is true"; and
2. Recommend that the assessment be closed.

If an allegation is determined to be "**substantiated**," the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **true** and that this evidence outweighs any contrary evidence;
2. Complete a Risk Assessment and a Child Adolescent Needs Assessment (CANS) to assist in determining the level of services intervention appropriate for the family. See separate policies, 4.23 Risk Assessment and 4.32 Child and Adolescent Needs and Strengths Assessment ;
3. Discuss the First Steps program and referral process with the family if the child is under the age of three (3); and
4. Ensure that the caregiver understands that First Steps will contact them regarding an assessment for the child.

The Supervisor will:

1. Provide input as needed to assist the FCM in arriving at a finding for each allegation;
2. Convene the staffing team to discuss the evidence and arrive at a finding for each allegation, as appropriate; and
3. Follow all procedures contained in the separate policy, 4.25 Completing the Assessment Report.

PRACTICE GUIDANCE

[REVISED] Considering Unsubstantiated Limited-Access CA/N History in Making an Assessment Finding

DCS may retain documentation relating to an unsubstantiated assessment of child abuse or neglect that is accessible only by management personnel. When completing an assessment that has limited-access history, the FCM can obtain access to the documentation through their supervisor. This documentation may be considered in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation.

The Presumption of CA/N

Some allegations, by their very definition, presume CA/N. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction is presumed to have been abused and/or neglected. Other allegations do not, by their very definition, presume child abuse or neglect. For example, bruises or welts as the result of parental action or inaction may or may not be serious enough to constitute child abuse or neglect.

Whether the incident constitutes abuse or neglect depends upon the extent of the injury, the location of the injury, the age of the child, and other pertinent factors. These factors may include, but are not limited to, the child's age; maturity; ability to make sound judgments; and ability to care for or protect him or herself. Weighing these factors helps distinguish true allegations of CA/N from poor parenting. Although parental responsibility for the provision of protection, supervision, food, shelter, clothing, education, and a sanitary environment continues until the child attains age 18 or is a legally emancipated minor, the need for the parent, guardian, or custodian to provide these things decreases as the child's own ability to protect himself or herself or to obtain and/or provide these necessities increases.

Credibility of Evidence

There are two (2) types of evidence:

1. Direct evidence, such as a statement taken from an eyewitness; and
2. Indirect or circumstantial evidence, such as the following circumstances: A baby is suffering from shaken baby syndrome. The baby has not been out of the care and custody of her mother. Together, these two pieces of information would seem to support a conclusion that the mother is the perpetrator.

Many factors affect the credibility of evidence. When making assessment findings, the credibility of each piece of evidence must be evaluated by considering factors such as, but not limited to, the following:

1. **Corroborating evidence** supports someone's prior statements or other evidence. Corroborating evidence makes the prior statement or other evidence it supports more credible than evidence that has not been verified or supported by independent sources;
2. **Source of information:** The more direct the source of information the more credible the opinion. For example, a physician rendering an opinion based on a review of medical records is more credible than one rendering an opinion based on an FCM's description of an injury;
3. **Direct interest:** Information from a source who has something to lose or gain from a particular assessment outcome is less credible than information from one who has no direct interest;
4. **Professional sources** may be more or less credible depending upon the amount of training and experience they have. The professional source's area of specialization may also have an impact on how credible his or her opinions are;
5. **Nonprofessional, adult sources** may be more or less credible depending upon how consistent and/or plausible the statements are. For example, a statement that a hand-shaped bruise on a child's face was caused by a fall is implausible; and
6. **Children:** When evaluating the credibility of a child's statement, the FCM must take into consideration several factors, such as the influence (e.g., pressure or coercion) of adults. A parent, guardian, or custodian or other adult may "coach" the child on what to say and what not to say during an interview. Typically, a detailed description of a complex chain of events is beyond the capabilities of a three (3) year old. However, young children are able to give plausible and specific descriptions of traumatic situations that would normally be beyond their experience (e.g., sexual acts) and such statements should be taken seriously.

Suggested Questions to Assist in Making a Finding When Domestic Violence has Been Identified

The following questions should be used to assist in making an assessment finding:

1. Has the domestic violence occurred with frequency and/or is the domestic violence severe?
2. Are there current safety issues?
3. Would the child(ren) be unsafe in the home where the abuse or neglect occurred?
4. Is the child at risk of future harm?
5. Is the child in need of protection?

The following questions may be helpful in making an assessment finding:

1. Have the child(ren) intervened in the domestic violence? (whether the child(ren) was injured or not, their direct involvement presents extreme risk)
2. Is there an established pattern of domestic violence that is chronic or severe?
3. Have the child(ren) exhibited extreme emotional or behavioral changes, or been diagnosed with a mental health condition such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, or fear as a result of living with domestic violence?
4. Has there been a coexistence of domestic violence and substance abuse that impedes a parent's ability to assess the level of danger in the home? (substance abuse may exacerbate the violence, increasing risk to the child(ren) and alleged victim/parent)
5. Is a parent's ability to assess danger impaired?
6. Does the alleged victim/ parent believe the alleged domestic violence offender can change with counseling or that the alleged victim/ parent has caused the abuse?
7. Has a parent been threatened or injured in the presence of the child(ren)?
8. Has a parent been hospitalized for injuries resulting from domestic violence?
9. What resources and assistance can be provided to help the alleged victim/parent succeed?
10. Are the parents willing and capable of providing a safe environment for the child(ren)?

The following criteria should be used in making a decision to hold the alleged victim/parent responsible for neglect (substantiate) in domestic violence related DCS cases:

1. The alleged victim/parent's history of using domestic violence shelters or programs;
2. The alleged victim/parent's history of calling law enforcement or utilizing court services for domestic violence protection orders;
3. The alleged victim/parent's history of making or attempting to make other arrangements to protect the child such as taking him or her to a relative or friend's house;
4. The alleged victim/parent's history and level of cooperation with past DCS services;
5. The alleged victim/parent's past efforts to protect the child; and
6. The level of risk and safety factors for the child(ren) at the present time.

Consider Opening a Case When:

1. Violence is increasing in either frequency or severity. (This is especially important when a child is too young or unable to tell what happened);
2. Individual(s) thinking about, planning, or made past attempts of suicide or homicide exist;
3. The alleged domestic violence offender is not allowing adults and child(ren) access to basic needs;
4. Child(ren) are exhibiting observable effects of the domestic violence, causing substantial impairment;
5. The family requests assistance; and
6. Other risk factors impact the safety of the child.

Consider Closing Assessment When:

1. The alleged domestic violence offender has supervised or no access to the child(ren) (i.e., in jail, no legal relationship to the child(ren), etc.);
2. Adequate Family Support/Community Services Plan (SF 53243/CW3425) is in place for the safety of the child(ren);
3. Support services in place for the alleged victim/parent and child(ren) which help the alleged victim/parent provide safety for himself or herself and the child(ren); and/or
4. Active involvement with the alleged domestic violence offender by the criminal justice system and an appropriate intervention program is in place.

Note: If an assessment is closed without opening a case, the FCM should, as warranted, offer to refer the parent to local domestic violence service providers and other community resources for services.

If risks posed by domestic violence are no longer present (e.g., the mom and child(ren) are living in a shelter, the alleged domestic violence offender is in jail, etc.), consider substantiating on the alleged domestic violence offender and informing the alleged victim/parent and/or child(ren) of services available in the community.

Homeless Unaccompanied Minor in a Shelter

Homeless unaccompanied minors receiving shelter without the presence or consent of a parent, guardian, or custodian present **should not be considered an automatic Child in Need of Services (CHINS)**. All of the information gathered during the assessment should be carefully considered before making a determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian in each situation.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) Available in ICWIS
2. Risk Assessment – Available in ICWIS
3. Strengths and Needs Assessment – Available in ICWIS
4. Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) – Available in ICWIS
5. 4.B Tool –Assessment Narrative
6. Family Support/Community Services Plan (SF 53243/CW3425) – Available in ICWIS

RELATED INFORMATION

N/A

INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
Chapter 4: Assessment	**Effective Date:** June 1, 2011
Section 23: Initial Family Risk Assessment	**Version:** 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will conduct an Initial Family Risk Assessment to assess the future probability of both abuse and neglect on all substantiated assessments.

DCS will not conduct an Initial Family Risk Assessment to help arrive at a finding of substantiated or unsubstantiated. See separate policy 4.18 Initial Safety Assessment.

The Initial Family Risk Assessment will be completed prior to the CFTM and no later than 30 days after the date of the assessment.

During a Child and Family Team (CFT) Meeting, DCS will discuss the results of the Initial Family Risk Assessment with the CFT to assist in developing a plan to reduce the risk level by thoroughly identifying and considering the family's strengths, needs, and informal supports.

See related policy, 4.22 Making an Assessment Finding.

Code References

1. IC 31-9-2-123 "Substantiated"

PROCEDURE

[REVISED] The Family Case Manager (FCM) will complete the following after arriving at an assessment finding of "substantiated":

1. Answer all questions on the Initial Family Risk Assessment of abuse and/or neglect;
2. Determine the overall **risk level** based on the highest of either the abuse score or the neglect score; and
3. Discuss the results of the Initial Family Risk Assessment with the CFT to develop a plan to assist in the identification and utilization of the families strengths, and informal supports to address needs.

PRACTICE GUIDANCE

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of

subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

FORMS AND TOOLS

1. **[NEW]** Initial Family Risk Assessment – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Purpose of Risk Assessments
The purpose of the Risk assessment is to assess the probability of both abuse and neglect.

Safety vs. Risk Assessment
It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

Risk of Abuse vs. Risk of Neglect
[REVISED] Because different family dynamics are present in abuse situations than in neglect situations, separate scales are used on the Initial Family Risk Assessment tool to assess the future probability of both abuse and neglect.

Completing the Assessment
[REVISED] Both scales, abuse and neglect, are completed regardless of the type of allegation(s) or substantiated type(s) of maltreatment. The FCM must make every effort during the assessment to obtain the information needed to answer every question. However, if information cannot be obtained to answer a particular question, that question should be scored as "0."

Determining Overall Risk Level
[REVISED] Scores are totaled separately for the abuse scale and the neglect scale and the higher of the two scores is used to determine the risk level as indicated the chart below:

Neglect Score	Abuse Score	Risk Level*
-1— 1	-1— 0	LOW
2— 5	1— 3	MODERATE
6— 8	4— 6	HIGH
9+	7+	VERY HIGH

*When unresolved safety threats are still present at the end of the assessment, the referral should be promoted to a case regardless of risk level.

Risk Levels
[REVISED] Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. High risk

families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** June 1, 2011
	Section 25: Completing the Assessment Report	**Version:** 5

POLICY

The Indiana Department of Child Services (DCS) will complete an Assessment of Alleged Child Abuse or Neglect Report (SF 113/CW0311) at the conclusion of every assessment.

DCS will email a copy of every substantiated assessment report to the Prosecuting Attorney and send a copy to the Coordinator of the Community Child Protection Team (CCPT). Upon request, DCS will also make available all "unsubstantiated" reports, prior to expungement.

> **Exception**: A copy of each "substantiated" report will be sent to the coordinator of the CCPT unless, due to the high number of these reports monthly, an agreement has been reached and is in writing between DCS and the CCPT that an alternate selection method will be used.

Upon request, DCS will make available a copy of any Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) (substantiated or unsubstantiated) to the appropriate Court and/or Law Enforcement Agency (LEA).

Code References

1. IC 31-33-8-12: Classification of reports
2. IC 31-33-7-8: Reports to health care providers and schools
3. IC 31-33-8-9: Provision of copies of investigative report

PROCEDURE

The Family Case Manager (FCM) will:

1. Review all information documented during the assessment including paper files, Indiana Child Welfare Information System (ICWIS) log notes and contacts, audio and visual recordings, etc.;
2. **[NEW]** Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF48201/CW0024) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
3. Create a succinct narrative in the Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) that summarizes the evidence gained during the assessment;
4. Follow the procedures outlined in separate policy, 4.22 Making an Assessment Finding, to arrive at a finding of "substantiated" or "unsubstantiated" for each allegation;
5. Review the report for accuracy and completeness; and
6. Forward a copy of the report to the assessment Supervisor and confirm receipt through a standardized delivery process.

The Supervisor will:

1. Review the report for accuracy and completeness;
2. "Approve" the Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) if he or she deems it accurate and complete;
3. Assure that the following steps are completed:
   a. A copy of any completed Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311) that contains one (1) or more "substantiated" allegations is emailed to the Prosecuting Attorney and sent to the Coordinator of the CCPT, and
   b. If applicable, a copy of the 30 Day Assessment Report is sent to the administrator of the facility that made the Child Abuse and/or Neglect (CA/N) report. See separate policy, 4.21 30 Day Assessment Reports.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. **[NEW]** 4.B Tool – Assessment Narrative
2. Assessment of Alleged Abuse or Neglect Report (SF 113/CW0311)
3. 30 Day Assessment Report
4. **[REVISED]** Notice of Availability of Completed Report and Information (SF48201/CW0024)—Available in Hardcopy

RELATED INFORMATION

Assessment Narratives

When creating the narrative, the FCM should summarize the evidence that was collected during the assessment and that was pertinent to making a finding for each allegation. The FCM should not cut and paste, word for word, all notes that were taken during the assessment. Doing this creates a cumbersome, lengthy narrative that is time consuming for Supervisors, Prosecutors, etc. to read. Additionally, the narrative should never be entered in ALL CAPS. TYPE THAT IS IN ALL CAPS IS DIFFICULT TO READ. Additionally ALL CAPS can interfere with spell check and other features.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** May 1, 2009
	Section 26: Determining Service Levels and Transitioning to Ongoing Services	**Version:** 3

POLICY

The Indiana Department of Child Services (DCS) will intervene in the lives of children and families at the least intrusive level possible, given the assessment findings and circumstances of each case. **[NEW]** See Practice Guidance for factors that may aid DCS in the assessment of domestic violence situations.

DCS will make a determination about the family's initial service needs and offer services as early in the assessment as possible, in order to assure child safety and well-being.

[NEW] DCS will provide information about available community resources to all families where domestic violence has been identified as a risk factor.

The assessing Family Case Manager (FCM) will continue to monitor the safety and well-being of the child until the case is formally transferred to another FCM via a transition meeting.

Code References

N/A

PROCEDURE

The FCM will complete the following after determining the family's risk level and needs level:

1. Examine the Service Level Matrix (see Related Information) for direction on the appropriate service level to offer the child and family;
2. Examine the Service Type Matrix (see Related Information) for direction on the appropriate type of services to offer the child and family;
3. Use critical thinking and evaluate the appropriateness of the level and type of services indicated by the matrices and arrive at a recommendation;
4. Consult with his or her Supervisor;
5. With supervisory approval, implement any services necessary to assure the child's safety and well-being. See separate policy, 5.10 Family Services;
6. Continue to monitor the safety and well-being of the child through regular contact and:
   a. Begin the transition to ongoing services by requesting that a case be created. See separate policy, 5.1 Transitioning from Assessment, or
   b. Participate in an internal transition meeting where the responsibility for monitoring the child's safety and well-being will be formally transferred to a separate ongoing services FCM. See separate policy, 5.1 Transitioning from Assessment.

The Supervisor will review and approve the FCM's recommendations regarding the level and type of services.

PRACTICE GUIDANCE

[NEW] Factors Which May Suggest That A Child Can Remain Safe in the Home

1. Non-offending parent acknowledges risk to child(ren) and demonstrates protective capacities;
2. Non-offending parent and child(ren) are in a shelter or other safe location;
3. Alleged domestic violence offender's access to the child(ren) and non-offending parent or activities are restricted (e.g., in jail, complying with protective order, or no-contact order);
4. Alleged domestic violence offender demonstrating responsibility for his or her behavior and actively engaging in intervention programs;
5. Child(ren) show minimal behavioral or emotional effects from the domestic violence;
6. Child(ren) have a supportive adult in the home;
7. An older child(ren) has a plan to be safe and the ability to carry out the plan;
8. Violence is not escalating and alleged domestic violence offender's prior history does not include known serious violence;
9. Other issues (substance abuse, mental health, etc.) do not pose safety threats; and
10. Non-offending parent has supportive extended family or community ties.

[NEW] If the non-offending parent is remaining with the offender, consider the following:

1. Will the child(ren) be safe if they remain in the home?
2. In an emergency, what works best to keep the child(ren) safe?
3. Who can the non-offending parent call in a crisis?
4. Would the non-offending parent call the police if the violence started again? Is there a phone in the house? Could the non-offending parent work out a signal with the child(ren) or neighbors to call the police or get help?
5. If the child(ren) and/or non-offending parent need to leave the home, where can they go?

[NEW] Factors which may suggest that a child needs an out-of-home placement:

1. No other workable plan can be put in place that ensures child safety;
2. Other types of child abuse create safety threats;
3. Alleged domestic violence offender continues to expose child(ren) to serious violence despite intervention;
4. Alleged domestic violence offender continues to have unauthorized contact with child(ren) which present safety concerns;
5. Alleged domestic violence offender's history includes known serious domestic violence;
6. Child(ren) has reduced ability to manage circumstances or has conditions that increase vulnerability; and/or
7. Adult abuse of alcohol or other drugs presents additional safety threats.

An out-of-home placement for cases involving domestic violence is usually unnecessary. An out-of-home placement should only be considered when all other means of safety have been considered and offered; when the child(ren) are at imminent risk of placement; or the non-offending parent is unable to protect the children or accept services.

FORMS AND TOOLS

N/A

RELATED INFORMATION

Determining Service Level

By examining the risk level in the context of the needs level, a determination can be made about the level of services that is appropriate for the child and family.

Service Level Matrix		RISK LEVEL			
		LOW	**MODERATE**	**HIGH**	**VERY HIGH**
NEEDS LEVEL	HIGH	Moderate	High	Very High	Very High
	MODERATE	Low	Moderate	High	Very High
	LOW	Low	Moderate	High	Very High

Determining Service Type

After the service level has been calculated, the FCM considers the appropriate service type:

Service Type Matrix		No Services or Community-Based Services (non DCS-monitored)	Informal Adjustment	Child in Need of Services (in /out-of-home?)
Service Level	(1) Low	✓		
	(2) Moderate		✓	
	(3) High		✓	✓
	(4) Very High		✓	✓

No services needed*:* Children are assessed as safe. There is no (or extremely low) risk to the child and the family is able to manage any risk issues using its own strengths and resources.

Referral for community-based services*:* There is low risk to the child but the family is not able to manage risk issues using its own strengths and resources. However, the family is able to use community resources for support without ongoing DCS case management services. DCS involvement is limited to actively linking the family with those services and resources that effectively and safely address its needs.

Informal Adjustment (IA): An IA may be appropriate for children in families where risk levels range from moderate to very high, but coercive intervention of the courts is not needed. DCS will work with the family to develop the terms of the IA, monitor participation in services, and regularly evaluate the child's safety. The courts must approve the IA. Consequences for not complying may include, but are not limited to, court intervention, such as filing a Child in Need of Services (CHINS) petition.

CHINS: DCS may file a CHINS petition (highest level of intervention) for children in families where the risk level is high or very high and coercive intervention of the court is needed to assure the child's safety and well-being. The child may stay in the home or be placed in substitute care. The court monitors the case, including the case plan and permanency goal.

Consequences for parental noncompliance with the Case Plan and permanency goal may include, but are not limited to, a placement in out-of-home care, and in the most extreme circumstances, termination of parental rights.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2007
	Section 27: Child Protection Index (CPI)	**Version:** 1

POLICY [NEW]

When a report of Child Abuse and/or Neglect (CA/N) is substantiated, the Indiana Department of Child Services (DCS) will enter all appropriate information into the Child Protection Index (CPI).

No later than 30 days after DCS enters a substantiated CA/N report into the CPI, DCS shall notify the parent, guardian, or custodian of the victim/child who is named in the report and any substantiated perpetrator, that DCS has entered the report into the CPI.

DCS will release information contained in the CPI only in accordance with Indiana law. Refer to separate policy, 2.6 Sharing Confidential Information.

Code References

1. IC 31-33-26-8 (b): Child Protection Index; notification of entry of substantiated report
2. IC 31-33-26-16 (a): Child Protection Index; access to information

PROCEDURE

The Family Case Manager (FCM) will mail the Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review (CAPTA080802AOR) to all perpetrators. Non-Offending parent(s), guardian, or custodians will receive Notice of Substantiation of Report of Child Abuse or Neglect (SF 53252/2324).

PRACTICE GUIDANCE

N/A

FORMS

1. Request by a Person or Organization for a Search of the CPI (SF 49214)
2. Request From a Potential Employer for Release of Information Contained in CPI (SF 49215) *In REVISION*
3. Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review (CAPTA080802AOR)

4. Notice of Substantiation of Report of Child Abuse or Neglect (SF 53252/CW2324)

RELATED INFORMATION

Perpetrator Right to Appeal

All persons named as perpetrators are entitled to request first an Administrative Review by the DCS Local Office Director and then a hearing by an Administrative Law Judge (ALJ) of the decision to substantiate a report of CA/N except if a Child in Need of Services (CHINS) case or a criminal case has been filed. In those instances, a court will have final authority. Refer to separate policies, 2.1 Requests for Administrative Review, 2.2 Administrative Review Process, 2.3 Child Care Workers Assessment Review Process, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators, and 2.5 Administrative Appeal Hearings.

Changing the State Central Registry (SCR) and Central Client Index (CCI) into the CPI

The 2006 legislative session called for a merging of the SCR and CCI into one registry now known as the CPI. The merging of these two databases will take the child protection service information housed in the CCI and the notice requirements of the SCR and incorporate them into the new CPI. This will allow outside agencies conducting child protection services checks on their employees or volunteers to have access to all substantiated information instead of the limited information previously available in the SCR. All information housed in the old CCI will be accessible to DCS staff in the CPI.

	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** July 1, 2010
	Section 28: Involuntary Removals	**Version:** 4

POLICY

The Indiana Department of Child Services (DCS) will remove a child from his or her parent, guardian, or custodian if:

1. A reasonable person would believe that the child's physical or mental condition is seriously impaired or seriously endangered due to injury by the act or omission of the child's parent, guardian or custodian; or
2. The child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, medical care, education or supervision; and
3. The coercive intervention of the court is needed (taken) to protect the child.

The Family Case Manager (FCM) will obtain Supervisory approval prior to removing any child from their parent, guardian, or custodian.

DCS will obtain a written order from the court prior to removing a child, unless emergency removal is necessary to protect the immediate health and safety of the child. Emergency removal may be necessary if all of the following factors are present:

1. It appears that the child's physical or mental condition is seriously impaired or seriously endangered if the child is not immediately taken into custody;
2. There is not a reasonable opportunity to obtain an order of the court; and
3. Consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child.

DCS will not remove a child without a Law Enforcement Agency (LEA) present, unless:

1. Emergency removal is necessary; and
2. LEA has been contacted, and considering the immediate concern for the safety or well-being of the child, is unable to be present during the removal.

If DCS removes a child without a court order and/or LEA present, DCS will document the reasons why such measures were necessary.

DCS will secure a detention hearing within 48 hours of detention of the child, excluding Saturdays, Sundays, and certain legal holidays.

[NEW] DCS will notify the following relatives within 30 days of a child being removed from his or her parent, guardian, or custodian: paternal and/or maternal grandparents, aunts, uncles, or adult siblings of the child(ren) involved, and any other relatives suggested by the child(ren) or parent. See separate policy, 4.0 Diligent Search.

[NEW] DCS will complete a Child and Adolescent Needs and Strengths (CANS) Assessment on all children who are removed from the parent, guardian, or custodian. See separate policy, 4.32 Child and Adolescent Needs and Strengths (CANS) Assessment.

[NEW] The DCS local office will not delay or deny placement of the child in an available resource home based on the race, color, or national origin of the child or resource parent when a child who is believed to be a foreign national is removed due to an immediate safety concern.

[NEW] DCS will notify the appropriate foreign consulate or embassy in the United States (U.S.), of the child's country of origin, as soon as possible, when DCS determines that a child believed to be a foreign national has been removed from his or her parent.

[NEW] DCS will facilitate a Child and Family Team (CFT) meeting when it has been determined that the child is at imminent risk of removal.

If all identified CFT members are not available prior to the removal, the FCM will use all other available contacts to engage and prep the members for the CFT process.

Note: The CFT composition may look different in the assessment phase. Over time, the functioning of the team and identification of other team members may occur.

Code References

1. IC 31-33-8-8: Immediate removal of a child
2. IC 31-34-2-3: Taking a child into custody without court order
3. IC 31-34-2-6 Documentation by person taking child into custody without court order; forms
4. IC 31-34-4: Temporary placement of child taken Into custody

PROCEDURE

The FCM will:

1. Obtain supervisory approval prior to removal of any child from their parent, guardian, or custodian;
2. Obtain a court order authorizing the removal, unless emergency removal is necessary;
3. Request LEA presence at the removal;
4. To the extent the parent will cooperate, obtain information about the child in order to make the transition for the child as easy and as safe as possible;
5. Prepare the child for removal;
6. If the child's parent, guardian, or custodian was not present at the time of removal, notify the parent, guardian, custodian within two (2) hours of the child's detention, and provide the parent, guardian, or custodian with the Advisement of Legal Rights: Upon Taking Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114);
7. Complete the form Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances (SF 49584/CW0018) to document why the child was removed without a court order and/or without LEA presence, if such extreme measures were taken;
8. **[NEW]** Notify the following relatives within 30 days of a child being removed from his or her parent, guardian, or custodian: paternal and/or maternal grandparents, aunts,

uncles, or adult siblings of the child(ren) involved, and any other relatives suggested by the child(ren) or parent. See separate policy, 4.0 Diligent Search;
9. **[NEW]** Complete the Notification to the Consulate or Embassy form when it is believed that a foreign national child has been detained and give it to the DCS Local Office Attorney;
10. **[NEW]** Complete the Intake Officer's Report of Preliminary Inquiry and Assessment (Investigation) (PIR1070108) and send it to the Supervisor for review;
11. **[NEW]** Schedule a detention hearing. See separate policy, 6.1 Detention Hearing;
12. At a detention hearing, Initial court order language must include Contrary to the Welfare/Best Interests of the child, Reasonable Efforts to Prevent Placement and Placement and Care responsibility to DCS;
13. Provide parent, guardian, or custodian with advance written notification of the detention hearing, using the Notice of Hearing form;
14. File a child in need of services (CHINS) petition; See separate policy, 6.2 Filing a CHINS Petition; and
15. **[NEW]** Coordinate and implement the CFT meeting. See separate policy, 5.7 Child and Family Team (CFT) Meetings.

[NEW] The Supervisor will:
1. Staff with the FCM and provide supervisory approval for removal of a child when it has been determined that the child cannot safely remain in the home;
2. Assist the FCM with any removal activities; and
3. Review the Preliminary Inquiry and Assessment (Investigation) (PIR1070108) prior to the DCS Local Office Attorney screening the Preliminary Inquiry and Assessment (Investigation) (PIR1070108) and CHINS petition;

[NEW] The DCS Local Office Attorney will:
1. Screen the Preliminary Inquiry and Assessment (Investigation) (PIR1070108) prior to securing a Detention Hearing; and
2. Fax the Notification to the Consulate or Embassy form to the International and Cultural Affairs Liaison.

[NEW] The International and Cultural Affairs Liaison will:
1. Fax the Notification to the Consulate or Embassy form to the appropriate consulate or embassy of the child's country of origin; and
2. Serve as the liaison for DCS and each respective consulate or embassy in sharing information as allowed by law.

PRACTICE GUIDANCE

[NEW] Exploring Placement Options with the CFT

CFT members may aid in determining the least restrictive, most appropriate placement option by providing information about non-custodial parents, appropriate relatives, and/or absent parents, as well as by discussing priorities such as proximity of placement, placement of siblings, etc.

[NEW] Composition of CFT During Assessment Phase

During the assessment phase, the CFT composition will have a unique composition. The following considerations should be considered in adapting the CFT process during the assessment phase:

1. **A lengthy prep is not necessarily required when utilizing the CFT process during the assessment phase.** During the assessment phase, FCMs are gathering the same information that is covered during the "prep" for the CFT process. It is important to realize that Teaming is not necessarily an event, but a process of utilizing the basic Teaming, Engaging, Assessing, Planning and Intervening (TEAPI) skills that each FCM has learned.
2. **Some families may identify a limited support system during the assessment phase.** As a result there may only be 2-3 individuals at the meeting in addition to the representatives from DCS. In these situations, DCS can engage and team with the family to identify a goal of expanding their informal support system which would increase the CFT's membership. The key is to have a CFT of key individuals that can support the family after DCS involvement ends.
3. **The composition of the Team may look different in the assessment phase.** These meetings may lack the formality of CFT meetings held later in the case because there are no flip charts, snacks, or formal agenda. The focus of the meeting will be the same: the creation of a functioning CFT that can support the family so that well-informed decisions can be made to ensure the safety and well being of the child(ren) involved.

[NEW] Adoption and Foster Care Analysis and Reporting System (AFCARS)

AFCARS requires that every child who is removed from the child's home must be reported. Therefore, even if a child is removed from his or her home more than 24 hours, the case needs to be entered into Management Gateway for Indiana's Kids (MaGIK).

FORMS AND TOOLS

1. Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances (SF 49584/CW0018)
2. Advisement of Legal Rights: Upon Taking a Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114)
3. Notice of Hearing – Available in the Juvenile Justice Benchbook: Child in Need of Services
4. Notice to Relatives Form (NOT100902LTR)
5. Notification to the Consulate or Embassy Form (CON091001EMB)
6. Preliminary Inquiry and Assessment (Investigation) (PIR1070108)

RELATED INFORMATION

Preparing the Child for Removal

See related policy, 8.8 Preparing Child for Placement.

Prepare the child for separation to the extent possible and for coping with placement after it occurs.

1. Help the child talk about feelings and concerns; don't minimize;
2. Accept the feelings of the child;

3. Answer questions in a way the child comprehends;
4. Do not provide answers unless you are certain; it is better to say "I don't know" than to provide false information. Do not say "everything will be fine;"
5. Check with the child to see what he or she understands or is confused about. Ask the child to explain in his/her own words;
6. Elicit the parent or guardian's help in giving permission to the child to leave and assuring the child of their continued love;
7. Take familiar objects, i.e., clothes, toys, bottles, cups, music tapes, photos of the parent(s), guardian, or custodian(s), unless the home is the site of a meth lab. See Indiana Drug Endangered Child Response Protocol;
8. Give the child permission to miss his/her family; and
9. Provide for physical and emotional comfort.

Eligibility for Federal Funding

The following should be documented in the case file and in MaGIK:

1. The most accurate and up to date information concerning household members;
2. The relationships of household members to the removed child;
3. Household members income and resources in the month of removal;
4. Each parent's place of residence in the month of removal;
5. Each parent's employment status; and
6. Any physical or mental illnesses that would prevent either parent from providing care to the child should be documented.

The FCM is responsible for determining which members of the household are included in the Assistance Group and which persons should be designated as the child's Specified Relative in MaGIK. This information is needed to make an eligibility determination for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver) to cover the costs of the child's substitute care and DCS's administrative expenditures.

Assistance Group

Individual or group of individuals whose income, resources, needs and/or expenses are considered together in the Title IV-E eligibility determination; based on living arrangement and relationship.

Specified Relative

Any blood, adoptive or step relative, including preceding generations up to the fifth degree of kinship (and any spouse of these persons, even after death or divorce) from whom a child is legally removed.

Specified relative relationships include:

1. Mother and Stepmother or Father and Stepfather;
2. Grandmother or Grandfather (Great, Great-great, Great-great-great);
3. Sister or Brother (Step, In-law);
4. Aunt or Uncle (Great, up to Great-great-great-great, In-law);
5. Niece or Nephew; and
6. First Cousin and Children of First Cousin.

[NEW] Foreign National

A foreign national for the United States (U.S.) refers to a minor living in the U.S. reported to have been born in another country, who has at least one parent who is a citizen of another

country, and for whom no documentation is available showing U.S. citizenship has been established for the child.

[NEW] Vienna Convention

In compliance with the provisions of the Vienna Convention, the DCS local office will contact the appropriate foreign consulate or embassy in the United States (U.S.) soon as possible after the detention of a foreign national child.

INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 4: Assessment	**Effective Date:** February 1, 2008
	Section 29: Joint Assessments	**Version:** 2

POLICY

Upon receipt of a report of suspected Child Abuse and/or Neglect (CA/N) the Indiana Department of Child Services (DCS) will contact the Law Enforcement Agency (LEA) in the appropriate jurisdiction to request a joint assessment.

DCS will conduct joint assessments with LEA when CA/N allegations include, but are not limited to:

1. Child fatalities and near fatalities. See separate policy, 4.31 Fatality and Near Fatality Assessments;
2. Child sexual abuse. See separate policy, 3.8 Statutory Definition of Child Abuse and/or Neglect (CA/N) for legal definition of sexual abuse; and
3. Allegations involving persons or entities acting as custodians of the child (licensed childcare homes or centers, unlicensed registered child care ministries, residential childcare centers, or schools) or employees or volunteers of those persons or entities.

[NEW] DCS will **not** conduct an assessment involving an unlicensed registered child care ministry without the presence of LEA.

DCS will not be deterred from initiating a CA/N assessment within the necessary time frame due to a delay in LEA response, unless allegations indicate the child's home may be the site of a meth lab and an interview with the child at an alternate site is not practicable. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol.

During a criminal investigation of CA/N, DCS will cooperate with the county or district prosecutor and LEA. However, DCS will not act as law enforcement by gathering evidence or interviewing persons for the sole purpose of a criminal investigation. The DCS focus will be on assuring the safety of children.

Code References

1. IC 31-9-2-31: "Custodian"
2. IC 31-33-7-7: Law enforcement agency investigation and communication of information
3. IC 31-33-8-1: Investigations of child care ministries by the department of child services
4. IC 31-33-8-2: Investigations by Law enforcement agencies

PROCEDURE

If LEA is able to respond within the assessment timeframe required by DCS, the Family Case Manager (FCM) will:

1. Arrange a preinterview conference with LEA to discuss the allegations and a plan for the interview and other assessment activities; and

2. Cooperate with LEA to complete all steps necessary in a routine CA/N assessment. See separate policy, 4.3 Conducting the Assessment.

If LEA is unable to respond within the assessment timeframe required by DCS, the FCM will:

1. Document in the assessment files the request that was made to LEA for a joint assessment (date of request and to whom it was sent);
2. Proceed with the assessment as required; and
3. Anticipate that LEA may join the DCS assessment at any time during the process.

FCMs will:

1. Stay in regular contact with LEA, including providing copies of all pertinent CA/N assessment files, when LEA and DCS are investigating the same family;
2. Follow local agreements and protocols to resolve any conflicts between DCS and LEA about differing methods of assessment; and
3. Testify at criminal hearings when subpoenaed to do so.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Rationale for Joint Assessments

Teamwork offers several benefits to both the alleged victim(s) and the professionals involved in the assessment. Coordinated responses can reduce the number of interviews a child undergoes. It can minimize the number of personnel involved in the assessment and duplication of efforts. Teamwork can enhance the quality of evidence. A joint assessment can expedite the provision of necessary assistance to the victim and/or family.

DCS Participation in Joint Interviews

When conducting a joint interview with LEA, DCS will participate in the interview (vs. merely observe) to the extent practical given the circumstances.

Alleged Perpetrator in Police Custody

If the alleged perpetrator is in police custody, the FCM must obtain authorization from the investigating police officer and the alleged perpetrator's attorney, if one has been appointed, to conduct the interview. This is necessary to ensure that the alleged perpetrator's rights under criminal law are protected. If the Officer or the Attorney does not allow the interview the FCM must immediately advise the FCM Supervisor and document thoroughly.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** February 1, 2008
	Section 30: Institutional Assessments	**Version:** 2

POLICY

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

Institutions include:

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

Code References

N/A

PROCEDURE

To assess an institutional report, the Family Case Manager (FCM) will:

1. Follow all procedures outlined in separate policy, 4.3 Conducting the Assessment and in all related assessment policies.
2. If the child victim and/or the child perpetrator are Child in Need of Services (CHINS) or probation wards:
   a. Notify the FCM assigned to provide ongoing services for the child or the Probation Officer; and
   b. Notify the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) appointed for the child.

3. Conduct the following interviews in addition to those required for a standard CA/N assessment, if warranted:
   a. Current and former administration and staff of the institution;
   b. Current and former residents of the institution, particularly those who may have witnessed the acts or omissions alleged in the report,
   c. School administration and staff where the alleged child victim and/or alleged child perpetrator attend,
   d. The ongoing services FCM assigned to the alleged child victim and/or the alleged child perpetrator,

e. The Probation Officer assigned to the alleged child victim and/or alleged child perpetrator, and
f. Appropriate DCS local office or DCS Central Office licensing staff.

4. Review the alleged child victim's records kept by the facility, such as daily log sheets, medical reports, incident reports, etc;
5. Examine and photograph pertinent areas of the facility;
6. If the institution is a resource home and the license is held by an agency other than DCS, discuss with the assessing Supervisor and/or DCS Local Office Director if a review of the actual licensing file would further the progress of the assessment; and
7. Request to review the licensing file if it is decided that information in the file will further the progress of the assessment.

If the alleged perpetrator is a child care worker, defined as a person who has direct contact with children through the course of employment or volunteer work in an institution, he or she is entitled to have a Child Care Worker Assessment Review (CCWAR) prior to a decision to substantiate the assessment. This review is a meeting with one (1) of the following: the DCS Local Office Director, the DCS Local Office Deputy Director, or the Regional Manager, at which the child care worker may present any additional information that he or she feels could assist DCS in making an accurate decision. See separate policy, 2.3 Child Care Workers Assessment Review Process.

[NEW] To assess an unlicensed registered ministry, the FCM will:

1. Notify his or her Supervisor that the assessment involves a child care worker as defined in separate policy, 2.3 Child Care Workers Assessment Review Process;
2. Determine the appropriate response time based on the nature of the allegation(s). Follow policies and procedures outlined in, 3.9 Initiation Times for Assessments;
3. Contact LEA and advise of the allegations, the response time required by DCS, and request a joint assessment. This information must be thoroughly documented in both written contact notes and the Indiana Child Welfare Information System (ICWIS) contacts (i.e., who was contacted at LEA);
4. Coordinate with LEA on the plan of action for the assessment. DCS is **not** to conduct an assessment of an unlicensed registered child care ministry without the presence of LEA;
5. Follow all procedures outlined in separate policy, 4.3 Conducting the Assessment;
6. Provide the Notice of Availability of Completed Reports and Information to the ministry administrator at the beginning of the assessment; and
7. Notify his or her Supervisor in the event the allegations are substantiated. The individual employed by the ministry is entitled to the appeal process available to child care workers which includes a CCWAR prior to supervisory approval of the assessment finding. Follow policies and procedures outlined in, 2.3 Child Care Workers Assessment Review Process.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Access to Information

DCS has the authority to request and secure any information from a facility that is necessary to conduct a CA/N assessment. This includes, but is not limited to: files kept on facility staff and children who attend the facility, and the facility's licensing file.

State Agencies that Administer and/or Monitor Institutions

Each of these state agencies has designated one (1) individual to work with DCS in the assessment of CA/N reports involving that agency's facilities. Basic information regarding the CA/N report as well as information concerning who will be assessing and the proposed time to initiate the assessment will be shared.

State agencies with a liaison person include:

1. Indiana State Department of Health;
2. Indiana Department of Correction;
3. Family and Social Services Administration: Division of Mental Health;
4. Indiana Department of Education; and
5. Indiana State Police.

Child Caregiver

IC 31-9-2-16.4 defines a child caregiver as a person who provides, or is responsible for providing, care and supervision of a child (other than a child of whom the person is a parent, stepparent, grandparent, aunt, uncle, sibling, legal guardian or custodian with whom the person resides) at a residential property that is not the child's place of residence, if the person:

1. Is not required to be licensed as the operator of:
   a. A child care home under IC 12-17.2-5; or
   b. A foster family home under IC 31-27-4; and
2. Provides care and supervision of a child while unattended by the child's:
   a. Parent,
   b. Guardian; or
   c. Custodian with whom the child resides; and

3. Receives more than $2,000 in annual compensation for providing care and supervision of a child or children.

All of these requirements must be met in order for DCS to assess a child caregiver.

Child Care Home

DCS assesses all child care homes whether or not licensed, unlicensed, or operating illegally without a license.

A child care home is defined as a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or

other relative or any child who is at least 14 years of age and does not require child care) at any time receive child care from a provider,

1. While unattended by a parent, legal guardian, or custodian;
2. For regular compensation; and
3. For more than four (4) hours but less than 24 hours in each of 10 consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** January 1, 2012
	Section 31: Child Fatality and Near Fatality Assessments	**Version:** 7

POLICY

The Indiana Department of Child Services (DCS) will assess all reported child fatalities and near fatalities for which there is reason to believe that Child Abuse and/or Neglect (CA/N) may be a factor in the fatality or near fatality. If the circumstances surrounding the child's death or near fatality appear to be sudden, unexpected, and unexplained, DCS shall consider these occurrences to determine whether or not the death or near fatality was related to child abuse and/or neglect.

DCS will coordinate child fatality or near fatality assessments with a Law Enforcement Agency (LEA) and the Coroner.

The Coroner shall immediately notify DCS by using the statewide hotline and either the local child fatality review team or if the county does not have a local child fatality team, the statewide child fatality review committee of each death of a person who is less than 18 years of age, or appears to be less than 18 years of age and who has died of an apparently suspicious, unexpected, or unexplained manner.

In the event of a child fatality, if DCS has reason to believe a parent, guardian, or custodian was impaired, intoxicated, or under the influence of drugs or alcohol immediately before or at the time of death, DCS or LEA can request that the parent, guardian, or custodian submit to an alcohol/drug screen. DCS or LEA must make the request within three (3) hours of the death of the child.

> **Note**: If the parent, guardian, or custodian does not submit to the screen within three (3) hours of the request, the refusal may be used in the DCS determination to substantiate or unsubstantiate abuse and/or neglect. However, the refusal to submit to a screen cannot be used in any criminal action.

[NEW] DCS will make a finding of substantiated or unsubstantiated no later than 180 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (SF114) (CA/N) Intake Report was received. See separate policy 4.22 Making an Assessment Finding.

Code References

1. IC 31-33-8 Investigation of reports of suspected child abuse or neglect
2. IC 31-33-18-1.5(h) Data and information included in disclosed record of child fatality or near fatality assessment
3. IC 31-34-12-7 Failure to submit to drug or alcohol test
4. IC 36-2-14.6.3 Coroner notification of child deaths; coroner consultation with child death pathologist; suspicious, unexpected, or unexplained child deaths; autopsy

PROCEDURE

For fatality and near fatalities, the Family Case Manager (FCM) will:

1. Place any surviving siblings in a safe environment if all legal caregivers have been arrested;
2. Assess risk to any surviving siblings and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311) narrative;
3. Request the parent, guardian, or custodian submit to an alcohol/drug screen, if DCS has reason to believe impairment is suspected in the fatality of a child, within three (3) hours of the death of the child. The FCM must receive approval from the Supervisor prior to sending the parent, guardian, or custodian for the alcohol/drug screen;

   Note: If an alcohol/drug screen is requested, this must be documented in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). If a drug or alcohol screen cannot be completed at the scene, collaboration shall occur between LEA and the DCS Supervisor to determine a safe plan for transport.

4. Assist LEA with conducting interviews of family members as requested;
5. Collect LEA, Hospital, Coroner reports and the final Autopsy Report so that a DCS Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311) can be prepared;

   Note: The final Autopsy Report can take some time to obtain depending on various circumstances. Once available, a copy of the final Autopsy Report will be collected.

6. Conduct an appropriately thorough CA/N assessment in coordination with any LEA assessment. See separate policy, 4.3 Conducting the Assessment;
7. Refer the family members to support services and document, if applicable;
8. Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF48201) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
9. Make an assessment finding (See separate policy, 4.22 Making an Assessment Finding) but do not approve the assessment;

[REVISED] For all fatalities and near fatalities that are either substantiated or unsubstantiated, per IC 31-33-18-1.5(h) the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311) must include a summary of the following:

1. A summary of the report of CA/N and a factual description of the contents of the report;
2. The date of birth and gender of the child;
3. The cause of the fatality or near fatality, if the cause has been determined; and
4. Whether DCS had any contact with the child or the perpetrator before the fatality or near fatality and, if the department had prior contact (not just prior substantiated history) where the fatality or near fatality child had been previously listed as a victim, or when any alleged perpetrator in the fatality/near fatality assessment has been listed as a perpetrator, include the following:
   a. The frequency of the contact (face to face) with the child or the perpetrator before the fatality or near fatality and the date on which the last contact occurred before the fatality or near fatality and

b. A summary of the status of the child's case at the time of the fatality or near fatality including:
    i. Whether the child's case was closed by DCS before the fatality or near fatality; and
    ii. If the child's case was closed as described under item (i), the reasons that the case was closed and the date of closure.
5. Document all efforts made to obtain any outstanding reports (i.e. coroner's report, autopsy).

The Supervisor will:

1. Engage with the FCM and approve the request to send the parent, guardian, or custodian for an alcohol/drug screen within three (3) hours of the death of the child, if the Supervisor is satisfied that DCS has reason to believe impairment is suspected in the fatality of a child ;
2. Send one (1) copy of the assessment file to the Deputy Director of Field Operations for review by the DCS Fatality Unit within 30 days of the receipt of the child fatality or near fatality report, unless the assessment cannot be completed within that time frame due to unavailability of a necessary report or document, such as an Autopsy Report. The assessment file should include these and other items:
    a. Completed and approved Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310),
    b. Copies of any history the family may have had with DCS,
    c. Completed but unapproved Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311),
    d. Completed and thoroughly documented assessment notes (add printed contacts from ICWIS),
    e. Hospital report,

    Note: This refers to any relevant medical information relating to the fatality or near fatality.

    f. LEA report, any information about charges filed, and/or arrests made,
    g. Emergency Medical Services (EMS) or local Fire Department records, if applicable,
    h. Coroner and autopsy report if applicable,

    Note: If there was no autopsy, this needs to be documented in the narrative of the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311).

    i. State issued Death Certificate, and
    j. Copies of available newspaper clippings showing the progress of the assessment and, if applicable, the outcomes of the arrest and trial.

3. Following review by the DCS Fatality Team, approve the assessment as directed by the Fatality Unit; and
4. Send a copy of the completed DCS Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311) to the following persons, if substantiated, and follow-up via phone to confirm receipt:
    a. County Prosecutor,
    b. Investigating LEA, and
    c. County Coroner.

5. Assess to determine if a referral to the DCS Critical Response Unit is needed to assist local staff.

The DCS Local Office Director or designee will:

1. Complete the Child Death Review using the National Center for Child Death Review's Case Reporting System.

PRACTICE GUIDANCE

Documenting a Fatality or Near Fatality

If a child death occurs due to substantiated abuse and/or neglect, the assessment worker must check the allegation of "death due to abuse" and/or "death due to neglect" under findings on the allegation screen in the assessment module. The type of maltreatment which led to the death of the child must also be checked. A bathtub drowning, for example, might be marked "death due to neglect" (from the list of neglect maltreatment types) **and** "lack of supervision" or "environment life/health endangering," depending upon the circumstances.

Documenting Impairment of the Parent, Guardian, or Custodian

DCS must document any noted or suspected impairment of the parent, guardian, or custodian during the course of the assessment. If DCS is not on the scene, interview those professionals that were there, for example, LEA, EMS, etc., and obtain any documentation regarding impairment or lack thereof, if applicable. Typically impairment is not mentioned in LEA and EMS reports unless it is obvious. If it is not mentioned, DCS will attempt to contact the other professional responders and ask if any impairment was noted. If no impairment is suspected, DCS will document that there was no suspicion of impairment.

Coordinating with LEA

A DCS assessment shall not interfere with or duplicate the LEA assessment. The DCS local office shall complete a DCS assessment report based on the findings of the LEA or joint DCS/LEA assessment.

DCS Assessment Report

If DCS was not involved in the active assessment, the Law Enforcement Officer and the LEA report are resources for completion of the Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311). For example, interview dates and birth dates can be found in LEA reports.

Delayed Coroner's Reports and Autopsies

DCS has 30 days to complete a CA/N assessment, although it may take longer than 30 days to receive the final Coroner's report and autopsy report.

> **Note:** Delayed Coroner's reports and autopsies are not justification for delaying sending the assessment file, including the completed Assessment Report, to the Deputy Director of Field Operations, unless the FCM is unable to get a verbal Coroner's report and autopsy report, and has documented this in ICWIS. If the FCM is unable to obtain a report necessary to complete the assessment within 30 days after receiving the fatality report, the Supervisor will notify the DCS Fatality Unit of the reason for delay and will complete and transmit the Assessment Report as soon as reasonably possible after receipt of the delayed report.

Accidental Death
A Coroner's finding of "accidental death" does not preclude a DCS assessment finding of substantiated CA/N. For example, a Coroner may rule a child's drowning an "accidental death," but DCS may substantiate neglect due to the parent's lack of supervision of the child.

Sudden Unexplained Infant Death (SUID)
According to the Centers for Disease Control (CDC), sudden unexpected infant deaths are defined as infant deaths that occur suddenly and unexpectedly, and whose manner and cause of death are not immediately obvious prior to investigation.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (SF114)
2. Assessment of Alleged Child Abuse or Neglect Report (SF 113/0311) – Available in ICWIS
3. Child Death Review –Available online at http://www.childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf
4. 4.B Tool - Assessment Narrative
5. Notice of Availability of Completed Report and Information (SF48201)—Available in Hardcopy

RELATED INFORMATION

"Near Fatality"
A "near fatality" is defined by the Child Abuse Prevention and Treatment Act (CAPTA) as "an act that, as certified by a physician, places the child in serious or critical condition."

DCS defines near fatality as a situation where a child has been admitted to the intensive care unit (ICU) or a neonatal intensive care unit (NICU) **and** has been placed on a ventilator due to injuries sustained from alleged abuse and/or neglect (this definition was developed in conjunction with forensic pediatric experts). Once the child meets this criteria then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

A child cannot be determined to be a near fatality and a fatality for the same originating injury. If a child dies as a result of the near fatality injury, the assessment is to be considered as a fatality only. The worker must un-approve the near fatality assessment, unsubstantiate the near fatality allegation, and add the allegation of death to the assessment. The FCM is required to e-mail the Assistant Deputy Director of Field Operations of the death as soon as possible but no later than 24 hours upon learning of the fatality. The worker must document in ICWIS that the fatality resulted from the near fatality injury.

Autopsy Report
A clinical report issued by a medical doctor/pathologist.

According to IC 36-2-14-18(e), a coroner shall make available, upon written request, a full copy of an autopsy report, including photograph, a video recording, or an audio recording of the autopsy to:

1. DCS established by IC 31-25-1-1, including the DCS local office where the death occurred;
2. Statewide child fatality review committee established by IC 31-33-25-6; or
3. A county child fatality review team or regional child fatality review team established by IC 31-33-24-6 by the county or for the county where the death occurred

One (1) and three (3) above are for purposes of conducting a review or an investigation of the circumstances surrounding the death of a child (as defined in IC 31-9-2-13(d)(1)) and making a determination as to whether the death of the child was a result of abuse, abandonment, or neglect. An autopsy report made available under this subsection is confidential and shall not be disclosed to another individual or agency, unless otherwise authorized or required by law.

Coroner's Report
A document issued by an elected official usually based on the findings in an autopsy report.

Coroner's Inquest
A fact finding process initiated by the Coroner involving the presentation of evidence and witness testimony in front of a jury to determine circumstances surrounding the death.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
INDIANA DEPARTMENT OF CHILD SERVICES	**Chapter 4:** Assessment	**Effective Date:** January 1, 2012
	Section 32: Child and Adolescent Needs and Strengths (CANS) Assessment	**Version:** 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment to document and communicate the strengths and needs of the child to assist in determining the appropriate level of behavioral health services for the child. The CANS will be the basis for planning individualized services for children based on their identified strengths and needs. The CANS Assessment will also play a critical role in informed decision making regarding the category of placement recommended for a child once the decision to place has been made.

The DARMHA Database

The CANS will be completed by DCS staff in the Data Assessment Registry Mental Health and Addictions (DARMHA) database. When completed, the CANS instrument will produce a behavioral health recommendation. If a child will be placed out-of-home, the FCM should indicate the DCS decision to remove/place the child within the CANS to generate the CANS placement recommendation.

To gain access into DARMHA, individuals must register in the system by completing the DARMHA Individual User and Confidentiality Agreement Form. For further information on CANS certification see the DCS CANS/DARMHA User Guide or contact a SuperUser at your DCS local office or the DCS CANS mailbox at DCS.CANS@dcs.in.gov.

The DARMHA database includes five (5) versions of the Indiana CANS assessment; CANS Comprehensive 5-17; Comprehensive Birth-5; short 5-17; Short Birth-5; and Crisis Assessment Tool. DCS will use the Comprehensive Birth-5 and 5-17 as well as the Short Birth-5 and 5-17 tools as indicated based on the age of the child and case juncture as outlined below. DCS will not use the Crisis Assessment Tool.

> **[NEW] Note:** For children who are age five (5), FCMs should use the version that will best address the child's developmental needs. For example, consider the child's school involvement. If the child is in school (kindergarten through grade 12), use the CANS 5 to 17. For youth who are age 18+ years, FCMs should use the CANS 5 to 17. For youth 18+ years that do not have a Caregiver, rate the youth's own ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability. Mark remaining items N/A (they are reflected in other items). If the youth has family or an unpaid caregiver, rate that person or persons regarding their ability to fulfill the caregiver functions. This modification allows the Behavioral Health algorithm to function.

[REVISED] Initial CANS Assessment

DCS will complete an Initial CANS Assessment (short or comprehensive) for each child in the home when:

1. The substantiated assessment has been closed without opening a case;
2. A program of Informal Adjustment (IA) has been initiated;
3. An In-Home Child in Need of Services (CHINS) has been initiated; and/or
4. Children are placed Out-of-Home during a CA/N assessment.

DCS may complete a Short or Comprehensive CANS during the DCS Assessment phase. DCS will complete a Comprehensive CANS Assessment if any needs item is rated a 2 or 3 within the Short CANS Assessment (see practice guidance)

[NEW] When completing a CANS assessment on a child and his or her family, the Family Case Manager (FCM) should first gather information from readily available sources, which may include the child, the family, the Court Appointed Special Advocate (CASA), the Guardian Ad Litem (GAL), foster parents, service providers, the school, and others with relevant information.

DCS will complete a Comprehensive CANS Assessment prior to the development of the Program of Informal Adjustment (IA-R 3091109) or Case Plan (SF 2956/DCS0046). DCS will engage the CFT to assist in identifying the child's strengths and needs in order to determine the appropriate level of services for the child and family, using the CANS ratings and recommendations as guidance.

> **Note**: All needs items rated a 2 or 3 on the CANS should be addressed in the Program of Informal Adjustment (IA-R 3091109) or Case Plan (SF 2956/DCS0046). Strengths rated a 0 or 1 on the CANS can also be central or useful to strength-based planning.

The CFT will also review the family's Initial Safety Assessment and the Initial Family Risk Assessment to assist in identifying the family's needs and corresponding services. See separate policy, 5.10 Family Services. The FCM should also engage the CFT in determining the service level and service type for each family. See separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services.

CANS Re-Assessment
DCS will continue to update the Comprehensive CANS every 180 days and at critical case junctures during the life of the case.

CRITICAL CASE JUNCTURES
A critical case juncture is an event or episode involving the child or family that may cause a disruption (e.g. trial home visits, potential placement disruptions, new abuse or neglect allegations, potential runaway situations, pregnancy of the child, lack of parental contact, adoption placements, etc.). DCS will update the Comprehensive CANS at critical case junctures throughout the life of the case.

CANS Transition/Discharge
DCS will complete a Comprehensive CANS upon closing all ongoing cases.

Service(s) and Placement Type Determination

[REVISED] CANS RECOMMENDATIONS

CANS Behavioral Health Recommendations

When the Short or Comprehensive CANS, Birth-5 or 5-17 Assessment is completed in DARMHA, the behavioral health decision model will run, producing one of the following recommendations:

0. No Treatment Services Indicated
1. Outpatient
2. Entry Level Behavioral Health (Birth-5) or Outpatient with Limited Case Management (5-17)
3. Supportive Community Services
4. Intensive Community Services: Wraparound
5. Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF Grant)
6. Intensive Services: CA-PRTF Grant, PRTF or State hospital

[REVISED] CANS Placement Recommendations

DCS will utilize the CANS placement recommendation to assist the CFT in determining the appropriate category of placement to support a child's individual needs. When the FCM indicates on the CANS tool that DCS or the court decided to remove / place the child, the CANS placement decision model will run, producing one of the following recommendations:

Foster Care

This is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs can be met in a family and community setting with access to school, friends and community-based resources. Child may have a history of mild behavioral/emotional needs that require a low level of service (such as outpatient therapy).

Foster Care with Services/Moderate Foster Care

This indicates the child has a moderate developmental, behavioral/emotional need. In addition to foster care in the community, the child, family and resource family may be supported with treatment and support services to address and manage identified needs.

Therapeutic Foster Care

This indicates the child has either a severe medical, developmental or behavioral/emotional need, or a high-risk behavior, that is moderate to severe. In addition to foster care in the community, the child, family and foster family are supported with treatment and support services to address and manage identified needs.

Note: A child may also have a combination of any of the above needs.

Group Home

This indicates the child age 12 or older has a moderate developmental, sexual aggression, physical, medical, or delinquency need that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Residential

This indicates the child age 12 or older has a severe developmental, sexual aggression, physical or medical, and/or delinquency need that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Placement Decision-Making

1. If an out-of-home placement is needed, the FCM will first search for an appropriate relative placement and utilize the CANS behavioral health and placement recommendations to determine any additional services needed to support the relative placement.
2. If an appropriate relative is not identified and a non-relative placement is needed, the FCM will then search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) and utilize the CANS behavioral health and placement recommendations to determine any additional services which are needed to support the licensed foster home placement.
3. If the CANS placement recommendation is Group Home or Residential Facility, the FCM will review the CANS ratings to determine the needs of the child. The FCM should then determine if the child should be placed in a residential setting or be maintained in a lower category of supervision such as a relative placement or licensed foster home with services. The FCM should then search for an appropriate placement setting to meet the identified needs of the child.
4. Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS Local Office Director or their designee's approval.
5. Placement in a residential facility will require approval from the Residential Placement Committee. DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy. See separate policy, 8.4 Residential Care Review and Approval.

Code Reference
N/A

PROCEDURE

[REVISED] Substantiated and Closed CA/N Assessments

For all substantiated CA/N assessments that are closed without opening a case, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding; and
3. Provide community service information and referral to the child's parent, guardian or custodian as appropriate for the Behavioral Health Recommendation.

Informal Adjustments (IAs) and In-Home Child in Need of Services (CHINS)

For all IAs and In-Home CHINS assessments, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding;
3. **[REVISED]** For all Informal Adjustments and In-Home CHINS, if an item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS

Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the Progress Report on the Progress of Informal Adjustment (IA ProgRptR1073008) or Case Plan (SF 2956/DCS0046), whichever is first. See separate policy, 5.8 Developing the Case Plan;
4. Complete "additional steps" below.

Placement Out-of-Home during the Child Abuse and/or Neglect (CA/N) Assessment and Out-of-Home Child and Need of Services (CHINS)

For all children placed out-of-home during the CA/N assessment, the FCM will:

1. Gather information necessary to complete the CANS;
2. Complete the Initial CANS Assessment:
    a. Prior to placement, or
    b. Within five (5) days of removal or opening the case if there was an "emergency" removal;
3. The Comprehensive CANS Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the Case Plan (SF 2956/DCS0046), whichever is first. See separate policy, 5.8 Developing the Case Plan; and
4. Complete "additional steps" below.

Critical Case Junctures

For all children or families who are involved in a critical case juncture (e.g., any time there is an apparent change in the child or family needs that might require a different intensity of services), the FCM will:

1. Complete the Comprehensive CANS Assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a Comprehensive CANS Assessment prior to placement; and
2. Complete "Additional Steps" below.

Additional Steps for All CANS Assessments

In addition to the steps listed above, the FCM must complete the following for all CANS Assessments:

1. After completion of the CANS Assessment, discuss the appropriateness of the recommendations first with the parent, guardian, or custodian during the CFTM prep meeting. Distribute copies of the CANS assessment and prompt discussion of the ratings and recommendations with the CFT members. Should the CFT members significantly disagree on any of the needs ratings, behavioral health or placement recommendations those disagreements may be addressed in the CFTM or other team meeting in order to build consensus among team members;
2. If it is determined that the child should be placed at a category lower than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in Indiana Child Welfare Information System prior to placing;
3. If it is determined that the child should be placed at a category higher than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in the Indiana Child Welfare Information System prior to placing;
4. Document all behavioral health recommendations and decisions in the 'Comments' portion of the Case Plan (SF 2956/DCS0046). Progress Report on Program of Informal Adjustment (IAProgRptR1073008) for all IAs.

5. Document the placement recommendation and decisions in the 'Placement' portion of the Case Plan (SF 2956/DCS0046);
6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;
7. Provide a copy of the CANS Assessment and recommendation to the child's parent(s), guardian or custodian if the case plan goal is reunification and provide a copy to service or placement providers and Child and Family Team members as appropriate.
8. Document the CANS results in the Indiana Child Welfare Information System;
9. **[REVISED]** Complete a CANS Assessment every 180 days when updating the Case Plan (SF 2956/DCS0046), to develop an IA or at critical case junctures, using the Comprehensive CANS tool. This is not applicable when CA/N has been substantiated and the assessment has been closed; and
10. **[REVISED]** Modify Case Plan (SF 2956/DCS0046) or Program of Informal Adjustment (IA-R3091109) based on progress and changing needs of youth and family. This is not applicable when CA/N has been substantiated and the assessment has been closed.

The Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or its recommendations;
2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis; and
3. Monitor the FCM's CANS certification and recertification.

The DCS Local Office Director or his or her designee's will:

1. Discuss any questions or concerns the Supervisor and FCM may have regarding placements at a higher category of care than the CANS recommendation or any placements in residential facilities; and
2. Make a final decision regarding requests to place a child in a higher category of care than the CANS recommends or requests to place a child in a residential facility and inform the Supervisor and FCM of his or her decision.

PRACTICE GUIDANCE

The CANS Friendly Interview Guide can be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to look at the questions for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, good practice is to engage the family and child in telling their story, guiding the conversation to cover relevant issues. The interview guide is not a required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

Additional documents are available on the DHARMA documents webs page to assist in accurately rating each CANS measure such as the Indiana CANS Manuals, Score sheets, and Glossary.

The FCM and Supervisor should determine if the Short or Comprehensive CANS Assessment is most appropriate in this situation based on the amount of information they have available at the time of the assessment. DCS may complete a Short CANS at this time unless the child scores a 2 or 3 on specific measures. If the child scores a 2 or

3 on the Adjustment to Trauma, Substance Use, Danger to Others, Sexual Aggression, Runaway, Delinquency, Fire Setting, School Functioning and/or Developmental measures, DCS will complete the Comprehensive CANS.

FORMS AND TOOLS

1. Case Plan (SF 2956/DCS0046) - Available in the Indiana Child Welfare Information System
2. Program of Informal Adjustment (IA-R3091109)
3. Safety Assessment - Available in the Indiana Child Welfare Information System
4. Strengths and Needs Assessment - Available in the Indiana Child Welfare Information System
5. Risk Assessment - Available in the Indiana Child Welfare Information System
6. CANS Friendly Interview Guide
7. DARHMA
8. DARMHA Documents Page
9. Communimetrics
10. DCS CANS/DARMHA User Guide-Available in hard copy

RELATED INFORMATION

[REVISED] CANS CERTIFICATION

All DCS Field Staff must certify using the web-based training available through the Communimetrics database at www.communimetrics.com/CansCentralIndiana. A reliability rating of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

>.80 valid for two (2) years
.75 to .80 valid for one (1) year
.70 to .75 valid for six (6) months

All FCM Supervisors must attend SuperUser classroom training in order to become certified as a CANS SuperUser. A SuperUser receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher in the CANS. FCM Supervisors must attend a SuperUser Booster training annually from previous date attended, to maintain SuperUser status. Recertification must be completed through the Communimetrics database.

Once FCM Supervisors are certified as SuperUsers, they are responsible for assisting FCMs in their DCS local office in becoming and maintaining CANS Certification.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** July 1, 2011
	Section 33: Standby Guardianship	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will consider the Standby Guardian or Alternate Standby Guardian as defined in IC 29-3-3-7 for purposes of determining the placement of a child who is the subject of:

1. An allegation of Child Abuse or Neglect (CA/N) under Indiana Code (IC) 31-33;
2. An open Child In Need of Services (CHINIS) case under IC 31-34; or
3. An open delinquency case under IC 31-37.

A Standby Guardian is a person named by the parent of a minor or guardian to assume legal custody of a child when that parent is no longer able to care for the child as a result of a triggering event (debilitation, incapacity or death).

The parent or guardian of a minor may, also, designate an Alternate Standby Guardian if the designated Standby Guardian is unable to serve, renounces the appointment, dies or becomes incapacitated.

This consideration is required, but not binding upon DCS, Probation or the Juvenile Court.

> **Note:** Standby Guardians or Alternate Standby Guardians must still meet the requirements of DCS placements in order for a ward of DCS or Probation to be placed in their care, See separate policy, 8.1 Selecting a Placement Option.

The Standby Guardianship can be effective for 90 days upon death or incapacity of the parent of a minor or guardian.

When the parent or guardian of a minor names a Standby Guardian or Alternate Standby Guardian, or the alleged perpetrator is a Standby Guardian or Alternate Standby Guardian, then the Family Case Manager (FCM) will staff with the Supervisor, DCS Local Office Director (LOD) or designee, and a DCS Local Office Attorney.

Code References

1. IC 31-33. Juvenile Law: Reporting an Investigation of Child Abuse and Neglect
2. IC 31-434. Juvenile Law: Children in Need of Services
3. IC 31-37. Juvenile Law: Delinquency
4. IC 29-3-1-7.5: Incapacitated Person
5. IC 12-7-2-61: Developmental Disability
6. IC 29-3-3-7: Declaration of standby guardians; required information; duration of the guardianship

PROCEDURE

The FCM will:

1. Review any notarized documentation from the family regarding a guardianship;
2. Staff the case with their Supervisor, DCS LOD or designee and a DCS Local Office Attorney regarding the possible Standby Guardianship situation;
3. Consider the Standby Guardian or Alternate Standby Guardian for purposes of determining a placement if applicable; and
4. Document in the Indiana Child Welfare Information System that the consideration was made.

PRACTICE GUIDANCE

Safely Home, Families First and Engaging Fathers

The Standby Guardian or Alternate Standby Guardian may be able to provide valuable information about a child's extended family and non-custodial parents. By engaging the Standby Guardian and using a Family Network Diagram, the FCM can document valuable information about the child's history, extended family and identify informal supports to help reach the best permanency option for the child.

FORMS AND TOOLS

1. Family Network Diagram – Available in policy Chapter 5-General Case Management
2. GenoPro – Available via GenoPro Software

RELATED INFORMATION

Definition of Incapacity

An incapacitated person means an individual who:

1. Cannot be located upon reasonable inquiry;
2. Is unable
   a. to manage in whole or in part of the individual's property,
   b. to provide self care, or
   c. both

because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration confinement, detention, duress, fraud, undue influences of others on the individual, or other incapacity (as defined in IC 29-3-1-7.50 or having a developmental disability (as defined in IC 12-7-2-61).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
INDIANA DEPARTMENT OF CHILD SERVICES	**Chapter 4:** Assessment	**Effective Date:** July 1, 2012
	Section 34: Safe Haven and Abandoned Infants	**Version:** 3

POLICY [REVISED]

Safe Haven

The Indiana Department of Child Services (DCS) will assume the care, control, and custody of a child[1] immediately after receiving notice that the parent:

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

The Safe Haven Law allows a parent to surrender their newborn child to an emergency medical services provider. The emergency medical services provider will, without a court order:

1. Take custody of a child from any person who voluntarily leaves their child with them;
2. Perform any act necessary to protect the child's physical health or safety; and
3. Notify DCS that the child has been taken into temporary custody.

The parent's identity is protected and he or she will not be prosecuted for abandonment or neglect if he or she acts within 30 days of the birth, and the child is not harmed. The emergency medical service provider is not obligated to disclose their name or the parent's name.

No later than 48 hours after taking custody of the child, DCS will contact the Indiana Clearinghouse for information on missing children to determine if the child has been reported missing.

DCS will file a petition alleging that the child is a Child in Need of Services (CHINS), and hold an Initial Hearing no later than the next business day after the child is taken into custody.

DCS will place the child in emergency foster care. This initial placement will not be considered as a long-term or adoptive placement for the child.

[NEW] Abandoned Infants

DCS will assume the care, control, and custody of a child[2] whose parent, guardian, or custodian has knowingly or intentionally left a child in:

1. An environment that endangers the child's life or health; or
2. A hospital or medical facility; and has no reasonable plan to assume the care, custody, and control of the child.

No later than 48 hours after taking custody of the child, DCS will contact the Indiana Clearinghouse for information on missing children to determine if the child has been reported missing.

[1] Who is or who appears to be no more than 30 days old. (Safe Haven)
[2] Who is less than 12 months of age. (Abandoned Infants)

DCS will place the child in emergency foster care, file a petition alleging that the child is a CHINS, and hold an Initial Hearing no later than the next business day after the child is taken into custody.

Code References

1. IC 31-34-2.5: Emergency custody of certain abandoned children
2. IC 10-13-5: Indiana Clearinghouse for Information on Missing Children

PROCEDURE [REVISED]

For Safe Haven infants, the Family Case Manager (FCM) will:

1. Arrange for emergency placement of the child. (See Related Information for Emergency Placement of Safe Haven babies);
2. Submit an Intake Officer's Report of Preliminary Inquiry (PI) and Investigation (PI-R1 070108) and a Probable Cause Affidavit;
3. Attend the scheduled hearing;
4. Convene a committee within five (5) business days to determine the appropriate placement and permanency plan for the child. The committee should consist of the following members:
   a. Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL),
   b. DCS Local Office Director (LOD) or designee,
   c. Regional Manager (RM),
   d. Supervisor,
   e. Special Needs Adoption Program (SNAP) Specialist (if appropriate),
   f. FCM, and
   g. Licensing FCM.
5. Contact the Indiana Clearinghouse within 48 hours.

[NEW] For Abandoned infants, the FCM will:

1. Arrange for emergency placement of the child. (See Related Information for Emergency Placement of Abandoned Infants);
2. Contact the Indiana Clearinghouse within 48 hours.
3. Conduct a diligent search Affidavit of Diligent Inquiry (ADI)(SEARCH100801ADI) to locate either of a child's parents or other family members. See separate policy, 5.6 Locating Absent Parents;
4. Ensure that the CHINS petition includes a request for the court to make findings of Best Interests/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS;

   Note: The FCM must be prepared to submit an Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) or an update as to the progress toward completion of the ADI to the court at the time of the Detention/Initial Hearing. See separate policy 5.6 Locating Absent Parents.

5. Work with the DCS Local Office Attorney to complete and file all documents necessary for court proceedings. See separate policy, 6.4 Providing Notice; and
6. Forward a copy of the report to the assessment Supervisor for review and approval.

The Supervisor will:

1. Assist the FCM, when necessary, with completing the required CHINS documents; and
2. Ensure the FCM or designated staff contacts the Indiana Clearinghouse within 48 hours; and
3. Attend a placement staffing.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Service Request Intake Report (SF 49548/CW0310SR) – Available via Management Gateway for Indiana's Kids (MaGIK)
2. Intake Officer's Report of Preliminary Inquiry (PI) and Investigation (PI-R1 070108) – Available via Management Gateway for Indiana's Kids (MaGIK)

RELATED INFORMATION [REVISED]

Emergency Medical Services Provider Locations

Can consist of:

1. Hospital emergency room;
2. Fire station; or
3. Police station.

Emergency Placement of Safe Haven

The FCM will initially place the child in emergency foster care if the team cannot convene prior to the child's need for substitute care. The recommendation for prospective adoptive placement cannot be the emergency foster care home.

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

1. CASA or GAL;
2. DCS LOD or designee;
3. RM;
4. Supervisor;
5. SNAP Specialist (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 to determine the most appropriate placement for the child. This recommendation and report shall first be submitted to the DCS LOD, then to the juvenile court for review.

[NEW] Indiana Missing Children Clearinghouse

Indiana State Police

Indiana Missing Children Clearinghouse
100 North Senate Avenue
Third Floor
Indianapolis, IN 46204-2259
(317) 232-8310 / (800) 831-8953 (nationwide)
FAX: (317) 233-3057
www.state.in.us/isp
Indiana Clearinghouse for Missing Children and Missing Endangered Adults

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** June 1, 2012
	Section 35: Transferring Intercounty Child Abuse and/or Neglect (CA/N) Intake Reports	**Version:** 2

POLICY [REVISED]

When an Indiana Department of Child Services (DCS) local office receives the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) from the Child Abuse Hotline (Hotline) and the alleged incident took place in another Indiana county, the local office will:

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

If a CA/N Intake Report is received after hours and it is determined that the receiving county is the incorrect county, that Local Office Supervisor will immediately inform the Hotline and the Hotline will call the correct county and advise them of the report.

> **Note:** The local office is only contacted after hours by the Hotline for reports with a response time of 24 hours or less, except on holidays. Calls on holidays will be sent according to the response times during normal business hours.

If during the course of an assessment the Family Case Manager (FCM) discovers that the assessment should be transferred to another county, the FCM will ensure the safety of the child. Once safety has been ensured, the FCM will staff the case with the Supervisor to determine if the case should be transferred. If transfer is appropriate, the Supervisor will verbally contact the receiving county by telephone and transfer the case within one (1) business day.

When a DCS local office receives allegations of CA/N that may pose a conflict of interest due to relationships between subjects of the report and local office staff, the office may transfer the report to another county for assessment upon the agreement of each Local Office Director (LOD).

Code References

N/A

PROCEDURE [REVISED]

The FCM will:

1. Ensure the child's safety after an assigned report has been initiated; and
2. Contact the supervisor if it is believed the CA/N Report has been assigned to the wrong county.

The Local Office Supervisor will:

1. Verify that the FCM has ensured the safety of the child regardless of whether the report belongs to that county or not;

2. Staff with appropriate agency personnel to determine if the report should be transferred to another county within one business day;

   Note: The Hotline does not have access to the county's specific Unassigned Caseload, therefore transferring CA/N Intake Reports from one county to another is a local office supervisor function.

3. Verbally contact the county during business hours where it is believed that the CA/N Intake Report incident has occurred, if applicable; and
4. Contact the Hotline during non-business hours if it is believed that their local office has received a CA/N Intake Report for another county in error;

   Note: If during non-business hours a county receives a CA/N Intake Report with a one (1) hour or 24 hour response time that does not belong to them, the Hotline will contact the correct county and advise them of the report.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Preliminary Report of Alleged Child Abuse or Neglect (SF 114)

RELATED INFORMATION

Transferring CA/N Intake Reports to Other States
See procedure and practice guidance in separate policy, 3.1 Receiving Calls (Overview).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** June 1, 2012
	Section 36: Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments	**Version:** 2

POLICY

When appropriate, the Indiana Department of Child Services (DCS) will electronically link a new Preliminary Report of Alleged Child Abuse or Neglect (SF 114) to assessments that have been:

1. Open 30 days or less;
2. Involve the same perpetrator **and** the same victim; and
3. The same or similar allegations.

When a CA/N intake report is linked to an existing assessment, a separate assessment will not be conducted, although appropriate steps will be taken within the current assessment to assure the safety and well-being of the child.

DCS will not link CA/N Intake Reports to existing assessments when it is necessary to conduct a separate, thorough assessment in order to assure the safety and well-being of a child.

Code References

IC 31-33-7-4: Written Reports

PROCEDURE [REVISED]

Upon receiving a report of CA/N that involves a family for which there is an open assessment, the Family Case Manager (FCM) will:

1. Check the Indiana Child Welfare Information System to see if the assessment has been open 30 days or less and the new report involves the same alleged perpetrator, same victim, and same or similar allegations;
2. Carefully review the information on the linked CA/N intake report and give the utmost consideration to the safety and well-being of the alleged child victim. Seek supervisory input as necessary to determine appropriate actions;
3. Make a recommendation as to whether it is in the best interest of the alleged child victim's safety and well-being to link the new report with the open assessment; and
4. Take all appropriate actions, which could include, but are not limited to, contacting the family to discuss the new information and conducting a new Safety Assessment and/or Risk Assessment.

The Supervisor will:

1. Make a final decision about whether the report will be linked;

2. Follow the appropriate steps to link the intake report to the open assessment if the report **will** be linked, and if a CA/N Intake Report has already been created in the Indiana Child Welfare Information System; and
3. Confirm receipt of the linked report by the FCM assigned to the assessment. Ideally, this will be done by making direct contact with the FCM either in-person or via phone.

PRACTICE GUIDANCE

When it is Appropriate to Link a New CA/N Report

A new CA/N report may be linked when it is not necessary to conduct a separate, thorough assessment (including all required interviews) to assure the safety and well-being of the child. Example: DCS receives a new report of a "dirty house." The family has been involved for the past 20 days in an assessment for similar allegations. All interviews have been completed by the FCM, as well as a home visit, Initial Safety Assessment, Initial Family Risk Assessment (if applicable), and Indiana Caregiver Strength and Needs Assessment. Rather than start over with a new assessment and re-do all interviews, etc., the FCM and his or her Supervisor should discuss the specifics of the situation as they relate to the safety of the child. It may be determined that the most appropriate action would be for the FCM to speak with the parents, make face-to-face contact with the child, and visit the home to assess the environment. It may not be necessary to interview anyone else. When used appropriately, linking can avoid duplication of effort. However, linking should never occur at the expense of child safety and well-being. When in doubt, do not link.

[NEW] Linking an assessment to an already open assessment may eliminate the ability to automatically generate each Report of Assessment or Investigation in the Indiana Child Welfare Information System. If more than one report is received by DCS from the agencies listed in policy 4.21 Report of Assessment or Investigation, it is the responsibility of the FCM to generate a Report of Assessment or Investigation for each professional report source and include the statutorily required information outlined in this policy.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114) – Available in the Indiana Child Welfare Information System
2. Report of Assessment or Investigation — Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Collateral Contacts

The above policy does not apply to collateral contacts who call DCS with additional information about an open assessment.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	**Effective Date:** June 1, 2012
	Section 37: Change in Household Composition	**Version:** 1

POLICY [NEW]

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household can occur if it is in the best interest of the child.
The Family and Family Case Manager (FCM) will:

1. Consider the family's protective factors (nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections and concrete supports for parents) when evaluating their ability to ensure the safety of their child;
2. Assist the family in identifying resources and/or informal supports that will help them address the concern so that the child can be maintained safely in the home; and
3. Ask the family what their plan is to remedy the immediate concerns and how the plan demonstrates the parent or caregiver's intent and ability to ensure the safety of the child.

At any time during an assessment when there is a restriction placed by DCS on any parent regarding contact with their child, a CHINS Petition will be filed.

PROCEDURE

The FCM will:

1. Ensure the safety of the child;
2. Ensure that the family's plan demonstrates their intent and ability to maintain the safety of the child;
3. Meet with the family to identify their family strengths, concrete supports and informal supports who can assist them in ensuring the safety of the child;
4. Suggest a Child and Family Team (CFT) Meeting to include their informal supports, as a tool to allow the family to address the safety issues that led to DCS involvement;
5. Document the family's agreed-upon plan by using the Family Support/Community Services Plan (SF 53243/CW3425) or outlining the plan in the CFTM notes. This should include a family discussion regarding the recommended course of action that will correct the situation including, but not limited to, the child and/or parent moving to a safe location (See separate policy Family Support/Community Services Plan (SF 53243/CW3425) ;
6. Perform a home visit if the plan is to move the child to a safer location;
7. Perform a CPS Check and Sex Offender Check on all possible temporary caregivers;
8. Work with the family to identify resources to immediately assist the family, if needed;
9. Partner with the family to develop a plan for the timely return of the child to the family's household; and
10. Complete a subsequent Safety Assessment in the Indiana Child Welfare Information

System.

If the child or the child and parent temporarily move to an alternative location:

1. That location must be safe for the child; and
2. If there is another caregiver for the child, that caregiver must agree to provide a safe environment for the child.

It is important to understand that changes within a family's household will impact the child's well-being. Therefore the circumstances resulting in the temporary change of household shall be rectified within 5 business days or court action will be initiated. See separate policies 5.9 Informal Adjustment and 6.2 Filing a CHINS Petition.

PRACTICE GUIDANCE

If there is a restriction regarding contact with a child placed on an adult in the household (other than a parent), for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety circumstance has been remedied. The non-biological household member does not have the same right of access to a child as the biological parent/guardian.

Parents have the primary responsibility for the care and safety of their children. This may be accomplished by empowering parents to have a significant role, voice and influence in decisions made about child/family change strategies.

FORMS AND TOOLS

Family Support/Community Services Plan (SF 53243/CW3425)

RELATED INFORMATION

General

The Family Support/Community Services Plan (SF 53243/CW3425) is a written agreement between DCS and the parent(s), guardian, or custodian(s) specifying what extended family supports or community services will be utilized and how those will ensure the immediate safety of the child. The plan should contain action steps and these action steps should have deadlines for completion that do not extend beyond the end of the assessment. All actions should relate directly to the child's immediate safety. The extended Family Support/Community Services Plan (SF 53243/CW3425) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders including, but not limited to, child support and child custody orders. For further information on the Family Support/Community Services Plan (SF 53243/CW3425) see Policy section 4.19.

Parental Involvement in Family Support/Community Services Plan Development

Involvement of the family in the development of a Family Support/Community Services Plan (SF 53243/CW3425) is imperative. The greater the family's participation in this process, the more ownership they will have in a successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation(s). When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to

abiding by the plan's terms, remind the parent that the child may not be safe under present circumstances.

Temporary Caregiver

A temporary caregiver is defined as someone providing short-term care (not to exceed 5 business days) for a child who is the alleged victim in a CA/N report. Temporary care for the child is arranged by the custodial parent and should provide a safe, nurturing, stable environment for a child who must be out of their own home for the brief period of time needed by the parents to remedy risky conditions (i.e. living conditions that would do not meet legal sufficiency) that would prevent the child from continuing to safely reside in their own home.