

	<b>INDIANA DEPARTMENT OF CHILD SERVICES</b> <b>CHILD WELFARE POLICY</b>	
	<b>Chapter 3:</b> Hotline <b>Section 05:</b> Supervisory Review of Child Abuse or Neglect (CA/N) Intake Report	
	<b>Effective Date:</b> January 1, 2025	<b>Version:</b> 12

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## POLICY OVERVIEW

Each Child Abuse or Neglect (CA/N) intake report is reviewed and approved by an Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) Intake Supervisor prior to a recommendation being made. Each intake report will be reviewed carefully, using the facts reasonably available to DCS, to assess the safety of each alleged child victim.

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## PROCEDURE

A DCS Hotline Intake Supervisor will review each CA/N intake report as soon as possible, not to exceed 24 hours, and make a recommendation for one (1) of the following (see 3.A Tool: Hotline Intake Overview Flowchart):

1. Assign for assessment;
2. Refer to another state; or
3. Screen out.

**Note:** At the discretion of DCS Hotline management, the Hotline Intake Supervisor review of any intake report may be bypassed.

Per IC 31-36-3, when a child enters a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian, the shelter must notify DCS within 24 hours. The shelter will provide the name of the child, the location of the shelter, and whether the child alleges that they were abused and/or neglected. DCS must conduct an assessment no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. DCS must notify the parent, guardian, or custodian that the child is at an emergency shelter or shelter care facility within 72 hours of the child entering the facility. However, if DCS has reason to believe the child is a victim of CA/N and the child's parent, guardian, or custodian is an alleged perpetrator, the parent, guardian, or custodian may not be informed of the specific shelter or facility the child has entered.

The Hotline Intake Supervisor will:

1. Carefully review the CA/N intake report;
2. Ensure each intake report involving suspected injury to the head or neck of any child is recommended for a Pediatric Evaluation and Diagnostic Services (PEDS) referral; and

**Note:** A PEDS referral is mandatory for all reports involving:

1. A child less than six (6) years of age with allegations of suspected CA/N involving the head or neck (e.g., facial bruising, scratches, and red “marks” on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck);
  2. A child less than three (3) years of age with allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns anywhere on the body; or
  3. Any skin injury on a child under 12 months of age.
3. Review the recommendation by the Hotline Intake Specialist (IS) and agree or disagree with the recommendation. The Hotline Intake Supervisor may overturn an IS recommendation of:
    - a. “Assign for assessment” if it is determined the allegations do not meet the statutory definition of CA/N (see policy 3.08 Statutory Definition of Child Abuse and/or Neglect [CA/N]), or
    - b. “Screen out” if it is determined the allegations meet the statutory definition of CA/N (see policy 3.06 Recommending a Child Abuse and Neglect (CA/N) Intake Report for Screen-Out).

For CA/N intake reports that will be assigned for assessment, the Hotline Intake Supervisor will:

1. Follow any additional procedures for special intakes using the following policies:
  - a. 3.10 Institutional Child Abuse and/or Neglect Intake Reports,
  - b. 4.22 Making an Assessment Finding, and
  - c. 4.29 Joint Assessments with Law Enforcement Agency (LEA).
2. Review the response time assigned by the IS and:
  - a. Agree with the response time, or
  - b. Recommend the response time be changed and disapprove the report or use the override function in the case management system to make the change.
3. Forward all intake reports to the appropriate local office.

After a thorough review, the final recommendation regarding whether an intake report will be assigned for assessment or screened out will be made at the DCS local office level.

For CA/N fatality and near fatality intake reports, the Hotline Intake Supervisor will notify the following individuals immediately but no later than within 24 hours of the report (regardless of weekends and holidays):

1. DCS Director;
2. Chief Deputy Director and Senior Advisor;
3. Deputy Director of Field Operations;
4. Communications Director;
5. Assistant Deputy Directors of Field Operations;
6. Regional Manager (RM); and
7. Local Office Director (LOD).

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## RELEVANT INFORMATION

### Definitions

#### Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

### Forms and Tools

- [PEDS Program Referral](#)
- [Tool 3.A Hotline Intake Overview Flowchart](#)

### Related Policies

- [3.06 Recommending a Child Abuse and Neglect \(CA/N\) Intake Report for Screen-Out](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#)
- [3.10 Institutional Child Abuse and/or Neglect Intake Reports](#)
- [4.22 Making an Assessment Finding](#)
- [4.29 Joint Assessments with Law Enforcement Agency \(LEA\)](#)

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## LEGAL REFERENCES

- [IC 31-33-7-5: Written report; copies made available to law enforcement agencies, prosecuting attorney, and coroner](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)

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## PRACTICE GUIDANCE- DCS POLICY 3.05

*Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.*

### **Pediatric Evaluation and Diagnostic Services (PEDS) Referrals**

All intake reports with allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of "PEDS allegation is included in this Report". Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse.

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