

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> August 1, 2019
	<b>Section 13: Assessing Home Conditions</b>	<b>Version:</b> 6

**STATEMENTS OF PURPOSE**

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

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

At each visit, 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 or any other child living in the home. Visits to the home during an assessment may be announced or unannounced.

**Note:** See [Practice Guidance](#) for information regarding [safe sleep](#) and a list of indicators of domestic violence and human trafficking.

When a home assessment is necessary, but access is denied, DCS will seek a court order and assistance from a Law Enforcement Agency (LEA).

Code References

1. [IC 5-26.5-1-3: "Domestic violence"](#)
2. [IC 34-6-2-34.5: "Domestic or family violence"](#)
3. [IC 35-42-3.5: Human Trafficking](#)

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Determine 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 should be requested;

**Note:** LEA is to be contacted in all assessments involving human trafficking.

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 policy [4.08 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 contaminating controlled substance. See [Indiana Drug Endangered Children \(DEC\) Response Protocol](#) for additional information;

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;

**Note:** Evaluate infant sleeping areas for [safe sleep](#) practices. Discuss [safe sleep](#) with all parents, guardians, and custodians and document the discussion and any concerns in the Case Management System. See [Practice Guidance](#) for additional information.

7. Examine the kitchen (e.g., refrigerator, cabinets, and pantry) to verify adequate food supply;
8. Document the conditions of the home in writing and by taking photographs;

**Note:** Photographs should document appropriate conditions and any adverse conditions.

9. Immediately address any safety concerns and complete a [Safety Plan \(SF 53243\)](#), if needed;
10. Complete emergency removal of the child from the home if conditions are found that warrant such action. See policy [4.28 Removals from Parents, Guardians, or Custodians](#) for further details;
11. Report any new CA/N allegations noted during the assessment of the home environment to the Child Abuse Hotline (Hotline). See policy [4.38 Assessment Initiation](#) for additional information regarding reporting allegations which are immediately initiated while in the field;
12. Ensure all identified victims and perpetrators are listed in the assessment and add individuals, if needed; and
13. Document all observations, photographs, and actions taken in Case Management System.

The FCM Supervisor will:

1. Discuss the home environment assessment with the FCM during Safety Staffing (see policy [4.41 Safety Staffing](#)) and regular [clinical supervision](#); and
2. Guide the FCM in planning for safety and next steps.

## **PRACTICE GUIDANCE**

### **Announced and Unannounced Visits**

The FCM must decide whether 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.

Unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, [safe sleep](#) practices, and maintaining an adequate food supply. However, announced home visits continue to be a valuable method of engaging and maintaining contact with families. The [Safety Plan \(SF 53243\)](#) should be evaluated prior to and during each home visit and revised as needed.

### **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 policy [4.10 Interviewing the Parent, Guardian, or Custodian](#).

1. Evidence of damage to property (e.g., holes punched in walls and doors ripped off hinges);
2. Evidence of one parent being deprived of a phone or unable to have access to a phone;
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 (1) adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner seems composed and cooperative;
5. One(1) adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one (1) parent;
7. Pet abuse;
8. Visible injuries or attempts to hide injuries (e.g., long sleeves in warm weather, sunglasses inside, or pulling of sleeves down to cover arms);
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.

### **Potential Indicators of Human Trafficking<sup>1</sup>**

During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will speak to his or her supervisor to determine if a human trafficking forensic interview is needed. For further guidance, see policy [2.21 Human Trafficking](#).

1. The child's home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant or in a motel with other workers);
4. The child may be unaware of the location of his or her home due to multiple moves or the human trafficker may lie to the child about their whereabouts;
5. The child may be isolated and have no relationships outside of the home (e.g., the child does not attend school or play with other children in the neighborhood); and/or
6. There may be multiple, unrelated people living in the home.

### **Human Trafficking Expertise and Consultation**

The Federal Bureau of Investigation (FBI) and Federal Department of Homeland Security may investigate labor trafficking and sex trafficking for international and domestic victims. Due to the complexities of human trafficking, these federal agencies are available to consult and/or provide assistance on cases in which human trafficking is present or suspected and the need for special expertise warrants federal involvement.

<sup>1</sup> State of Florida Department of Children and Families (2009). *Human Trafficking of Child Indicator Tool*. Retrieved from <http://www.dcf.state.fl.us/programs/humantrafficking/docs/HumanTraffickingOfChildrenIndicatoTool0109.pdf>.

Contact an agency listed below to request an interviewer if human trafficking is identified during the CA/N intake or the FCM observes indicators of human trafficking and it is determined a human trafficking forensic interview is appropriate and should be completed by federal agency partners.

Federal Bureau of Investigation (FBI): 317-595-4000, select option 2  
Homeland Security: 1-800-973-2867

**Note:** For non-emergencies, contact the Office of the Attorney General's tip-line at [humantraffickingtip@atg.in.gov](mailto:humantraffickingtip@atg.in.gov).

### **Safe Sleep**

FCMs will talk to parents, guardians, and caregivers about safe sleep for infants and will document the discussion in Case Management System. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest<sup>2</sup>. Keep other caregivers informed of these safe sleep guidelines
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: <http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/>;
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 couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby's sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider 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;
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. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.<sup>3</sup>

Additional information regarding [safe sleep](#) is available on the following websites:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);

<sup>2</sup> Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

<sup>3</sup> Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

3. [The National Institute of Health](#);
4. [Riley Children's Health](#); and
5. [The DCS Website](#).

### **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;
7. Indications of human trafficking; and
8. 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, the FCM and/or other responders. See policy [4.29 Joint Assessments](#) for additional information.

## **FORMS AND TOOLS**

1. [Safety Plan \(SF 53243\)](#)- Available in the case management system
2. [Indiana Drug Endangered Child Response Protocol](#)

## **RELATED INFORMATION**

### **Clinical Supervision**

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.