

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 21: Forty-five (45) Day Report of Assessment	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) shall send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) no later than 45 days after receiving the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) 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 [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) 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 [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) 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 (FCM) name and telephone number;
6. The date the report is prepared;
7. Other information that DCS may prescribe.

The [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) 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

No later than 45 days after the [310](#) is received, the FCM will:

1. Ensure the [Assessment of Alleged Abuse or Neglect Report \(SF 113\) \(311\)](#) in the case management system is complete and approved;
2. Complete the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) by updating any appropriate data fields that are not populated;
3. Print the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) and submit to the FCM Supervisor for review and approval; and

Note: Do not attach the [311](#) to the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#).

4. Deliver the approved [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) to the appropriate person via United States (U.S.) mail in an envelope marked "Confidential".

Note: If the assessment is not complete within forty-five (45) days after receipt of the [310](#), the FCM must send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#), as required. An additional [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) must be sent every 30 days until the assessment is complete and upon completion of the assessment.

The FCM Supervisor will review and approve the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#).

PRACTICE GUIDANCE

Linking an assessment report may eliminate the ability to automatically generate each [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) in the case management system. If more than one (1) report is received by DCS from the agencies listed above, it is the responsibility of the FCM to generate a Report of Assessment for each professional report source and include the statutorily required information outlined in this policy.

FORMS AND TOOLS

1. [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) – Available in the case management system
2. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#) – Available in the case management system
3. [Assessment of Alleged Abuse or Neglect Report \(311\) \(SF 113\)](#) – Available in the case management system

RELATED INFORMATION

N/A