

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: September 1, 2020
	Section 22: Making an Assessment Finding	Version: 12

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make assessment findings no later than **40 days** from the date the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) was received.

DCS will make a finding of “**substantiated**” when facts obtained during the assessment provide a [preponderance of evidence](#) 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. Any child victim under the age of three (3) at the time DCS makes a finding of “**substantiated**” will automatically be referred to First Steps through the case management system. DCS will also provide a referral for any other appropriate early intervention services.

Note: When domestic violence is the only risk factor in a family, DCS will utilize a holistic assessment to determine whether a decision to substantiate is justified. This decision will be based on the actions of the alleged domestic violence offender combined with the ability and/or willingness of other adults in the household to take sufficient actions to ensure the safety of the child. If a parent is not willing or able to keep the child safe, a substantiation for neglect may be appropriate. See [Practice Guidance](#) for criteria used in making a decision to hold the parent responsible for neglect in domestic violence related cases.

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

Note: A finding of “unsubstantiated” is also appropriate where the evidence of CA/N does not rise to the level of a preponderance of the evidence.

Code References

1. [IC 31-9-2-123 Substantiated](#)
2. [IC 31-9-2-132 Unsubstantiated](#)
3. [IC 31-9-2-14 Child abuse or neglect](#)
4. [IC 31-33-8-12 Classifying reports as substantiated or unsubstantiated](#)
5. [IC 34-6-2-34.5 Domestic and 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 evidence](#) collected and place greater weight on those pieces of evidence that have greater credibility;

3. Consult with the FCM Supervisor to arrive at an assessment finding;
4. Document the finding and rationale for the finding with the following information; and
 - a. For allegations determined to be “**unsubstantiated**”:
 - i. Include in the assessment finding a description of the credible evidence supporting 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
 - ii. Recommend that the assessment be closed.
 - b. For allegations determined to be “**substantiated**”:
 - i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is **true** and that this evidence outweighs any contrary evidence;
 - ii. Complete an [Initial Risk Assessment](#) and a [Child and Adolescent Needs and Strengths Assessment \(CANS\)](#) to assist in determining the level of intervention and services appropriate for the family (see policies, [4.23 Initial Family Risk Assessment](#), [4.26 Determining Service Levels and Transitioning to Permanency Services](#), and [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)); and
 - iii. Discuss the [First Steps](#) program and referral process with the family if the child is under the age of three (3) years; and ensure the caregiver understands that First Steps will contact them regarding an assessment for the child.
5. Follow all procedures to submit the [Assessment of Alleged Abuse or Neglect Report \(SF 113\) \(311\)](#) for approval, within **30 days** from the date the [310](#) was received (see policy, [4.25 Completing the Assessment Report](#)).

Note: If the [311](#) is originally submitted more than 30 days from the date the [310](#) was received, an additional face-to-face contact may need to be made with each child victim prior to submission of the [311](#) for approval to ensure no more than 30 days passes between contacts with the child.

The FCM 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;
3. Ensure the assessment is complete and approved in the case management system, within 40 days from the date the [310](#) was received; and
4. Follow all procedures contained in policy, [4.25 Completing the Assessment Report](#).

PRACTICE GUIDANCE

Considering Unsubstantiated CA/N History in Making an Assessment Finding

Documentation of unsubstantiated assessments will be maintained in electronic form until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the DCS assessment report. DCS personnel will have access to the assessment. 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.

Substantiating on an Unknown/Undetermined Perpetrator

All assessments involving an unknown or unidentified perpetrator should be staffed with the FCM Supervisor.

In situations where there is a preponderance of evidence to show CA/N did occur and the alleged perpetrator denies allegations or places blame on someone or something else, it is unacceptable to simply substantiate CA/N on an unknown perpetrator. The FCM must exhaust all efforts in identifying and locating the subjects (as stated in policy, [4.7 Locating the Subjects](#)), prior to substantiating CA/N on an unknown perpetrator.

In situations of sexual abuse where an alleged perpetrator is unknown and does not live in the household, it may be acceptable to substantiate on an unknown perpetrator if the FCM is unable to locate or identify the alleged perpetrator.

Note: When attempting to identify an unknown alleged perpetrator and identifying information is available, a referral should be made to the Investigator Unit.

The Presumption of CA/N

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

Whether the incident constitutes CA/N 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:

1. Developmental age;
2. Maturity;
3. Ability to make sound judgment; and
4. Ability to care for or protect him or herself.

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 him or herself or to obtain and/or provide these necessities increases.

Preponderance of Evidence

Preponderance of Evidence means the greater weight of the evidence. Evidence is of the greater weight if it strongly convinces of its truthfulness; it is evidence that is convincing that something is more probably true than not true (50.1%).

The preponderance standard applies to the quality and weight of the evidence and is not specifically related to the quantity of evidence.

Credibility of Evidence

Credible evidence is evidence that is believable. 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:

1. **A witness's ability and opportunity to observe what he or she has claimed;**

2. **The manner and conduct of the witness while speaking;**
3. **Any interest, bias, or prejudice the witness may have;**
4. **Any relationship the witness may have with other interested parties;**
5. **The reasonableness of the witness's testimony considered in the light of all the evidence heard;**
6. **Corroborating evidence:** Information that 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;
7. **Professional Sources** - A witness may provide an opinion because of his or her knowledge, skill, experience, training, or education. In deciding how much weight to give a professional source opinion, you may also consider:
 - a. The witness's skill, experience, knowledge, and familiarity with the facts of this case;
 - b. The reliability of the information supporting the witness's opinions; and
 - c. The reasons for the opinions.
8. **Children:** When evaluating the credibility of a child's statement, the FCM must take into consideration several factors, including, but not limited to the influence of adults (e.g., pressure or coercion). 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 when domestic violence has been identified:

1. Has the domestic violence occurred frequently and/or is the domestic violence severe?
2. Are there current safety issues?
3. Would the child be unsafe in the home where the CA/N occurred?
4. Is the child at risk of future harm?
5. Is the child in need of protection?

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

1. Has the child intervened in the domestic violence? (Whether the child was injured or not, his or her direct involvement presents extreme risk.)
2. Is there an established pattern of domestic violence that is chronic or severe?
3. Has the child 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 co-existence 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 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?
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?

The following criteria should be used in making a decision to substantiate neglect on the alleged victim/parent 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 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 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 is thinking about, planning, or has made past attempts of suicide or homicide;
3. The alleged domestic violence offender is not allowing adults and/or the child access to basic needs;
4. Child is 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 an Assessment Without Opening a Case When:

1. The alleged domestic violence offender has supervised or no access to the child;
2. An adequate [Safety Plan \(SF 53243\)](#) is in place for the safety of the child;
3. Support services are in place for the alleged victim/parent and child, which help the alleged victim/parent provide safety for him or her and the child;
4. Active involvement with the alleged domestic violence offender by the criminal justice system and an appropriate intervention program is in place; and/or
5. Risks posed by domestic violence are no longer present (e.g., the mom and child are living in a shelter or there is a reasonable belief the offender will no longer have access to the child).

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

Considerations in Requesting A Child In Need Of Services (CHINS) Petition

In contrast to a substantiation, a CHINS designation focuses on the condition of the child rather than on an act or omission (fault) by the parent, guardian, or custodian. A CHINS proceeding establishes whether a child's circumstances necessitate services that are unlikely to be provided without the coercive intervention of the court. The purpose of a CHINS adjudication is to protect children, not punish parents. Every CHINS request must be made focusing on the needs of the child.

Homeless Unaccompanied Minor in a Shelter

A homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian **should not be considered an automatic 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.

Parental Drug Use

A single positive drug screen or single instance of drug use outside the presence of the child should not be considered an automatic CHINS. All of the information gathered during the assessment, including the impact the drug use has on the child and home environment, 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.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
2. [Initial Risk Assessment](#) – Available the case management system
3. [Child and Adolescent Strengths and Needs \(CANS\) Assessment](#) – Available in the case management system
4. [Assessment of Alleged Abuse or Neglect Report \(SF 113\) \(311\)](#) – Available in the case management system
5. [Safety Plan \(SF 53243\)](#) – Available in the case management system

RELATED INFORMATION

First Steps

Indiana's First Steps system is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable.