

Appendix C
Forms and Tools Used by
Department of Child Services



PRELIMINARY REPORT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 114 (R9 / 1-06) / CW 0310

Preliminary Report of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD.

Family surname	Name of county	
Date of report (month, day, year)	Name of complainant (and Title / Agency, if applicable)	Relationship to child
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Address (number and street, city, state, and ZIP code)	Telephone number ()

PARENT / GUARDIAN INFORMATION

NAME	ROLE	DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	ADDRESS (street, city, county, state, and ZIP code)	TELEPHONE NO.
	<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF CHILDREN		DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	CURRENT LOCATION (if other than home)	
A						<input type="checkbox"/> Yes <input type="checkbox"/> No		
B						<input type="checkbox"/> Yes <input type="checkbox"/> No		
C						<input type="checkbox"/> Yes <input type="checkbox"/> No		
D						<input type="checkbox"/> Yes <input type="checkbox"/> No		
E						<input type="checkbox"/> Yes <input type="checkbox"/> No		
F						<input type="checkbox"/> Yes <input type="checkbox"/> No		

ALLEGED PERPETRATOR (if other than parent / guardian)

NAME	DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	ADDRESS (street, city, county, state, and ZIP code)	TELEPHONE NO.	REL. TO CHILD
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER PERSON RESPONSIBLE FOR CHILD(REN)

NAME	DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	ADDRESS (street, city, county, state, and ZIP code)	TELEPHONE NO.	REL. TO CHILD
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

* See race codes on reverse side of this form.

NATURE OF COMPLAINT

Is the child in imminent danger of serious bodily harm? Yes No If Yes, state why: _____ Request the nature and extent of injury or neglect; if abuse, request where and when the abuse occurred and what part of the body was injured.

Address directions:	Worker safety factors:	
Report completed by (name typed or printed)	Title	
Signature	Agency or local DCS office	Date (month, day, year)
Report assigned to:	Date (month, day, year)	

RACE CODES

(AI) American Indian or Alaskan Native *(Having origins in any of the original peoples of North, Central or South America)*

(A) Asian *(Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent)*

(B) Black or African American *(Having origins in any of the black racial groups of Africa)*

(NH) Native Hawaiian or Other Pacific Islander *(Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands)*

(W) White *(Having origins in any of the original peoples of Europe, the Middle East, North Africa)*

(U) Unable to Determine *[Choose only when client refuses or is unable to identify race(s)]*



Michael R. Pence, Governor
Mary Beth Bonaventura, Director
Indiana Department of Child Services

www.in.gov/dcs

Child Abuse and Neglect Hotline: 800-800-5556

Family Functional Assessment (FFA) Field Guide

I. FAMILY STORY:

Describe current and past DCS involvement with the child and family from the family's perspective. (Include dates and outcomes)
Understand the position of each family member. Possible questions to initiate the family telling the story:

1. Regarding the presenting issues or allegation:

- From this referral/ court order you can see how others view things. Tell me your perspective on what has occurred?
- How would you describe what is happening in your family as a result of the problem/issue?
- How do you make sense of what s/he does?
- How do you explain what you did?
- How do you think your child would explain what happened?
- You said earlier that it hasn't always been like this. Can you tell me about times when things have been going well in your family/child?
- What was different about the times when you felt that you handled the situation well with your child?

2. With other family members:

- How would you describe the situation?
- How do you think the children understand what has happened?
- How willing on a scale of 1 to 10 are you to be of help to the family.

II FAMILY STRENGTHS AND RESOURCES:

Discovering family strengths and resources

- We have been talking about some serious matters. To give me a more balanced view can you tell me some of the good qualities of your family/child/children?
- If you were describing yourself to others, what sort of things would you say you are good at?
- What do you like about being a parent?
- What do you like about your child? Or your parent?
- Who can help you with these issues?
- How is it that you have been able to handle all that you have been under?

III. FUNCTIONAL ASSESSMENT

SAFETY

A) Maltreatment Allegations/ Delinquent or Unruly Behaviors

Narrative

Use this narrative textbox to document the results of the risk and safety assessment tools and factual information that relates to domestic violence or substance abuse [children and/or parents (guardians)].

Strengths (Signs of Safety)

- What happens when someone in your house gets angry? When [this] happens, what do you do?
- What do you do to keep your family safe?
- What have you tried that has worked/not worked?
- What have you done to keep things from getting worse?
- When was the last time you expected this to happen and it didn't?
- What has stopped you in the past from doing [this]?
- How do you keep your children safe?
- If parent or child reveals maltreatment, ask about how they managed to overcome this? What recommendations do you have to your child get through difficult times?
- When you are out with your friends, what kinds of things do you do to keep yourself safe?
- I noticed that you do.... to keep your children safe. What else do you do to keep them from harm?
- How do you view your role in the home? to establish boundaries? And ensure safety for your child?
- Who in your family has dealt successfully with this problem? How do you think they did it?

Risks, Needs, and Concerns (Signs of Risk)

- On a scale of 1 to 10 how safe do you feel?
- Tell me about a time when you haven't felt safe in your home? What was going on that made you feel not safe?
- How do you define "safe?"
- How safe do you feel in your environment/home?
- Under what circumstances is this likely to occur?
- When this happens, what do you do?
- How often did it happen last week? month? year?
- Where were you when this happened?
- What needs to change to make you feel safer?
- When you are not with your child, does your child do things that make you worry about his/her safety?
- When the problem is solved, how do you think your relationship with _____ (child) would be different? What will you be doing then that you are not doing now?
- Tell me what is different for you at those times when you don't lose control.

- On a scale of 1-10, with 10 meaning you have every confidence that this problem can be solved a 1 means no confidence at all, where would you put yourself today? On the same scale, how hopeful are you that this problem can be solved?
- Ask a youth, what are you willing to do to keep yourself and others safe?
- Have you ever run away from home? Where did you go? Have you ever thought of running away but didn't? What stopped you?
- Many kids tell me that when things are difficult they feel like escaping somehow. What kinds of things do you do to escape tough times?
- Have you ever thought of hurting yourself? What stopped you from following through?
- Out of everything, what is the one thing that you need to keep your child/ren safe

B) Domestic Violence

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Do you have a girlfriend/boyfriend? What do you like about her/him?
- What positive things do you get from your relationship with your partner?
- Who makes the important decisions in your family?
- What do you (and your partner) do for a break?
- How much time do you spend with family? friends? alone?
- Do you drive a car? Do you have your driver's license?
- How are you able to meet your personal and interpersonal needs (intimacy)?

Child:

- What happens when your parents are angry with you? Or when you break a rule?
- How is it okay to be angry in your house?
- Who do you feel "safe" with?
- What happens when your parents argue?
- Are there a lot of rules in the house?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- In many families, the partner does not experience as much safety as they want. On a scale of 1 to 10, where 10 is safe and 1 is not safe, how safe do you feel in your home?
- How does your partner feel about your friends and family?
- How is it okay to be angry in your house?
- Sometimes, when I'm working with a family and I'm talking with mom/woman I find out that she is afraid to share information with me because of what might happen to her if her husband/boyfriend/partner finds out that she told me. Is this something you worry about?
- Have you ever left because of violence in your home? If yes, where did you go? What gave you the courage to do this? How long were you gone?

C) Sex Abuse

**When asking questions that might reveal the possibility of sexual abuse, take care not to ask leading questions. If you suspect child sexual abuse, please follow agency protocol for handling these cases.*

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What is your child's schedule?
- Where does everyone sleep?
- What have you done in the past to protect your child?

Child:

- Who do you feel safe with?
- What sort of activities do you (child) do with your Mom? Dad? Brother? Sister? Other Relatives? Others?

Risks, Needs, and Concerns (Signs of Risk)

- When did you first hear about this?
- What do you think happened?
- What do you think your child might need right now?
- It's natural to have a hard time believing this could be true. What would it mean to you if it were true?
- What do you think happened?
- What do you think the alleged offender will say when we talk with him or her?
- What might make this a little easier to discuss this with me right now?
- What would you like to know about the child sexual abuse specialist who will meet with your child?
- What would like to know about the process?

D) Substance Abuse

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- We all have ways of dealing with stress, what are the ways you deal with stress?
- Do you know/suspect your child is drinking/using drugs?
- Tell me about the use of drug/or alcohol in your family. How do you think this has affected you? Or your child? What did you do to handle this?
- You said that you didn't drink for five days last week. How did you do it?

Risks, Needs, and Concerns (Signs of Risk)

- When was there a time that you thought your child would "get high" with friends, and did not? What did (he/she) do that time?
- Describe a time when you wanted to get high, but you didn't. What helped you through that time?

- What might help us know if drugs or alcohol are a problem in your family?
- Has your child's behavior changed significantly in the past six months? How do you account for this change?
- You said you have quit before. How did you manage to do that?
- Has anyone in your family ever thought you might have a problem with drugs or alcohol?
- When did you first use alcohol/drug on your own, away from family/caregivers?
- How often do you drink/use drugs? When did you last use?

WELL-BEING

A) Current Functioning

Narrative

Use this narrative textbox to document the children's perception of self as well as how the children are perceived by others, such as parents, teachers, other authority figures, or peers. Indicate the parents' views on discipline, allowance, earning privileges, etc. Is the parent able to meet the basic needs of the children? Note any recent changes in personality (i.e. mood changes, withdrawal, depressions, etc.). Identify the children's desired changes to come from DCS involvement or the current situation in general.

Include information regarding the dates of any psycho-educational evaluations, parents' feelings about education, parental academic background and aspirations, school extracurricular activities, etc.

Here is where the FCM would include the children's early development history and any factual physical or mental health information that would not be a strength or risk.

Strengths (Signs of Safety)

Parent/Caregiver:

- Describe a typical day for yourself.
- What 3 words describe your child/children
- What are the good things that will come from your current situation?
- What is working now? What is making a difference?
- How do you ask for help from others when you need it?
- Tell me about your child's friends.
- How does your child interact with authority figures?
- Tell me about your other children?
- If I asked your neighbors to describe your family what would they say?
- Describe how you know when your child is happy or sad?
- What do you like to do for fun?
- Have you ever had a vacation? Where do you go for vacation?
- What helps to keep you in a positive mood?
- Have your sleeping/eating habits changed?
- If your best friend were here, how would he or she describe you?
- Where do you and your friends go to hang out?
- What do people like about you the most?
- What is one personal trait that you value the most?

Child:

- Describe yourself in 3 sentences.
- What do you like to do with your parents/family/friends?
- Do you have any special talents?
- What would you like to do when you get older?
- What do you and your family do for fun?
- Who do you admire the most? What would help you to follow in their footsteps?
- What are the qualities of a good friend?
- Do you have any pets? What do you do to take care of them?

Risks, Needs, and Concerns (Signs of Risk)

- What kinds of changes in your child's behavior have you noticed?
- What do you most want me to know about your family?
- What are some things you used to do for fun?
- What are some things that you wish your family did together?
- If you had three wishes, what would they be?
- Have you ever done something and then later worried about the consequences that could have followed?
- When you are out with your friends, what things do you do to make sure you are safe?
- If you could change something about your attitude/mood, what would you change?
- Are there people that you used to spend time with that you would like to spend more time with? If so, who are they?
- What could improve the time you spend with family and friends?

B) Education

Narrative

In the FFA document, this area will contain education information from ICWIS for the child whose FFA document is open. All schools and academic years will be listed, as well as special education certification reasons. All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- When you talk with your child about school, what does he/she tell you?
- Does your child have an IEP? If so, when was the last IEP conference?
- What were your experiences in school? How has this influenced your role in your child's education?
- What do you like about the child's school? What do you like about the child's teacher?
- What would you need to feel more confident interacting with the school personnel?

Child:

- What do you like about school?
- What class(es) do you have the most success in?
- Who helps or has helped you experience success with _____ (various school subjects)?
- Tell me about any work related training you have had or are interested in.
- What do you want to do when you grow up?
- Do you have a teacher that you like? Who? What subject does he/she teach? What did (does) your favorite teacher do that helps/helped you learn?
- Are you involved in any extracurricular activities?

Risks, Needs, and Concerns (Signs of Risk)

- If you had three wishes, what would you want to have happen with your schooling?
- Which classes do you wish you could do better in?
- What do you think your child needs to feel more confident?
- Tell me about any difficulties you have in school, such as absences or disciplinary issues.

- If _____ has quit, when did he/she quit? _____ What grade were they in? _____
- What would you like to do to complete your education?
- You said you would like to know more about how _____ is doing at school, what would be your first step to find out?

C) Employment

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Tell me how your job benefits you.
- What do you like best about your job? How flexible is your work when it comes to your children?
- If unemployed, why?

Child:

- Employed? Where? How long?
- How does your job benefit you?

Risks, Needs, and Concerns (Signs of Risk)

- Are there things about your job that you wish you could change?
- If you could do what you really wanted to be doing for a living, what would that be?
- How are you meeting your financial needs? (Rent, food, etc?)

D) Family's Parenting Capabilities

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Tell me about a time when you felt good about spending time with your child.
- You have been parenting for # years now, so can you tell me what you are most proud of? What brings a smile to your face?
- Can you remember a time when there was a crisis how you were able to handle it?
- This is a difficult time. How are you managing to keep it all together?
- Tell me about some of your parenting successes.
- What would your children say they like best about your parenting style?
- How are rules about behavior decided upon in the family?
- Tell me about your best memory growing up.
- What do you believe is the most important thing you as the parent want to teach your children?
- Do you have any family routines which are important for your children to continue to follow?
- Tell me about your family holidays. How are birthdays celebrated in your family?
- How have you been able to provide basic needs for yourself and your family? (food, clothing, shelter)

Risks, Needs, and Concerns (Signs of Risk)

- What do you want to happen so you see yourself as a success with your son?
- Tell me about a typical daily routine. How do you get the children fed clothed and off to school? How do you get the children to bed?
- How do you know when you need a break?
- What do you do when your child does not behave or breaks a family rule?
- How did you discipline your children when they were younger?

E) Physical Health

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What does your pediatrician say about the success your child has experienced?
- Describe child's current health. What do you do to keep your child so healthy?
- Describe child's development.
- How old was child when he/she walked? Talked?
- Do you have insurance, a doctor or clinic you trust?
- Are you taking any medications? What health issues are these medications helping you to deal with?
- How are you feeling physically?
- Describe child's personality as a baby
- Tell me about the birth of your pregnancy/birth of your baby?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- Tell me about any health problems.
- Does your child have any medical limitations or special medical needs or treatment
- If you could change one thing about your physical health, what would it be?
- What would help you to manage that pain more effectively?
- Tell me about any serious accidents or illnesses your child has had during childhood?
- Did the child ever display early childhood behavioral problems or unusual habits?
- Tell me about your child's eating? How about sleeping? Has there been any change?

F) Mental Health

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- How can someone else tell when you're having a bad day?
- What does it look like when you are taking your medication?
- What are some things that have helped you during difficult times?
- Think of a good day or activity. What was it?
- Have you ever had a vacation? Where did you go? What did you do?

- Has this child ever seen a psychologist or counselor? Tell me about that/those experiences. What was successful about counseling or treatment?
- I can see why you are depressed. What do you suppose might help you be a little less depressed?

Risks, Needs, and Concerns (Signs of Risk)

- What might it look like if your child was “like his/her peers?”
- How do your children express their feelings?
- What do you think you need to make your life better?
- What do you want right now?
- What do you need from others when you are having a difficult time?
- Has the child ever had any mental health testing?
- Were services recommended as a result of the evaluation?
- How long were services provided?
- Tell me how receiving the service helped.
- Have you ever had any gotten help for nerve problems before?
- When you force yourself to get out of bed, what do you suppose your children will notice is different?

G) Sexual Orientation and/or Identity if Youth has Self-Disclosed Related Information

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

It is important to remember that not all LGBTQ youth in an out-of-home placement enter placement because of issues directly related to their gender/sexual orientation.

Parent/Caregiver:

- Tell me about your relationship with your LGBTQ youth. What are your youth’s strengths?
- How do you demonstrate that you understand the unique needs of your LGBTQ youth?
- Have you actively participated in family counseling that focused on understanding and repairing your relationship with your LGBTQ youth? What are the outcomes of the counseling sessions?
- How do you show your youth that you will support them, regardless of their gender or sexual orientation?
- If applicable, how has your previous use of rejecting words and/or actions impacted your LGBTQ youth?
- Is unsupervised visitation allowed, or was a trial home visit permitted due to positive behavioral and attitudinal changes made by the parents?

Youth:

- Do you feel safe and ready to return home?
- How are your visits going?
- Are you willing to work on mutually established goals?
- Are you willing to participate in therapy?
- If applicable, are you willing to abide by court requirements?
- If applicable, are you willing to refrain from using illegal substances?

Risks, Needs, and Concerns (Signs of Risk)

- How would you describe your youth's sexual orientation and/or gender identity?
 - Note if parents demonstrate anti-LGBTQ attitudes and reject their LGBTQ-youth
 - Note if parents make verbally or physically threatening statements toward/about their youth
- What is your attitude toward your LGBTQ youth?
- How do you feel about your youth's boyfriend/girlfriend?
- What are your expectations for your LGBTQ youth?
- What needs to change in order for your LGBTQ youth to return home?
 - Note whether parents insist the youth be heterosexual

PERMANENCE

A) Relationships and Connections

Narrative

In this first narrative textbox of the Permanence domain, describe the interaction between the parent/caregiver and children, from the children's perspective and the parent/caregiver's perspective. Include demographic information for a stepparent or significant other and how each family member describes these relationships. Describe how the family interacts socially. Note if the family has an extensive or minimal social network. Identify any groups, organizations, etc. that the family is involved with. Describe what was learned from the Pictorial Tool(s) used. Include any pertinent information with regard to current placement, stability and transitions, and transition to adulthood that would not be a strength or risk.

Strengths

- How long have you lived here?
- Tell me about your family. What makes ___ (family member) unique?
- Do you identify with one or more cultural groups?
- How do people help each other out in this family? What is the role of other family members in helping your family?
- What goals do you have for your children/family?
- How would ___ say you've been helpful to them?
- For a special celebration, where do you go? Who celebrates with you?
- Who do you go to when you need help with something?
- What would your sister/brother say s/he likes about spending time with you?
- In the past, what has your (sister, neighbor, mother, grandparent, in-law) done that you found helpful?
- How does the family discuss issues that come up?
- Is there an adult outside your family that you have a connection with or who could be a support to your family?
- Describe relationships between the family members:
- Is there a person or people in your life who you feel you can always call/turn to/count on?

Risks, Needs, and Concerns (Signs of Risk)

- What is something that you missed out on that you would like to see your children doing?
- What role does your (mother, sister, extended family) have in your family?
- How would you like your relationship with ___ to be different?
- How can ___ (family member) be helpful to you?
- What would you wish that your extended family would do for you that they are not doing now?
- What types of things do you disagree about in your family?
- Are there things you want to do before your children come home?
- So you are worried about what will happen with your relationship with your child while they are in out of home care, what are some things that will help you stay close?

B) Current Placement

Narrative:

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Who else is concerned about what is happening in your family right now?
- Have/will any of your extended family members/friends take(n) care of _____ (child)? If yes, who?
- What do you want to continue to do while your child is living _____?
- What do you like most about where your child is right now?
- Are there any family members who your child could live with? Relative Caregiver or Kinship assessment information is included in this section

Foster/Kinship caregivers

- How long do you anticipate this placement?
- How can you tell you need a break, what lets you know?
- What is the best thing about having the child placed in your home?
- You have a lot of placements right now, how are you managing to keep it all together?
- What have the benefits been for the other children in the home?
- Who provides you and your family support?

Child:

- How do you get along with the other kids or family members or caregivers?
- What do you like the most about where you are currently living?
- With whom would you most like to live?
- What do you think is going well for you in this placement?
- On a scale of 1 to 10 how well do you think this foster home/group home/placement is helping you with your family, school, health? What do you think would make it 1 point better? What do you think you could do to make it 1 point better?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- How can _____ be helpful to you?
- How do you want to work with your child's foster parents? Group home childcare worker?
- Has your child ever lived somewhere other than with you? Tell me about those experiences.

Foster/Kinship Caregivers

- What supports would be helpful to maintain this placement?

Child:

- What would make your current living situation better?
- What would make this one point better for you?

C) Stability and Transitions

Narrative

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- When was there a time in your life that you would have said, “life is pretty stable right now?”
- Where have you lived the past few years?
- Tell me about your past marriages. (mother and father)
- Tell me about a change in your life that was difficult. How did you deal with that change?
- Where do you think your family will be 6 months/one year/two years from now?

Risks, Needs, and Concerns (Signs of Risk)

- Have any of the siblings received services from DCS or other agencies?
- Tell me about your past legal problem? Who helped you with them?
- What needs to happen for things to feel like they are going smoothly?
- If father is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____
- If mother is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____

D) Transition to Adulthood: (Results of the Ansel Casey assessment should be included according to strengths and/or needs)

Narrative

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Where do you see yourself in 5 years? (living situation, education, career)
- What is a typical day look like for? How would you like it to look?
- On a scale of 1 to 10, with 1 being totally dependent on someone and 10 being self-sufficient, where would you rate yourself?
- What can DCS do to help you become more self-sufficient?
- Who do you see as your family and support system?
- Who are important people to you? Who do you look up to? (school, mentor, religious, culturally) Do you maintain contact with this person? What would help you to follow in the footsteps of this person?
- If your car broke down, who would they call? If they were evicted and homeless, who would they call? Where would they stay?
- Who do you hang out with? What do you do?
- What kinds of extracurricular/recreational activities are you involved with? Aware of?
- What are five positive things about you?
- What would your friends say is your best quality?
- What would your _____ (mother, father, case manager, teacher, mentor) say is your best quality?
- Name two things you are good at?
- Name one thing you are proud of?
- What is your dream job?

- How do you care of yourself? (personal hygiene, medical, dental, and mental health care)
Do you feel comfortable seeking continued treatment for yourself?
- What community resources are available to you?

Risks, Needs, and Concerns (Signs of Risk)

- What would you like to accomplish over the next year to become more self-sufficient?
- Who do you see as a caring adult in helping you achieve self-sufficiency? How will this person be supportive?
- Do you feel like you tell people, “No.?” to establish boundaries for themselves?
- How comfortable do they feel in refraining from negative peer pressure?
- How safe do you feel? Is there ever a time you feel unsafe?

RESOURCES

A) Home Environment

Narrative

In this first narrative textbox of the Resources domain, describe the physical home environment, residents of the home, date of home visit, the community/neighborhood (rural, urban), crime in the neighborhood, what community resources are available to the family, etc.

Strengths (Signs of Safety)

Parent/Caregiver:

- What about your home or neighborhood is good for your family?
- Do you feel safe in your neighborhood?
- Tell me how you make your budget last to the end of the month.
- How long has the family been at the current residence?
- What traditions were important to you as a child?

Child:

- How do you find private time for yourself?
- What are your favorite foods, sports, TV shows?
- What do you like to do with your parents?
- What do you do together as a family?
- How do you celebrate holidays?

Risks, Needs, and Concerns (Signs of Risk)

- If you could change something about your home or neighborhood, what would it be?
- How many times has the family moved in the last five years?
- Are community resources accessible to you?
- Is the area considered high or low crime?
- How many people reside in the home?
- What are the most important items your child needs with them where ever they go?

B) Community/ Neighborhood

Narrative

All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- I hear you speaking another language with your children. Who helped you learn English? Who helps you with reading or writing?
- How do you think of your family culturally? What is important to you and your family?
- You mentioned that you “trust that He will take care of you”.
- What would you want me to know about your spiritual beliefs?
- Where do you go in your community for assistance?
- Who in your neighborhood can you go to for help?
- What makes you feel connected to your neighborhood?

Child:

- Who is your best friend?
- What do you do for fun in you neighborhood?
- Where do kids go to play in your neighborhood?
- What kinds of activities do you do? (clubs, organizations, sports, etc.)

Risks, Needs, and Concerns (Signs of Risk)

- Would it be helpful to you if services were provided in _____ [language]?
- Tell me about your transportation needs, ... who helps you get to the grocery store (or church, doctor visits).
- What would help you be able to practice your beliefs or values more?
- How do your child's/adolescent's values differ from yours?

C) Access and Coordination of Team/ Services

Narrative

All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- What does somebody else do for your family that you feel good about?
- What kind of support does your family (or neighbors, friends) provide?
- What services in the past helped your family?
- How do you get you to where you need to go?
- How do you contact others?

Risks, Needs, and Concerns (Signs of Risk)

- With whom do you want to be working better?
- What would it look like if your family were working with you?
- Did the court order restitution? If yes, to whom and what amount?
- Was public service work ordered? If yes, how much?

CONCLUSION

Long-term View and Concurrent Planning: (Text box for user input.)

[Summarize how the family envisions things to be in six months or a year.]

- Where do you want to see your family six months to one year from now?
- What do you want your family to accomplish over the next year?
- What would tell you it is time for your child to come home?
- What needs to be different?
- What would your child/mother/father/ grandfather say needs to change

Strengths: Identify the significant strengths in the family (include resources and team members):

Risks: Identify the significant risks, needs, and concerns:

Permanency Goal(s): State the Permanency Goal(s) for the Children:

Progress/ Signs of Movement Forward:

[Text box for user input]

Continued Areas of Risk: (Note continued areas of risk and how it has changed from the date of DCS

Involvement, and/or previous assessments)

[Text box for user input]

Plan: (Describe the next steps or strategies that have been developed during the CFTM)

•

Who	What	When

•

Who	What	When

Next Meeting: (Date and Location)



The Structured Decision Making® System for Child Protective Services



Policy and Procedures Manual

Manual Date: August 2011

Updated: May 2012

Indiana Department of Child Services Screening and Response Time Assessment



Children's Research Center

Advancing Research...Improving Outcomes

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INDIANA DEPARTMENT OF CHILD SERVICES
SDM® CHILD ABUSE AND NEGLECT SCREENING AND RESPONSE TIME ASSESSMENT

r: 5/12

Report Name (last, first): _____ **Referral Date:** ____/____/____
MAGIK #: _____ **Referral Time:** ____:____ a.m./ p.m.
Hotline Worker : _____

SECTION 1. PRELIMINARY SCREENING

One or more elements of the child abuse/neglect (CA/N) policy are not met:

- No victim is currently a child
- Child/young person was allegedly abused/neglected outside Indiana and there is no current risk of harm
- Alleged perpetrator is not a parent, guardian, or custodian as defined by Indiana law AND the report does not include allegations of sexual abuse

Report does not require screening, but does require a non-investigatory response by the agency:

- Service request/courtesy interview for another jurisdiction
- Safe Haven case
- Other: _____

If any item in Section 1 is marked, the screening and response time assessment is complete.

SECTION 2. MALTREATMENT TYPE

SUSPICIOUS DEATH OF A CHILD

- Suspicious death or near fatality of a child before his/her first birthday
- Suspicious death of a child and there is concern of abuse or neglect

PHYSICAL ABUSE

- Injury that appears non-accidental, suspicious, or is inconsistent with explanation
- Caregiver action that will likely cause injury

SEXUAL ABUSE

- Rape of a child
- Criminal deviate conduct
- Child molestation
- Child exploitation
- Child pornography
- Child seduction
- Sexual misconduct with a minor
- Public indecency
- Prostitution
- Incest

NEGLECT

General Neglect

- Drug-exposed newborn
- Giving child toxic chemicals, alcohol, or drugs
- Inadequate food, or signs of malnutrition
- Exposure to unsafe conditions in the home
- Inadequate clothing or hygiene
- Lack of supervision
- Unaccompanied minor in a shelter
- Exposure to domestic violence (violence between intimate partners) in the home
- Known sexual perpetrator has unsupervised or unrestricted access to child
- Sexual predator in the home

Failure to Protect

- The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person

Abandonment

- A child of any age has been abandoned
- A child is being discharged from a facility and parents refuse to accept the child back or make appropriate alternate arrangements

Risk of Harm

- Current open case and a new child is now living in the home
- Prior failed case and a new child is now living in the home
- Prior death or serious injury of a child due to child abuse or neglect, services were not offered or successfully completed, and a new child is now in the home
- Child's basic needs are likely to be unmet due to caregiver impairment

Medical Neglect

- The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care

Educational Neglect

- A child age 5 or 6 is currently or was previously enrolled in school, and the parent is now refusing to allow or failing to support the child in attending school or receiving homeschooling
- A child is age 7–12 and there is unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain education for the child
- A child is age 13 or older, enrolled in school, and not attending to the extent that educational neglect is present

EMOTIONAL INJURY

- A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member

SECTION 3. RECOMMENDATION AND OVERRIDES

Initial Screening Recommendation

- Screen out (select only if no maltreatment type is marked in Section 2. One or more of the sub-items must be selected.)
 - Allegation does not reach threshold of abusive or neglectful behavior by parent/caregiver. Community resource information provided to reporter, if appropriate.
 - Family has a currently open case; information indicates possibility of a failed safety plan. Provided to ongoing case worker for response.
 - Multiple reports of the same incident from the same reporter; information will be included in previously accepted report.
 - Criminal matter that will be handled exclusively by the police.
 - Other, specify: _____

- Screen in (one or more maltreatment types are marked)

Overrides (must select one of the items below)

- No overrides apply: Initial screen-in or screen-out recommendations will be followed.
- Screen out: Initial recommendation is to screen in, but referral will be screened out because (*mark all that apply*):
 - Insufficient information to locate child/family.
 - Report of historical event and no current risk of harm described. (Time since alleged incident: _____)
 - Current report includes only neglect allegations AND alleged victim has a current open case type for similar neglect concerns
 - Allegations previously assessed for the same incident of alleged physical abuse, sexual abuse, or neglect.
 - Meets statutory definition of sexual abuse but consideration of factors (age differential, cognitive functioning, behavior, force, parental response) do not warrant an assessment.
 - Other (specify): _____
- Screen in: Initial recommendation is to screen out, but referral will be opened and assigned for child protective services (CPS) assessment because (*mark all that apply*):
 - Court requests assessment
 - Prosecutor requests assessment
 - Law enforcement requests assistance
 - DCS regional administrator or other administrator requests referral be screened in
 - Other (specify): _____

Final Screening Decision (*after consideration of overrides*)

- Screen out: No maltreatment type is marked AND no screen-in overrides apply OR a screen out override is marked..
- Screen in: At least one maltreatment type OR screen-in override is marked. Complete Section 4, Response Time Decision.

SECTION 4. RESPONSE TIME DECISION (*Complete for all screened-in reports. Review immediate response criteria for all allegations and expedited response criteria for neglect allegations. Mark all that apply. Quickest response time marked will be assigned response time.*)

- Immediate response required based on one or more criteria below** (*mark all that apply*):
 - Child fatality or near fatality
 - Serious injury to child, and that child or other children remain in home
 - Child left alone/abandoned and requires immediate care
Age of youngest child in years: _____
 - Sexual abuse; perpetrator lives with or has access to the child
 - Active meth lab
 - LEA requests immediate assistance
 - Other (specify): _____
- Neglect allegation, within-24-hours response time required**
 - Neglect allegation, and domestic violence incident occurred within past 48 hours
 - Domestic violence incident that involved a deadly weapon is part of the allegation
 - Parent victim or child reporting domestic violence
 - Alleged victim has an open or pending case type for a different allegation
 - Child in hospital or emergency room
 - Unattended minor in a shelter
 - Other (specify): _____
- No immediate or expedited response criteria exist. The report includes the following allegation type(s) and requires quickest identified response time:**
 - Physical abuse—**response within 24 hours**
 - Sexual abuse—**response within 24 hours**
 - Neglect—**response within 5 days**
 - Screen-in override—**indicate response time** _____

Worker: _____

Date: ____/____/____

Supervisor: _____

Date: ____/____/____

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM[®] CHILD ABUSE AND NEGLECT
SCREENING AND RESPONSE TIME ASSESSMENT
DEFINITIONS**

SECTION 1. PRELIMINARY SCREENING

One or more elements of the child abuse/neglect (CA/N) policy are not met:

No victim is currently a child.

Child/young person was allegedly abused/neglected outside Indiana and there is no current risk of harm.

Alleged perpetrator is not a parent, guardian or custodian as defined by Indiana law AND the report does not include allegations of sexual abuse. Any report that includes sexual abuse allegations requires screening against the sexual abuse criteria and the different relationships between alleged perpetrator and alleged victims detailed in those criteria. For non-sexual abuse allegations, the alleged perpetrator must have a parental, guardian, or custodial relationship with the alleged victim as defined in Indiana law, which includes but may not be limited to biological and adoptive parents; court-appointed guardians; foster parents; owners, operators, employees, and volunteers of residential child care facilities, child care centers, child care homes, child care ministries, and school; child caregivers (babysitters or nannies); or household members of non-custodial parents.

Report does not require screening, but does require a non-investigatory response by the agency:

Service request/courtesy interview for another jurisdiction. Another state or county child protection agency is completing an investigation of child abuse or neglect, and is requesting a courtesy interview of an alleged perpetrator, child victim, or sibling of an alleged child victim who is currently in Indiana.

Safe Haven cases.

Other.

SECTION 2. MALTREATMENT TYPE

SUSPICIOUS DEATH OF A CHILD

Suspicious death or near fatality of a child before his/her first birthday. Report of a child death OR near fatality that is sudden, unexpected, AND unexplained, AND victim has not yet reached his/her first birthday.

Suspicious death of a child and there is concern of abuse or neglect. Report of a child death that is sudden AND unexpected, AND there is concern that abuse or neglect by a caregiver contributed to or caused the child's death.

PHYSICAL ABUSE: Act committed by parent, caregiver, or custodian.

Injury that appears non-accidental, suspicious, or is inconsistent with explanation. Child has a concerning physical injury (bruise, cuts/laceration, burns, scalds, fractures, dislocations, sprains, strains, displacements, hematomas, concussions or other head injuries, pain, or other indicators of internal injuries) and available information meets one or more of the following:

1. Injury appears to have been inflicted by the caregiver, regardless of motive. Include injury that results from a domestic violence incident, but exclude injuries that result from sexual abuse (record under appropriate sexual abuse allegation).
2. Caregiver or child provides details of an incident that are inconsistent with the injury; may be a pattern of injuries.
3. Extent, location, and type of injury or injuries are concerning, or consistent with abuse.

Caregiver action that will likely cause injury. It is not necessary for a reporter to determine that an injury occurred. Consider the child vulnerabilities (children under age 7 and/or disabled children are more vulnerable than older children) in combination with caregiver action. Examples of caregiver action that likely to cause injury include but are not limited to the following:

- Shaking, shoving, or throwing an infant or young child;
- Choking, torture, suffocation, tying child up, or the use of dangerous objects (e.g., whips) to strike child;
- Striking a child in the head, stomach, or other areas where internal injury may occur;
- Manufacturing of drugs in the home or in the presence of children that has or will likely impact the physical health or cause injury to the child;
- The caregiver has made threats to cause physical harm to the child that, *if carried out, would constitute child abuse*, and information suggests that without intervention the child will be harmed.

SEXUAL ABUSE

Rape of a child. Report includes allegations that a child of any age was compelled by force or imminent threat of force to have sexual intercourse with a member of the opposite sex. This includes situations when a child is:

- Of an age and reasoning ability that consent for sexual intercourse cannot be given;
- Under the influence of drugs, alcohol, or other controlled substances.

Criminal deviate conduct. Report includes allegations that a child of any age was compelled by force or imminent threat of force to perform or submit to deviate sexual conduct. This includes situations when a child is:

- Of an age and reasoning ability that consent for sexual intercourse cannot be given;
- Under the influence of drugs, alcohol, or other controlled substances.

Child molestation. Child under the age of 14 has been the victim of or subject to any of the following sexual acts:

- Sexual intercourse;
- Deviate sexual conduct;
- Fondling or touching, with the intent to arouse or satisfy sexual desires.

Child exploitation.

- A person knowingly or intentionally manages, produces, sponsors, presents, exhibits, photographs, films, videotapes, or creates a digitized image of any performance or incident that includes sexual conduct by a child under the age of 18.
- A person disseminates, exhibits, offers to disseminate or exhibit, or brings to Indiana for dissemination or exhibition matter that depicts or describes sexual conduct by a child under 18.
- A person makes available to another person a computer, knowing that the computer's fixed drive or peripheral device contains matter that depicts or describes sexual conduct by a child under 18.

Child pornography. A person knowingly or intentionally possesses a picture, drawing, photograph, negative image, undeveloped film, motion picture, videotape, digital image, or any pictorial representation that depicts or describes sexual conduct by a child whom the person knows to be less than 16 years old, or who appears to be less than 16 years old; and that lacks serious literary, artistic, political, or scientific value.

Child seduction. A guardian, adoptive parent, adoptive grandparent, custodian, or stepparent of; child care worker for; or a military recruiter who is attempting to enlist a child at least 16 years of age but less than 18 years of age, engages with the child in sexual intercourse, deviate sexual conduct, or any fondling or touching with the intent to arouse or satisfy the sexual desires of either the child or the adult.

Sexual misconduct with a minor. A person at least 18 years of age engages in one of the following sexual acts with a child who is 14 or 15 years of age:

- Sexual intercourse;
- Deviate sexual conduct;
- Fondling or touching with the intent to arouse or satisfy sexual desires.

Public indecency.

- A person at least 18 years of age who knowingly or intentionally, in a public place, appears in a state of nudity with the intent to be seen by a child less than 16 years of age.
- A person who, in a place other than a public place, with the intent to be seen by persons other than invitees and occupants of that place:
 - » Engages in sexual intercourse;
 - » Engages in deviate sexual conduct;
 - » Fondles the person's genitals or the genitals of another person; or
 - » Appears in a state of nudity where the person can be seen by persons other than invitees and occupants of that place.

Prostitution. For money or other property, a child performs, or offers or agrees to perform, sexual intercourse or deviate sexual conduct; or fondles, or offers or agrees to fondle, the genitals of another person.

Incest. Sexual intercourse or deviate sexual conduct by person 18 years of age or older with a minor to whom he/she is biologically related as a parent, child, grandparent, grandchild, sibling, aunt, uncle, niece, or nephew.

NEGLECT is an act of omission by a parent, guardian, caregiver, or legal custodian in failing to provide for the adequate care and attention of the child's needs, resulting in physical or mental harm to the child or substantial risk of physical or mental harm to the child.

General Neglect

Consider age/developmental status of the child. Injury need not have occurred.

Drug-exposed newborn. Infant is born drug-exposed, as indicated by a positive toxicology screen for scheduled drugs or alcohol, symptoms of withdrawal, mother's admission of recent drug use, or other indicators as determined by medical personnel.

Giving child toxic chemicals, alcohol, or drugs (forcing, allowing, feeding, or otherwise encouraging consumption or introduction into the body) that caused or could cause harm, such as the following:

- Poison, gasoline, kerosene, bleach, cleaning agents;
- Prescription medication that has not been prescribed to the child; or
- An inappropriate dosage of medication that caused or could cause harm.

Inadequate food, or signs of malnutrition. The caregiver does not provide sufficient food to meet minimal nutritional requirements for the child. The child experiences an ongoing pattern or significant lack of food, or unmitigated hunger due to lack of food. Exclude fasting for religious reason.

Exposure to unsafe conditions in the home. The child's house is significantly unsanitary and/or contains hazards that have led or could lead to injury or illness of the child if not resolved. Consider age, developmental ability, and functioning of the children in the home. Examples may include the following:

- Housing that is an acute fire hazard or has been condemned;
- Unsafe sleeping arrangements;
- Exposed heaters;
- Gas fumes;
- Faulty electrical wiring;
- No utilities or access to an alternative (e.g., heat, water, electricity);
- Broken windows, doors, or stairs;
- Vermin or human or animal excrement; and
- Accessible drugs or hazardous chemicals.

Inadequate clothing or hygiene. Caregiver has failed to meet a child's basic needs for clothing and/or hygiene to the extent that the child's daily activities are adversely impacted (unable to attend school due to lack of clothing, not allowed to participate in activities due to poor hygiene) and/or the develops or suffers worsening injury or illness (e.g., sores, infection, tooth loss, severe diaper rash, physical illness, hypothermia, or frostbite). Consider age, developmental ability, and functioning of the children in the home.

Lack of supervision. Child is not supervised to the extent that he/she has been injured, or avoided injury despite lack of attention or supervision by the caregiver. This includes situations where a

parent knowingly placed his/her child in the care of an inappropriate caregiver. Consider age, developmental ability, and functioning of the children.

- A child has been left alone or without support systems for periods of time or with responsibilities beyond his or her capabilities:
 - » For longer than brief periods, without information about personal safety; and what to do in an emergency;
 - » To care for children younger siblings;
 - » With responsibilities beyond his or her capabilities.
- A child age 12 or over is left alone in the following circumstances:
 - » For long hours, including overnight, without information about personal safety; and what to do in an emergency; or
 - » With responsibilities beyond his or her capabilities.

Unaccompanied minor in a shelter. A child (under age 18) has entered a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian.

Exposure to domestic violence (violence between intimate partners) in the home. Screen in reports that meet any of the following criteria:

- Child is present during one or more domestic violence incidents. This includes incidents of physical conflict and/or verbal altercation that include threats of violence, coercion, or unreasonable control. If the alleged incident occurred more than six months ago, consider age of the child, pattern of parental behavior, and impact of the incident on child's ability to function.
- The alleged domestic violence offender has killed, kidnapped, or substantially harmed, or is making a believable threat to kill, kidnap, or substantially harm anyone in the family, including extended family members and pets.
- The alleged domestic violence offender has made threats of homicide or suicide and has access to weapons or other means of carrying out this threat.
- The alleged domestic violence offender does not allow non-offending parent and/or child access to basic needs, impacting their health and safety.
- Non-offending parent has sustained serious injury at the hands of the alleged domestic violence offender (examples: broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting or severe malnourishment).
- Alleged domestic violence incident involved the use or threatened use of weapons.

Known sexual perpetrator has unsupervised or unrestricted access to child. Caregiver allows a registered sex offender or a prior substantiated perpetrator of sexual abuse against the child to have unsupervised and/or unrestricted access to the child.

Sexual predator in the home. A person known to be a registered sexual offender is living in the same home as a minor child.

Failure to Protect

The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person. Report includes information that, if true, indicates that child is being harmed by someone other than the caregiver, and the caregiver was made aware or reasonably should know of the harm, and there is no information or indication that the caregiver has acted to protect the child from further harm. If the person causing harm is a caregiver, parent, or other household member, consider also screening in a referral of physical or sexual abuse or neglect on the alleged maltreater.

Abandonment

A child of any age has been abandoned. A child of any age has been left alone and without a willing and able adult to care for or support him or her. Examples include the following:

- A child left alone in a public place, without means of identifying him/herself or his/her parent/caregiver.
- Child left with family members or friends with no means of support or contact from the parent/caregiver.

Unharmful infants (45 days or younger) surrendered under the Safe Haven statute should not be investigated unless there are questions regarding the infant's care since birth. The law allows for unharmful infants 45 days old or younger to be relinquished to a responsible individual, who in turn must give the infant to law enforcement or a hospital. The infant may also be relinquished directly to law enforcement or a hospital by the parents (mother, father, or both) of the child. Such situations should not be handled as investigations and should be referred for a CPS intervention.

A child is being discharged from a facility and parents refuse to accept the child back or make appropriate alternate arrangements. Parent refuses to accept the child back into his/her home AND refuses to allow for or arrange alternate placement of the child. Consideration should be given to the need for continued treatment; risk to the child; family, community, and resource availability.

Risk of Harm

Conditions exist that create a substantial likelihood that the child will be harmed due to caregiver's neglect. It is not necessary for injury to have occurred.

Current open case and a new child is now living in the home. A family has a currently open case in Indiana or there is credible information that the caregiver has a currently open case in another jurisdiction and there is a new child now living in that home.

Prior failed case and a new child is now living in the home. All three of the following elements must be present for a report to be screened in on this criterion.

1. There is credible information that a current caregiver has had a child permanently removed from his/her care due to a child abuse or neglect concern.
2. Rehabilitative services for that incident were either not offered to the caregiver at the time OR the caregiver did not successfully complete rehabilitative services that were offered. Services may not have been offered because the caregiver voluntarily removed him/herself from a caregiving role (e.g., transferred custody of other children to a family member or moved out of the home), was involuntarily removed from a caregiving role (e.g., incarcerated), made him/herself unavailable for services (e.g., unable to locate), or no other children resided with him/her at the time.
3. There is now a new child living in the home.

Prior death or serious injury of a child due to child abuse or neglect, services were not offered or successfully completed, and a new child is now in the home. All three of the following elements must be present for a report to be screened in on this criterion.

1. There is credible information that a current caregiver was responsible for the death or serious injury of a child due to neglect/abuse.
2. Rehabilitative services for that incident were either not offered to the caregiver at the time OR the caregiver did not successfully complete rehabilitative services that were offered. Services may not have been offered because the caregiver voluntarily removed him/herself from a caregiving role (e.g., transferred custody of other children to a family member or moved out of the home), was involuntarily removed from a caregiving role (e.g., incarcerated), made him/herself unavailable for services (e.g., unable to locate), or no other children resided with him/her at the time.
3. There is now a new child living in the home.

Child's basic needs are likely to be unmet due to caregiver impairment. Caregiver's ability to parent appears to be substantially impaired to the extent that the caregiver would be unable to respond to or meet the basic needs of the child (food, clothing, shelter, education, health care) and the caregiver has not made other arrangements for supervision or care of the child. Impairment may be caused by mental or physical health conditions or active substance use.

Medical Neglect

The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care when caregiver knows, or should reasonably be expected to know, that such actions may cause adverse impact on the child's health and welfare, and a caregiver's inattention or alternative treatment is causing the condition to worsen. Such actions may include but are not limited to the following:

- Missed appointments, therapies, or other necessary medical and/or mental health treatments;
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical conditions;
- Failing to provide comfort measures to infants and children with life-ending conditions;
- The child has been diagnosed as having non-organic failure to thrive or has indicators of failure to thrive, and a caregiver's inattention or alternative treatment is causing the condition to worsen;
- Caregiver is aware of serious mental health issues, including suicidal threats, actions, or ideations, and is delaying, refusing, or failing to seek, obtain, or maintain mental health care.

Educational Neglect

A child age 5 or 6 is currently or was previously enrolled in school, and the parent is now refusing to allow or failing to support the child in attending school or receiving homeschooling. Consider number of absences in the current year (less than 10 unexcused absences should not be considered educational neglect), attempts to engage the parents, and parents' response to these attempts.

A child is age 7–12 and there is unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain education for the child. Consider number of absences in the current year (less than 10 unexcused absences should not be considered educational neglect), attempts to engage the parents, and parents' response to these attempts.

A child is age 13 or older, enrolled in school, and not attending to the extent that educational neglect is present.

- Child has over 10 unexcused absences during the current school year;
- Caregiver has been made aware of the situation; AND
- Information provided indicates that the caregiver refuses to allow or appears unable to support the child in attending school.

EMOTIONAL INJURY is an observable, identifiable, and substantial impairment of a child's mental or psychological ability to function as a result of child abuse or neglect.

A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member. These acts may include the following:

- Implied or overt threats of death or serious injury of the child or others;
- Implied or overt threats in the form of pet or animal torture; or
- Constant denigration.

Failure to act may include the following:

- Extensive emotional or physical isolation;
- Confinement;
- Severe lack of engagement or stimulation.

SECTION 3. RECOMMENDATION AND OVERRIDES

Initial Screening Recommendation

Screen out (no maltreatment type is marked)

Mark this decision if no maltreatment type in Section 2 is marked, which means that the referral does not meet statutory requirements for an in-person response.

Screen in (one or more maltreatment types are marked)

Mark this decision if any maltreatment type in Section 2 is marked, which means that at least one reported allegation meets statutory requirements for an in-person response.

Overrides

No overrides apply.

Screen out: Initial recommendation is to screen in, but referral will be screened out because (mark all that apply):

- Insufficient information to locate child/family. The caller was unable to provide enough information about the child's identity and/or location to enable an in-person response. *Do not mark this item if partial information is available.* Screener should either follow up on information to establish child's identity/location or forward screened-in referral for investigation.
- Report of historical event and no current risk of harm described. (Time since alleged incident: _____)

- Current report includes only neglect allegations AND alleged victim has a current open case type for similar neglect concerns.
- Allegations have been assessed for the same incident of alleged physical or sexual abuse.
- Other (specify).

Screen in: Initial recommendation is to screen out, but referral will be opened and assigned for child protective services (CPS) assessment because (mark all that apply):

Mark this decision if no maltreatment types in Section 2 are marked, which means that the referral does not meet statutory requirements for an in-person response. However, a referral will be opened and assigned for assessment for one or more of the following reasons:

- Court requests assessment;
- Prosecutor requests assessment;
- Law enforcement requests assistance;
- DCS regional administrator or other administrator requests referral be screened in;
- Other (specify).

Final Screening Decision *(after consideration of overrides)*

Screen out: No maltreatment type is marked AND no screen-in overrides apply OR a screen out override is marked. Mark this decision if no maltreatment type in Section 2 is marked, which means that the referral does not meet statutory requirements for an in-person response, AND no screen-in overrides in Section 3 are marked or a maltreatment type in Section 2 is marked, which means that the referral meets statutory requirements for an in-person response but a screen-out override has been marked.

Screen in: At least one maltreatment type or screen-in override is marked. Mark this decision if any criteria in Section 2 are marked, which means that at least one reported allegation meets statutory requirements for an in-person response, or at least one screen-in criterion was identified AND no screen-out criteria were marked. For all referrals in which the final screening decision is to screen in, a response time must be identified.

SECTION 4. RESPONSE TIME DECISION

For all screened-in referrals, review criteria for immediate response and mark all that apply. If any apply, immediate response is required by the local agency. If no immediate response criteria exist, mark the type(s) of maltreatment that were identified in the allegations. Response time will be based on the most severe type of maltreatment alleged.

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM[®] CHILD ABUSE AND NEGLECT
SCREENING AND RESPONSE TIME ASSESSMENT
POLICY AND PROCEDURES**

- Which Cases:** The CA/N screening and response time assessment is completed on all referrals. This includes new referrals of child abuse and neglect on open cases.
- Who:** The hotline worker completes the assessment and the supervisor reviews and approves.
- When:** The screening and response time assessment is completed upon receipt of information that constitutes a referral. This generally occurs while the screener is talking with the reporter making a referral (either over the phone or in person). Occasionally the screener may need to gather information from additional sources as part of the screening process. For these referrals, the screening assessment is completed as soon as all necessary information is gathered.
- Decision:** The screening and response time assessment determines whether a referral requires an investigation. If an investigation is required, the immediate response criteria identify if an immediate response is required.

Appropriate Completion

SECTION 1. PRELIMINARY SCREENING

Complete this section based on information provided by reporter. If any items in this section are selected, the report does not meet criteria for an investigation. A non-investigatory response by the agency may be identified.

SECTION 2. MALTREATMENT TYPE

Proceed with review of screening criteria and mark all applicable maltreatment types, using the definitions to ensure that the referral information meets criteria.

SECTION 3. RECOMMENDATION AND OVERRIDES

If any maltreatment type in Section 2 is marked, check “Screen in.” If no maltreatment type is marked, check “Screen out.”

There are some instances when the initial screening recommendation, based on the presence of maltreatment criteria, does not apply. If the initial screening recommendation is “Screen in,” the worker should review only the override reasons for “screen out” to see if any apply. Likewise, if the initial screening recommendation is “Screen out,” the worker should review only the override reasons for “screen in.” Check any override reasons that apply.

Record the final screening decision based on the impact of any overrides.

SECTION 4: RESPONSE TIME DECISION

For all referrals in which the final screening decision is to investigate, the immediate (within 24 hours) response criteria must be reviewed. If any of the immediate response criteria are present in a given referral, the response time for the referral is immediate.

Referrals that do not include criteria that meet the need for immediate response will be assigned the statutory response time based on the most severe allegation reported.

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM® FAMILY RISK ASSESSMENT**

r: 3/11

Assessment Name: _____ Assessment #: _____ Date: ____/____/____
 County Name: _____ FCM Name: _____ FCM ID#: _____

NEGLECT	Score	ABUSE	Score
N1. Current report is for neglect a. No..... 0 b. Yes..... 1 _____		A1. Current report is for physical abuse a. No..... 0 b. Yes..... 1 _____	
N2. Prior assessments (<i>assign highest score that applies</i>) a. None..... -1 b. One or more, abuse only..... 1 c. One or two for neglect 2 d. Three or more for neglect 3 _____		A2. Number of prior assessments a. None..... -1 b. One or more, neglect only..... 0 c. One for abuse 1 d. Two or more for abuse 2 _____	
N3. Household has previously received child protective services (<i>informal adjustments/CHINS</i>) a. No..... 0 b. Yes..... 1 _____		A3. Household has previously received child protective services (<i>informal adjustments/CHINS</i>) a. No..... 0 b. Yes..... 1 _____	
N4. Number of children involved in the child abuse/neglect incident a. One, two, or three..... 0 b. Four or more..... 1 _____		A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child a. None/not applicable..... 0 b. One or more apply..... 1 _____ <input type="checkbox"/> Prior physical injury to a child resulting from CA/N <input type="checkbox"/> Prior substantiated physical abuse of a child	
N5. Age of youngest child in the home a. Two or older..... 0 b. Under two..... 1 _____		A5. Number of children involved in the child abuse/neglect incident a. One, two, or three..... 0 b. Four or more..... 1 _____	
N6. Characteristics of children in household (<i>add for score</i>) a. Not applicable..... 0 b. One or more present (<i>mark all applicable and add</i>) <input type="checkbox"/> Developmental, learning, or physical disability..... 1 <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Medically fragile or failure to thrive..... 1 <input type="checkbox"/> Mental health or behavioral problem..... 1 _____		A6. Characteristics of children in household (<i>score 1 if any present</i>) a. Not applicable..... 0 b. One or more present (<i>mark all applicable</i>)..... 1 _____ <input type="checkbox"/> Delinquency history <input type="checkbox"/> Developmental disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health or behavioral problem	
N7. Primary caregiver physical care of the child a. Consistent with child needs..... 0 b. Inconsistent with child needs..... 1 _____		A7. Domestic violence in the household in the past year a. No..... 0 b. Yes..... 1 _____	
N8. Primary caregiver has a history of abuse or neglect as a child a. No..... 0 b. Yes..... 1 _____		A8. Primary caregiver employs excessive/inappropriate discipline a. No..... 0 b. Yes..... 1 _____	
N9. Primary caregiver has/had a mental health problem a. None/not applicable..... 0 b. One or more apply..... 1 _____		A9. Primary caregiver is domineering a. No..... 0 b. Yes..... 1 _____	
N10. Primary caregiver has/had an alcohol and/or drug problem a. None/not applicable..... 0 b. One or more apply (<i>mark all applicable</i>)..... 2 _____ <input type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) <input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____		A10. Primary caregiver has a history of abuse or neglect as a child a. No..... 0 b. Yes..... 1 _____	
N11. Primary caregiver has criminal arrest history a. No..... 0 b. Yes..... 1 _____ If yes, check either or both: <input type="checkbox"/> Arrests <input type="checkbox"/> Conviction		A11. Primary caregiver has/had a mental health problem a. No..... 0 b. One or more apply..... 1 _____ <input type="checkbox"/> During the last 12 months <input type="checkbox"/> Prior to the last 12 months	
N12. Current housing a. Not applicable..... 0 b. One or more apply..... 1 _____ <input type="checkbox"/> Physically unsafe; AND/OR <input type="checkbox"/> Family homeless			
TOTAL NEGLECT RISK SCORE _____		TOTAL ABUSE RISK SCORE _____	

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> -1-1	<input type="checkbox"/> -1-0	<input type="checkbox"/> Low
<input type="checkbox"/> 2-5	<input type="checkbox"/> 1-3	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> 4-6	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input type="checkbox"/> 7 +	<input type="checkbox"/> Very High

No Overrides (If policy override reasons are not present and there is not a discretionary override, check this box. Otherwise, check the appropriate override reason.)

POLICY OVERRIDES. Mark yes if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- Yes No 1. Sexual abuse AND the perpetrator is likely to have access to the child/ victim.
 Yes No 2. Non-accidental injury to a child under age 2.
 Yes No 3. Severe non-accidental injury.
 Yes No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, increase risk by one level and indicate reason.

- Yes No 5. If yes, override risk level (mark one): Moderate High Very High

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): Low Moderate High Very High

RECOMMENDED DECISION (Check the recommended action based on final risk level and safety decision.)

Final Risk Level	Recommendation	Recommended Action	Minimum Contact	Location
Low	Do not open*	<input type="checkbox"/>	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Do not open*	<input type="checkbox"/>	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Open	<input type="checkbox"/>	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Very High	Open	<input type="checkbox"/>	Four face-to-face per month with caregiver and child	Two must be in caregiver's residence

*When unresolved safety threats are still present at the end of the assessment, the assessment should be opened as a case regardless of risk level. Conditionally safe households should be opened as at least an IA, while unsafe households should be opened as a CHINS out-of-home.

PLANNED ACTION:

- Open (as informal adjustment, CHINS in-home, or CHINS out-of-home)
 Do not open

If recommended decision and planned action do not match, explain why:

SUPPLEMENTAL ITEMS

Note: These items are recorded, but are not scored and are not used to determine risk level.

1. Primary caregiver characteristics:

Yes No

- a. Blames child
 b. Provides insufficient emotional/psychological support

2. Secondary caregiver characteristics:

No secondary caregiver

Yes No

- a. Has history of abuse/neglect as a child
 b. Has/had mental health problem
 During the last 12 months Prior to the last 12 months
 c. Has/had an alcohol and/or drug problem (mark all applicable)
 Alcohol (Last 12 months and/or Prior to the last 12 months)
 Drugs (Last 12 months and/or Prior to the last 12 months)
 Marijuana Methamphetamine Heroin Cocaine
 Other: _____
 d. Employs excessive/inappropriate discipline
 e. Domineering
 f. Secondary caregiver has criminal arrest history. If yes, mark appropriate box(es).
 Arrest(s)
 Conviction(s)