

# Intake How-Do-I? Guide™

<b>OUTCOMES:</b>	<ul style="list-style-type: none"> <li>◆ Child Safety</li> <li>◆ Appropriate Decisions to Accept or Screen Out Reports</li> <li>◆ Timely and Effective Handoff of Report for Investigation Assignment</li> </ul>
<b>DECISIONS:</b>	<ul style="list-style-type: none"> <li>◆ Accept or Screen-Out of Reports for Investigation</li> <li>◆ Establish Response Timeframe</li> </ul>
<b>CRITERIA:</b>	<ul style="list-style-type: none"> <li>◆ Child Must be Under 18 Years of Age</li> <li>◆ Alleged Perpetrator is a Parent, Guardian, or Custodian (<i>exception: Sexual Abuse</i>)</li> <li>◆ Incident/Allegation Falls within Statutory Definition of CA/N</li> <li>◆ Compliance with Response Time Guidelines</li> </ul>
<b>EFFECTIVE DATE:</b>	November 1, 2005

## Receiving The Intake

Policy Citation	Policy/Procedure	Practice Guidance
Chapter 3, Section 1	<p><b>RECEIVE CALLS -</b></p> <p><b>Receive reports of child abuse or neglect.</b></p> <ul style="list-style-type: none"> <li>▪ DCS will receive oral and written (hard copy and electronic) reports and requests.</li> </ul> <p><b>Engage with the reporter by:</b></p> <ul style="list-style-type: none"> <li>▪ Providing a courteous, thorough and professional interview.</li> <li>▪ Making an initial determination about the nature of the call to be one of the following:               <ol style="list-style-type: none"> <li>1. CA/N allegations</li> <li>2. Service Requests</li> <li>3. Other Calls</li> </ol> </li> </ul>	<p><i>Receipt of a call made to the child abuse hotline is the critical first step in the State's process of assuring the alleged victim's safety and due process.</i></p> <p><i>The quality of the information gathered impacts the ability of DCS to make a decision about whether or not the report will be assigned for investigation (assessment).</i></p> <p><i>Professional reporters are staff members of a medical or other public or private institution, school, facility or agency. Certain Professional Reports will Receive 30 and 90 Day Investigation Reports – It is important to identify whether or not a caller is one of the following categories of Professional Reporters:</i></p> <ul style="list-style-type: none"> <li>▪ Hospital / Clinic</li> <li>▪ Community Mental Health</li> <li>▪ Referring Physician</li> <li>▪ School</li> <li>▪ Dentist</li> <li>▪ Licensed Psychologist</li> <li>▪ Managed Care Provider</li> </ul> <p><i>Intake also has a customer service function as it is often the only contact the community has with DCS. To the community, the intake worker provides the first impression of the level of public service available through DCS.</i></p>

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<b>Creating The CA/N Intake Report</b>		
<b>Chapter 3, Section 2</b>	<p><b><u>PROVIDE CONFIDENTIALITY NOTICE -</u></b></p> <p><b>Advise the reporter</b> about confidentiality.</p> <ul style="list-style-type: none"> <li>▪ Explain to the reporter that his/her identity will not be disclosed by DCS to the alleged perpetrator unless the court orders the reporter's identity to be disclosed.</li> <li>▪ Follow all confidentiality policies and procedures should the reporter ask if his/her report will be assigned for investigation (assessment).</li> </ul>	<p><i>The confidentiality of the reporting source must be respected and maintained by the FCM conducting the Intake.</i></p>
<b>Chapter 3, Section 2</b>	<p><b><u>GATHER and ORGANIZE INFORMATION -</u></b></p> <p><b>Obtain critical information from the reporter.</b></p> <ul style="list-style-type: none"> <li>▪ Gather and document as much information as possible about: the alleged incident, the alleged child victim, the alleged perpetrator, the child victim's family, etc.</li> <li>▪ At Intake, information can only be gathered from the individual making the report to DCS. Collaterals and others involved with the child or family may not be contacted until the report is accepted and the investigation is initiated.</li> </ul> <p><b>Input into ICWIS</b></p> <ul style="list-style-type: none"> <li>▪ Create a CA/N report in ICWIS – no later than 24 hours after the conclusion of the initial call or receipt of information.</li> </ul>	<p><i>It may be necessary for the intake worker to ask the reporter to clarify confusing or incomplete statements. Example: The reporter says "The man molested the little girl." In this example, the intake worker should ask for more information, such as "Please give me the details of what exactly the man did to the little girl." This is necessary because people may have different ideas about what the term "molest" means.</i></p> <p><i>The information obtained should fall under the following categories:</i></p> <ul style="list-style-type: none"> <li>▪ Information about the child</li> <li>▪ Information about the Child Abuse/Neglect</li> <li>▪ Information about other children in home</li> <li>▪ Information about the home environment</li> <li>▪ Information about the Alleged Perpetrator and all caretakers</li> <li>▪ Information about the Reporter</li> <li>▪ Additional Information</li> </ul>
<b>Chapter 3, Section 4</b>	<p><b><u>EVALUATE INTAKE REPORTS -</u></b></p> <p><b>Evaluate every report and determine:</b></p> <ul style="list-style-type: none"> <li>▪ Whether or not the allegations meet the statutory definition of CA/N.</li> <li>▪ Whether or not there is enough information to identify and locate the child.</li> </ul> <p><b>Evaluate every report and recommend:</b></p> <ul style="list-style-type: none"> <li>▪ Investigation initiation time.</li> </ul> <p><b>If time allows, check the ICWIS and ICES databases for pertinent information about the subjects of a CA/N report.</b></p>	<p><i>Pertinent facts should be briefly summarized in the allegations section of the report.</i></p>

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Chapter 3, Section 8	<p><b><u>ANALYZE AGAINST CRITERIA -</u></b></p> <p><b>Determine if the victim is a child.</b></p> <ul style="list-style-type: none"> <li>▪ Child is a person under age 18</li> </ul> <p><b>Determine if there is a qualifying relationship.</b></p> <ul style="list-style-type: none"> <li>▪ For physical abuse and neglect the perpetrator must be a: <ul style="list-style-type: none"> <li>Parent</li> <li>Guardian</li> <li>Custodian</li> </ul> </li> <li>▪ For sexual abuse, the perpetrator can have any or no relationship to the child.</li> </ul> <p><b>Consider if the allegations would cause a reasonable person to believe that CA/N has occurred.</b></p>	
Chapter 3, Section 8	<p><b><u>DEFINITION OF CA/N –</u></b></p> <p><b>Use the following to evaluate whether CA/N may have occurred:</b></p> <ul style="list-style-type: none"> <li>▪ The child's physical or mental condition is seriously impaired/endangered as a result of the parent/guardian/custodian being unable, refusing or neglecting to supply the child with necessary food, clothing, shelter, medical care, education, or supervision.</li> <li>▪ The child's physical or mental condition is seriously impaired/endangered due to an injury as a result of the parent/guardian/custodian's act or omission, or there is evidence that illegal manufacture of a drug or a controlled substance is occurring on property where a child resides.</li> <li>▪ The child is a victim of certain sex offenses, or is living in a household with a victim of certain sex offenses.</li> <li>▪ The child's parent/guardian/custodian allows the child to participate in an obscene performance.</li> <li>▪ The child's parent/guardian/custodian allows the child to commit a prohibited sex offense.</li> </ul>	<p><i>The ultimate determination about whether or not allegations meet the statutory definition of child abuse/neglect requires a careful, balanced assessment of both objective and subjective data with the paramount consideration being the child alleged to be a victim.</i></p> <p><i>The child has the right to due process of an investigation (assessment) if the allegations meet the statutory definition. When in doubt, assign for investigation (assessment).</i></p> <p><i>Emotional abuse can be a repeated pattern of caregiver behavior or an extreme incident that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. Emotionally abusive act(s) can be grouped into the categories of spurning, terrorizing, exploiting/corrupting, isolating and denying emotional responsiveness.</i></p>

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Chapter 3, Section 12	<p><b><u>LINK REPORTS -</u></b></p> <p><b>The intake worker will:</b></p> <ul style="list-style-type: none"> <li>▪ Check ICWIS to see if the investigation (assessment) has been open 30 days or less and involves the same perpetrator and the same victim and the same/similar allegations.</li> <li>▪ Using critical thinking skills, make a recommendation about whether it is in the best interest of the alleged child victim's safety and well-being to link the new report with the open investigation (assessment).</li> </ul> <p><b>Do not link CA/N reports to existing investigations (assessments) if it will risk the safety and well-being of the child.</b></p> <p><b>The intake supervisor will:</b></p> <ul style="list-style-type: none"> <li>▪ Make final decision re: linking.</li> <li>▪ Follow next steps for intake procedures as determined by linking or not linking.</li> <li>▪ Confirm receipt of the linked report by the FCM.</li> </ul>	<p><i>If a CA/N report is linked to an existing investigation (assessment) a separate investigation (assessment) will not be conducted.</i></p> <p><i>When used appropriately, linking can avoid duplication of effort. However, linking should never occur at the expense of child safety and well being. When in doubt, do not link.</i></p>

**Evaluating the Intake Report - Making the Decision**

Chapter 3, Section 4	<p><b><u>MAKE INTAKE RECOMMENDATION-</u></b></p> <p><b>The intake worker will:</b></p> <ul style="list-style-type: none"> <li>▪ Within 30 Minutes of the conclusion of the call, relay the CA/N intake information to the intake supervisor for review.</li> <li>▪ Supervisory review may only be bypassed if and only if a one-hour response time is required and a supervisor is not immediately available.</li> </ul>	<p><i>Whenever possible, it is good practice for the intake worker to get actual confirmation (i.e., in-person acknowledgement, a phone conversation, or a reply email) of receipt of an intake report. This is particularly important when an investigation must be initiated within one hour. By getting a confirmation, the intake worker can assure that the investigation will be assigned and initiated within the appropriate timeframes. When a confirmation is not practical, a standardized delivery process should be used such as a high-priority in box, an incoming intake report log, etc.</i></p>
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<p><b>Chapter 3, Section 9</b></p>	<p><b><u>RECOMMEND RESPONSE TIMEFRAME -</u></b></p> <p><b>DCS will initiate every CA/N investigation (assessment) within the appropriate timeframe:</b></p> <ul style="list-style-type: none"> <li>▪ Within <b>one hour</b> if the allegations would cause a reasonable person to believe that the child is in imminent danger of serious bodily harm.</li> <li>▪ Within <b>24 hours</b> if the allegations involve abuse but the conditions as stated above do not apply.</li> <li>▪ Within <b>5 days</b> if the allegations involve neglect and none of the conditions above apply.</li> </ul> <p><b>Response times are measured from the conclusion of the initial call from the reporter. This means for one hour investigations the FCM must make face to face contact with the child, notify the parents and assure the safety of the child within one hour of the conclusion of the call.</b></p>	
<p><b>Chapter 3, Section 6</b></p>	<p><b><u>RECOMMEND FOR SCREEN-OUT -</u></b></p> <p><b>DCS will not assign for investigation (assessment) intake reports that do not:</b></p> <ul style="list-style-type: none"> <li>▪ Meet the statutory definition of CA/N and/or</li> <li>▪ Contain sufficient information to either identify or locate the child/family and initiate an investigation.</li> </ul> <p><b>CA/N intake reports that are not assigned for investigation (assessment) are referred to as “screen-outs.</b></p> <p><b>The intake worker will:</b></p> <ul style="list-style-type: none"> <li>▪ Recommend an intake report for screen out.</li> <li>▪ Document the specific reason for the screen-out in the notes section of the CA/N intake report.</li> <li>▪ Forward the intake report and records information to a supervisor for review and approval.</li> <li>▪ Recommend the report be referred to law enforcement if the allegations are of a criminal nature.</li> </ul>	

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<p><b>Chapter 3, Section 3</b></p>	<p><b><u>RESPOND TO VOLUNTARY SERVICE REQUESTS -</u></b></p> <p><b>For all voluntary service requests the intake worker will:</b></p> <ul style="list-style-type: none"> <li>▪ Gather and document as much information as possible about the child's condition and the family's issues.</li> <li>▪ Create a service request intake report (310SR).</li> <li>▪ Provide referral information to the caller as necessary.</li> </ul>	<p><i>Based on the premise that government should intervene in families' lives only when it is absolutely necessary, DCS will move away from providing and monitoring voluntary services.</i></p> <p><i>Consider the following sources for information:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Printed and online local community resource directories</i></li> <li>▪ <i>Indiana 2-1-1 (dial 2-1-1, not available in all counties) or local I &amp; R hotlines</i></li> <li>▪ <i>Experienced DCS supervisors and FCMs</i></li> </ul>
<p><b>Supervisory Reviews of CA/N Intake Reports</b></p>		
<p><b>Chapter 3, Section 5</b></p>	<p><b><u>SUPERVISORY REVIEW -</u></b></p> <p><b>All CA/N reports will undergo supervisory review and approval before:</b></p> <ul style="list-style-type: none"> <li>▪ Being assigned,</li> <li>▪ Transferred or</li> <li>▪ Screened out.</li> </ul> <p><b>Reports that require an investigation (assessment) to be initiated within one hour of the conclusion of the initial call do not have to have supervisory approval.</b></p> <p><b>Intake Supervisors may:</b></p> <ul style="list-style-type: none"> <li>▪ Shorten but not lengthen the timeframe for investigation.</li> <li>▪ Override an intake worker's recommendation to screen out.</li> <li>▪ Override a decision to assign.</li> </ul> <p><b>When assigning the report for investigation (assessment) the supervisor should consider the following:</b></p> <ul style="list-style-type: none"> <li>▪ How quickly the investigation must be initiated,</li> <li>▪ Any relationships that exist between the FCMs and subject(s) of the report, or reports that may cause a conflict of interest,</li> <li>▪ How well the experience and skill sets of available FCMs match the case,</li> <li>▪ Which FCMs have had previous involvement with the family, and</li> <li>▪ Case loads, work loads, and schedules.</li> </ul> <p><b>Intake supervisors will transmit a copy of the intake report to the LEA and county prosecutors following local protocols.</b></p>	<p><i>An in-person hand-off is the best method to use when assigning reports for investigation (assessment). This method assures two things: (1) It gives the supervisor certainty that the report has been received; and (2) allows a dialog to take place that will ensure the FCM understands key information contained in the report.</i></p>

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Chapter 3, Section 5	<p><b><u>RESPOND TO CHILD FATALITY REPORT -</u></b></p> <p>Upon receipt of a CA/N report resulting in a fatality, the intake supervisor will immediately notify the following people:</p> <ul style="list-style-type: none"> <li>▪ DCS Director</li> <li>▪ Deputy Director of Field Operations</li> <li>▪ Communications Director</li> <li>▪ Regional Manager</li> <li>▪ Local DCS Office director</li> </ul> <p>If immediate notification is not practical, it must be given in the same day, regardless of the day. Notification should be made via phone or email.</p> <p>For near fatalities the same individuals must be notified within 24 hours.</p>	
<b>Special Reports</b>		
Chapter 3, Section 11	<p><b><u>TRANSFER TO ANOTHER COUNTY -</u></b></p> <p>The intake worker will:</p> <ul style="list-style-type: none"> <li>▪ Gather as much information. as possible to create a thorough intake report.</li> <li>▪ Evaluate the report to determine if it should be accepted for investigation (assessment) or screened-out.</li> <li>▪ Make a recommendation to transfer the case to another local DCS office.</li> <li>▪ Forward the report to the intake supervisor.</li> </ul> <p>The intake supervisor will:</p> <ul style="list-style-type: none"> <li>▪ If transferring the report, immediately contact the intake worker at the local DCS office to which the report is being transferred.</li> <li>▪ The initial contact will be made via telephone; <b>voice mail, email and fax are not acceptable.</b></li> <li>▪ Follow steps in ICWIS to complete transfer.</li> </ul>	
Chapter 3, Section 10	<p><b><u>RESPOND TO REPORT OF INSTITUTIONAL CA/N -</u></b></p> <p>The intake worker will:</p> <ul style="list-style-type: none"> <li>▪ Gather as much information as possible.</li> <li>▪ Follow procedures for evaluating CA/N intake.</li> </ul>	<p><i>Examples of institutions include but are not limited to:</i></p> <ul style="list-style-type: none"> <li>▪ Foster family homes</li> <li>▪ Residential child-caring institutions</li> <li>▪ Juvenile correctional facilities</li> <li>▪ Group Homes</li> <li>▪ Pediatric nursing homes</li> <li>▪ Detention Centers</li> </ul>