

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: October 1, 2016
	Section 3: Conducting the Assessment – Overview	Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a thorough assessment of all assigned reports of alleged Child Abuse and/or Neglect (CA/N). DCS will be diligent in efforts to conduct an assessment that ensures child safety and well-being.

DCS will request Law Enforcement Agency (LEA) assistance on all reports that require a one (1) hour response time and as needed on additional reports, in order to conduct the assessment. DCS will document LEA's response to DCS's request for assistance in Management Gateway for Indiana's Kids (MaGIK).

DCS must complete CPS checks and Limited Criminal History (LCH) background checks on all alleged perpetrators. [See Practice Guidance.](#)

Code References

1. [IC 31-33-8-7: Scope of the investigation](#)
2. [IC 31-33-8-2: Investigations by law enforcement agencies](#)
3. [IC 31-36-3: Homeless Children](#)
4. [IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Request LEA assistance on all reports where a one (1) hour response time is identified and document LEA's response to the request in MaGIK;
2. Conduct a LCH background and CPS checks on all alleged perpetrators **or request** the local office designated staff to complete.

Note: LCH checks should be completed early in the assessment to evaluate for possible history that may pose a safety concern for the child, family and/or DCS employees.

3. Notify the parent, guardian, or custodian of the allegation(s) and request consent to interview the child unless exigent circumstances exist. See separate policies, [4.5 Consent to Interview Child](#) and [4.6 Exigent Circumstances](#);

Note: An assessment involving domestic violence does not always warrant an automatic removal to ensure the safety of the child. Domestic violence does not always constitute exigent circumstances to interview the child without first seeking parental consent. See separate policy, [4.4 Required Interviews](#) for further information.

4. Locate the subjects of the Child Abuse and/or Neglect (CA/N) intake report (e.g. - the alleged victim, victim's parent, guardian, or custodian, and alleged perpetrator). See separate policy, [4.7 Locating the Subjects](#);
 5. Show proper identification at the onset of each interview;
 6. Follow appropriate procedures for gaining entry into the home or facility. See separate policy, [4.8 Entry into Home or Facility](#);
 7. Conduct the following interviews (in the order shown below, to the extent possible and practical):
 - a. Required Interviews¹ (See separate policy, [4.4 Required Interviews](#)):
 1. The alleged child victim, all other children living in the home and any children not living in the home who were present at the time of the alleged incident. See separate policy, [4.9 Interviewing Children](#). Also see [2.21 Human Trafficking](#) if there are allegations of Human Trafficking,
 2. The parent, guardian, or custodian, including noncustodial parents or alleged father. See separate policy, [4.10 Interviewing the Parent, Guardian, or Custodian](#),
 3. The reporting source (unless the reporting source is anonymous).
 4. All witnesses,
 5. If they exist, at least two (2) professionals believed to have knowledge that relates to the allegation(s), and
 6. The alleged perpetrator. See separate policy, [4.11 Interviewing the Alleged Perpetrator](#).
 - b. Any additional interviews necessary to gain information to evaluate the validity of the allegations. Examples may include, but are not limited to, extended family members, family friends, ministers, rabbis or priests, etc.
 8. Take photographs of all children in the home and have parent, guardian, or custodian sign release for use of photographs form [Release For Use of Photographs \(SF 54968\)](#).
 9. Visually examine an alleged child victim as necessary to confirm alleged or suspected bodily injuries. Photograph visible trauma found on any child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA. See separate policy, [4.14 Examining and Photographing a Child and/or Trauma](#);
 10. Arrange for necessary medical and/or psychological examinations. See separate policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#)
- Note:** Ensure a PEDS referral is completed for reports of **all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck** (eg. facial bruising, scratches and red "marks" on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) **and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns.** [See Practice Guidance.](#)
11. Complete a [Safety Assessment](#), and if appropriate, a [Safety Plan \(SF 53243\)](#). See separate policies, [4.18 Initial Safety Assessment](#) and [4.19 Family Support/Community Services Plan for Conditionally Safe Children](#) and [5.7 Child and Family Team Meetings](#);

¹ If practical given the particulars of the situation, the FCM should conduct the interviews in this order.

12. Conduct an assessment of the home environment, if appropriate. See separate policy, [4.13 Assessing Home Conditions](#);
13. Gather additional demographic information that is not already included on the CA/N intake report such as place of employment, military status and/or tribal origin;
14. Provide each parent, guardian, or custodian, (including any alleged father or any known non-custodial parent) and alleged perpetrator, [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\)](#). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
15. If at any point during an interview in a home suspicions arise that a contaminating controlled substance is present, immediately exit the home without alarming the adults and/or child. Call 9-1-1. Refer to the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#);
16. Discontinue and leave the interview if at any point the FCM becomes concerned for his or her safety (e.g. - the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
17. If the alleged perpetrator is a DCS Field staff member, notify the employee's FCM Supervisor, Local Office Director, Regional Manager and the DCS Human Resources Director. If the alleged perpetrator is a DCS Central Office staff member notify the employee's work unit Supervisor, Division Deputy Director and DCS Human Resources Director. See separate policy, [2.4 Assessment and Review of DCS Staff Alleged Perpetrators](#);
18. If the alleged perpetrator is a child care worker or resource parent, notify the child care worker or resource parent² of his or her right to participate in an informational review prior to arriving at a finding. See separate policy, [2.3 Child Care Workers Assessment Review Process](#)
19. Gather additional information necessary to make a determination about the validity of the allegations. See separate policy, [5.7 Child and Family Team \(CFT\) Meetings](#);
20. Complete limited criminal history checks on the perpetrator (if applicable). See Practice Guidance;
21. Document all information gathered during the assessment;
22. Seek supervisory input as needed throughout the assessment;
23. Document good faith attempts if unable to complete any element of the assessment and seek supervisory input. See separate policy, [4.20 Good Faith Efforts](#);
24. Send the [Thirty \(30\) Day Report of Assessment](#) to the administrator of the facility that made the CA/N report, if applicable. See separate policy, [4.21 30 Day Assessment Reports](#);
25. Arrive at a finding of substantiated or unsubstantiated for each allegation. See separate policy, [4.22 Making an Assessment Finding](#);
26. If necessary, conduct a [Risk Assessment](#) to determine the likelihood of future maltreatment. See separate policy, [4.23 Initial Family Risk Assessment](#);
27. Take additional actions if necessary to assure the child's safety, including implementing child and family services. See separate policy, [4.26 Determining Service Levels and Transitioning to Case Management](#) and [5.7 Child and Family Team \(CFT\) Meetings](#);
28. Complete the Assessment Report. See separate policy, [4.25 Completing the Assessment Report](#); and

² For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver

29. If any allegations are substantiated, send notice to the perpetrator(s) regarding their rights to a review and an appeal of the decision. See separate policies, [2.1 Requests for Administrative Review](#) and [2.5 Administrative Appeal Hearings](#).

Note: If it is determined that allegations will be substantiated on a person who asserts that they are employed through the education system or as a Child Care Worker the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual's employment.

Please see separate policy, [2.3 Child Care Worker Assessment Review Process](#)

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is **mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck** (eg. facial bruising, scratches and red "marks" on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) **and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns.** All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in MaGIK with a denotation of "PEDS allegation is included in this Report". Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: <https://www.fileypeds.org/CP/Index.aspx>.

Physically Seeing and Interviewing All Children in the Home

It is necessary for DCS to conduct a **face-to-face** interview with **all** children living in the household because they may have witnessed the alleged CA/N, and there is a possibility that they may also be victims. For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at a level that is appropriate given the child's developmental status.

Gathering Additional Information

Sources of additional information may include but are not limited to: relatives, neighbors, school officials, teachers and other school employees, physicians, other professionals, or agencies in the community, and law enforcement. Such persons should only be contacted when the FCM has reason to believe they have pertinent information. It is important to note that the purpose of gathering additional information is to gain knowledge that may aid in the assessment.

Communication with FCM Supervisor

Because the FCM Supervisor provides the first level of quality assurance within the system, it is important the FCM Supervisor be updated and consulted as necessary throughout the assessment.

Distribution of the Notice of Availability of Completed Reports and Information

The [Notice of Availability of Completed Reports and Information \(SF48201\)](#) should not be left on the parent, guardian, custodian or alleged perpetrator's door. The information contained in this document should be discussed verbally with the parent, guardian, custodian and alleged perpetrators to ensure an understanding of the contents of the form. This will provide the parent, guardian, custodian and alleged perpetrators with an opportunity to ask the FCM any questions regarding this document. It also provides the opportunity for verbal and written notice to each parent, guardian, custodian and/or alleged perpetrators. Mailing the form is acceptable if the parent, guardian, custodian or alleged perpetrators live outside the jurisdiction of the DCJ local office, or has given verbal permission to have form mailed. However, the FCM should make attempts to contact the individual prior to mailing the form.

Conducting Limited Criminal History (LCH) Checks on Alleged Perpetrator

DCS must conduct LCH and CPS history checks on all alleged perpetrators as part of a comprehensive assessment. LCH checks should be completed early in the assessment to evaluate for potential safety concerns for the child, family, and/or DCJ employees. Results of the LCH and CPS checks should be staffed with the FCM Supervisor when the results indicate possible concerns about safety.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\)](#) – available in MaGIK
2. [Assessment of Alleged Child Abuse or Neglect Report \(SF113\)](#)
3. [Safety Assessment](#) – available in MaGIK
4. [Family Support/Community Services/Safety Plan \(SF53243\)](#)
5. [Notice of Availability of Completed Reports and Information \(SF48201\)](#)
6. [Thirty \(30\) Day Report of Assessment \(SF 54854\)](#)
7. [Risk Assessment](#) – Available in MaGIK
8. [Release For Use Of Photographs \(SF54968\)](#)

RELATED INFORMATION

Domestic Violence Assessments

The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to child by the presence of domestic violence. The challenge in providing Child Protection Services (CPS) in domestic violence cases is to keep the child safe without penalizing the non-offending parent and without escalating the violent behavior of the alleged domestic violence offender. The primary responsibility of DCS is to determine the overall risk to the child and take appropriate action to ensure their safety.

CA/N assessments may increase the risk to the child and other family members when domestic violence is present. It is important to consider how the assessment process will affect the safety of all involved and take action as outlined in this chapter.

Child Care Workers Assessment Review Process

It is important to document through a thorough assessment the place of employment for all alleged perpetrators. If it is determined that allegations will be substantiated on a person who asserts that they are employed through the education system or as a Child Care Worker the assessment should go through the Child Care Workers Assessment Review Process

regardless of whether or not the substantiated incident occurred in the course of the individual's employment. Please see separate policy, [2.3 Child Care Worker Assessment Review Process](#).

Child Care Worker

DCS defines "child care worker" as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:

1. Any agency that provides services to or for the benefit of children who are victims of child abuse and/or neglect (CA/N);
2. Any of the following types of facilities:
 - a. Child care center,
 - b. Child care home (whether or not required to be licensed),
 - c. Child care ministry (whether or not licensed),
 - d. Residential group home,
 - e. Child caring institution,
 - f. School³,
 - g. Juvenile detention center, or
 - h. Licensed child placing agency (LCPA).
3. Any other facility that provides residential care for children; or
4. Any other agency that is a contracted service provider for DCS.
5. A home that provides:
 - a. Child care; or
 - b. Services to, or for the benefit of, children who are victims of CA/N for a child or children to whom that person is not related.

Contacting LEA

DCS is required to contact LEA on all reports that require a one (1) hour response time. LEA may be contacted for other reports as needed. Each DCS local office must develop Inter-Agency Agreements with their local LEA to outline procedures on the handling of new CA/N intake reports.

Homeless Unaccompanied Minors

Exigent circumstances exist when assessing a report of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian present. The parent, guardian, or custodian of the child must be notified within **48 hours** of DCS receiving the report, but no later than **72 hours** of the child entering the shelter. DCS must notify the parent, guardian, or custodian that the child is in a shelter and has been interviewed by DCS. If DCS has reason to believe that the child is a victim of child abuse or neglect, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines that the child is unsafe and the coercive intervention of the court is needed, refer to separate policy, [4.28 Involuntary Removals](#) for procedures to follow.

Alleged Father

A person who has asserted to be the father of a child, or who claims to be the father of a child, but has not been adjudicated the father through a paternity action filed in court having jurisdiction.

Noncustodial Parent

A mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

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