



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 4: Assessment Section 03: Conducting the Assessment - Overview	
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POLICY OVERVIEW

For Institutional Investigations, see policy 4.30 Conducting Institutional Investigations by the ICPS Unit.

An assessment of alleged Child Abuse and/or Neglect (CA/N) is a comprehensive process and is completed to ensure the safety and well-being of a child alleged to be a victim of CA/N. This policy outlines an overview of the assessment process and references other policies to follow for additional guidance.

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PROCEDURE

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

The Family Case Manager (FCM) will:

1. Review the Preliminary Report of Alleged Child Abuse or Neglect (310) when assigned;
2. Request Law Enforcement Agency (LEA) assistance on all reports that require a two (2) hour response time and on additional reports, as needed. Document LEA's response to the request in the case management system (see policy 4.38 Assessment Initiation);
3. Conduct a search of MyCase and Child Protective Services (CPS) checks on alleged perpetrators who are 18 years of age and older, or request completion of the checks by the designated local office staff;
4. Locate the subjects named on the 310 (e.g., alleged child victim; victim's parent, guardian, or custodian; and alleged perpetrator) (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);
5. Notify the parent, guardian, or custodian (including incarcerated parents) of the allegation, and request consent to interview the child unless exigent circumstances exist (see policies 4.05 Consent to Interview Child and 4.06 Exigent Circumstances for Interviewing Alleged Child Victims);

Note: An assessment involving domestic violence (DV) does not always constitute exigent circumstances to interview the child without first seeking parental consent (see policies 2.30 Domestic Violence and 4.04 Required Interviews).

6. Activate the AlertMedia app prior to face-to-face interactions with clients and utilize the AlertMedia app throughout each interaction, as necessary (see policy HR 3-8 Worker

- Safety);
7. Show proper identification at the onset of each interview;
 8. Follow appropriate procedures for gaining entry into the home or facility (see policy 4.08 Entry into Home or Facility);
 9. Conduct an assessment of the home environment, if appropriate (see policy 4.13 Assessing Home Conditions);
 10. Conduct all required interviews and any additional interviews necessary to support the assessment outcome and establish the current safety of the child (see policy 4.04 Required Interviews);
 11. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Ask the parent, guardian, or custodian to sign the Release for Use of Photographs form, and if the signature is obtained, take photographs of all children in the home. 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 policy 4.14 Examining and Photographing a Child and/or Trauma);
 12. Arrange for necessary medical and/or psychological examinations. See policy 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations);

Note: Ensure a Pediatric Evaluation and Diagnostic Service (PEDS) referral is completed for all reports involving a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches, and red “ marks” on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. See Practice Guidance for additional information.

13. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Application (see Practice Guidance and policy 4.38 Assessment Initiation);
14. Complete the Initial Safety Assessment, and if appropriate, a Safety Plan and/or Plan of Safe Care and seek the FCM Supervisor’s approval of the documents (see policies 4.18 Initial Safety Assessment, 4.19 Safety Planning, and 4.42 Plan of Safe Care);
15. Gather additional demographic information that is not already included on the 310 (e.g., place of employment, military status, and/or tribal origin);
16. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator (including minor perpetrators and their parent, guardian, or custodian) with the Notice of Availability of Completed Reports and Information and document in the 311;

Note: Mailing the Notice of Availability of Completed Reports and Information is acceptable if the parent, guardian, or custodian and/or the alleged perpetrator either lives outside of the jurisdiction of the DCS local office or has given verbal permission to have the form mailed. However, the FCM should attempt to have face-to-face contact with the individual prior to mailing the form.

17. Exit the home immediately without alarming the adults and/or child and call 911 if at any point during the interview, suspicions arise that a contaminating controlled substance is present. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol for further guidance;

18. Activate AlertMedia, discontinue the interview, and leave the premises if at any point concerns for the FCM's safety arise (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 (see policies HR-3-1 Home Visit Safety Protocol and HR-3-8 Worker Safety);
19. Notify the employee's management team, which includes the FCM Supervisor, Local Office Director (LOD), Regional Manager (RM), and the DCS Human Resources (HR) Director if the alleged perpetrator is a DCS Field staff member. If the alleged perpetrator is a DCS Central Office staff member, notify the employee's work unit Manager, Division Deputy Director, and DCS HR Director (see policy 4.45 Assessment and Review of DCS Staff Alleged Perpetrators);
20. Notify the Child Care Worker (CCW) or resource parent of the right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a CCW or resource parent (see policy 2.03 Child Care Workers Assessment Review Process);
21. Document all information gathered during the assessment in the case management system;
22. Seek supervisory input throughout the assessment during activities such as regular safety staffing and case staffing (see policy 4.18 Establishing Initial Child Safety);
23. Document good faith efforts if unable to complete any element of the assessment, and seek supervisory guidance for additional instructions (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);
24. Send the Forty-five (45) Day Report of Assessment to the administrator of the facility that made the CA/N report, if applicable (see policy 4.21 45 Day Report of Assessment);
25. Arrive at a finding of substantiated or unsubstantiated for each allegation (see policy 4.22 Making an Assessment Finding);
26. Conduct an Initial Family Risk Assessment to determine the likelihood of future maltreatment, if necessary (see policy 4.23 Initial Family Risk Assessment);
27. Take additional actions, if necessary, to ensure the child's safety, including implementing child and family services (see policies 4.26 Determining Service Levels and Transitioning to Ongoing Services and 5.07 Child and Family Team (CFT) Meetings);
28. Complete the 311 (see policy 4.25 Completing the Assessment Report); and
29. Send notice to the alleged perpetrator regarding the right to an administrative review and an appeal of the decision if the allegations are substantiated. If the perpetrator is a child, send the notice to the child perpetrator and the child perpetrator's parent, guardian, or custodian (see policies 2.01 Notice of Assessment Outcome and 2.05 Administrative Appeal Hearings).

Note: If it is determined that allegations will be substantiated on a person who asserts they are employed as a CCW or as a Licensed Resource Parent, the assessment should go through the Child Care Workers Assessment Review Process, regardless of whether the substantiated incident occurred in the course of the individual's employment (see policy 2.03 Child Care Worker Assessment Review Process).

The FCM Supervisor will:

1. Discuss details of the assessment with the FCM during regular case staffing;
2. Approve the initial Safety Assessment, the Safety Plan, and/or the Plan of Safe Care; and

3. Guide the FCM, as necessary, to ensure all duties are completed.

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RELEVANT INFORMATION

Definitions

Case Staffing

Case staffing is a systematic and frequent review of all case information with safety, stability, permanency, and well-being as driving forces for case activities.

Child Care Worker

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Childcare center,
 - b. Childcare home (licensed or required to be licensed),
 - c. Childcare ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth; or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Perpetrator

Per 465 IAC 3-1-11, "Perpetrator" means a person who, by an act or an omission, has been identified in a report concluding a child abuse and neglect assessment to have committed child abuse or neglect.

Substantiated

Per IC 31-9-2-123, "Substantiated", when used in reference to a child abuse or neglect report made under IC 31-33, means a determination regarding the status of the report whenever facts obtained during an assessment of the report provide a preponderance of evidence that child

abuse and neglect has occurred.

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect Report (SF 113) (311) – Available in the case management system
- [Assessment Staffing Guide \(SF 565657\)](#)
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- [Incarcerated Parent Letter – Assessment](#)
- [Incarcerated Parent Demographics \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- [Indiana Drug Endangered Children \(DEC\) Protocol](#)
- Initial Family Risk Assessment – Available in the case management system
- Initial Safety Assessment – Available in the case management system
- [mycase.IN.gov](#)- MyCase webpage
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#)
- [PEDS Program Referral](#)
- [Plan of Safe Care \(SF 56565\)](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) – Available in the case management system
- [Release for Use of Photographs \(SF 54968\)](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [Tool HR-3-1 Home Visit Safety Protocol](#)
- [HR-3-8 Worker Safety](#)
- [2.01 Notice of Assessment Outcome](#)
- [2.03 Child Care Worker Assessment Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [2.30 Domestic Violence](#)
- [4.04 Required Interviews](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.08 Entry into Home or Facility](#)
- [4.13 Assessing Home Conditions](#)
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- [4.26 Determining Service Levels and Transitioning to Ongoing Services](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)

- [4.45 Assessment and Review of DCS Staff Alleged Perpetrators](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

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LEGAL REFERENCES

- [IC 31-9-2-9: "Alleged father"](#)
- [IC 31-9-2-16.6: "Child care worker"](#)
- [IC 31-33-8-1: Investigations by local child protection services; time of initiation](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)
- [IC 31-36-3: Homeless Children](#)
- [IC 34-6-2-34.5: Domestic or family violence](#)

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PRACTICE GUIDANCE- DCS POLICY 4.03

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Extenuating Circumstances for Assessment Initiation

When initiating an assessment, extenuating circumstances may occur that prevent the FCM from completing face-to-face contact with a child within the initiation timeframe. Extenuating circumstances which may be approved include but are not limited to:

1. The child victim is not at the location stated on the report (e.g., school trip, out of town/state);
2. The victim is unknown or the child does not exist;
3. There is an inclement weather emergency;
4. There is a traffic accident or traffic delays;
5. A new child victim added to the report after the initial family contact was made;
6. Child is deceased;
7. Parent refused to allow access to the child (motion to compel is needed);
8. Report is linked to an open assessment and additional face-to-face contact is not required;
9. Report is assigned after the initiation timeframe; or
10. Child is in a hospital setting and not available due to critical illness or a traumatic incident.

Note: Contact with a child who is in the hospital should occur within the initiation timeframe unless the child is unavailable due to current medical intervention.

PEDS Referrals

All intake reports with 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 the case management system with a denotation of "PEDS allegation is included in this Report". Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills 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, 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.

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