

TABLE OF CONTENTS FOR SECTION 2 - CHILD PROTECTION SERVICES

- 201 [Scope and Purpose](#)
 - 201.1 Legal Base
 - 201.2 Legal Definition of Child Abuse and Neglect
 - 201.21 Determining Legal Sufficiency
- 202 [Local Child Protection Service Organization](#)
 - 202.1 Functions of CPS
 - 202.2 Cooperation with Other Agencies
 - 202.3 The Child Protection Plan and FPP 0660A, Request for Approval of Child Protection Plan
 - 202.31 Content
 - 202.311 Interagency Agreements
 - 202.32 Distribution of Child Protection Plan
 - 202.33 Certification of Child Protection Plan by DFC Director
- 203 [Mandatory Reporting of Child Abuse or Neglect](#)
 - 203.1 Who Reports
 - 203.11 Abrogation of Privileged Communication
 - 203.12 Staff Members of Other Agencies or Facilities
 - 203.13 Health Care Provider
 - 203.14 Law Enforcement
 - 203.2 How a Report Is To Be Made
 - 203.3 Immunity
 - 203.4 Intentional False Reporting
- 204 [CPS Intake](#)
 - 204.1 Receiving/Assigning Reports of Child Abuse or Neglect
 - 204.11 Anonymous Reports
 - 204.12 Confidentiality of Reporting Source
 - 204.13 Statute of Limitation Relative to Child Abuse and Neglect
 - 204.2 Information to Obtain from Reporting Source, and Completion of SF 114/FPP 0310 (FPP 310) 48-Hour Report
 - 204.3 Accepting a Report for Investigation
 - 204.31 Qualifying Relationships
 - 204.32 Deciding Whether to Investigate
 - 204.33 Linking Reports
 - 204.4 Child Protection Service Alerts
 - 204.41 CPS Alerts Received from Other States
 - 204.42 CPS Alerts Emanating from Indiana
 - 204.43 CPS Alert Cancellations
- 205 [Investigation of Child Abuse or Neglect](#)
 - 205.1 Initiating Investigations
 - 205.2 Planning the Investigation
 - 205.21 Special Issues to Be Considered During Investigation
 - 205.211 Accommodations for Individuals with Disabilities
 - 205.212 Investigations Involving Illegal Aliens
 - 205.3 Elements of the Investigation
 - 205.4 Investigative Activities

TABLE OF CONTENTS FOR SECTION 2 - CHILD PROTECTION SERVICES – (continued)

	205.41	Locating the Principals
	205.42	Contact or Interview with Child
	205.421	Obtaining Parental Consent to Interview a Child
	205.422	Exceptions to the Requirement to Obtain Parental Consent to Interview a Child
	205.423	Location for Contact or Interview with Child
	205.424	Interviewing Techniques
	205.425	Use of Audio Tapes and Videotapes
	205.43	Photographs, X-Rays, and Physical Medical Examinations
	205.431	Restrictions on Release of Alleged Victim from Hospital
	205.44	Home Visit
	205.45	Medical or Psychological Examinations
	205.46	Other Collateral Contacts
	205.461	Victim Counselor Privilege During Investigation Process
	205.47	Assessment of Safety and Risk to Child
	205.471	Safety Assessment
	205.472	Safety Plan
	205.473	Indiana Family Risk Assessment and Reassessment of Abuse/Neglect
	205.48	Emergency Removal of Child
205.5		Written Report of Investigation – SF 113/FPP 0311 (FPP 311)
	205.51	Determination of Case Status
	205.52	Assignment of Abuse or Neglect Report Number
	205.53	Availability of Report
	205.531	30-/90-Day Reports of Investigation to Specified Persons, Agencies, or Institutions
	205.5311	Procedure
	205.5312	Report Content
	205.54	Confidentiality of CPS Reports
	205.541	Access to Information
	251.5411	Procedure for Providing Information to Other CPS Agencies
	205.5412	Procedure for Providing Information to Parent, Guardian, or Custodian
	205.5413	Procedure for Providing Information to a Person About Whom a Report Has Been Made
	205.5414	Procedure for Release of Information for Research Purposes
	205.55	Expungement of Records
	205.56	Incomplete Investigation
205.6		State Central Registry (SCR)
	205.61	Types of Reports Entered into the SCR
	205.62	Notification of Registry Entry and Rights of Appeal
	205.63	Access to Information Contained in the SCR
	205.64	Expungement of Reports Contained in the SCR
206		<u>Further Services and Court Involvement</u>
	206.1	Family and Rehabilitative Services
	206.2	Informal Adjustments (IA)
	206.3	Services Referral Agreements (SRA)
	206.4	Service Requests
	206.5	Voluntary Placement Agreements

TABLE OF CONTENTS FOR SECTION 2 - CHILD PROTECTION SERVICES – (continued)

- 207 [Community Child Protection Team \(CPT\)](#)
 - 207.1 Membership of CPT
 - 207.2 Meetings of CPT
 - 207.3 Functions of Team
 - 207.31 Review of Child Fatality Cases
 - 207.32 Complaint Reviews
 - 207.33 Preparation of Periodic Reports
 - 207.34 Other CPT Activities
 - 207.4 Forms and Handbook

- 208 [Procedures for Purchase or Repair of Cameras/Billing for Photographs, X-Rays, and Physical Medical Examinations](#)
 - 208.1 Purchase/Repair of Cameras
 - 208.2 Billing Procedures for Photographs, X-Rays, and Physical Medical Examinations

- 209 [Assistance Programs for Victims of Crime](#)
 - 209.1 Victim Assistance Programs
 - 209.2 Violent Crime Compensation Division

- 210 [Special Child Abuse and Neglect Investigations](#)
 - 210.1 Investigation by Law Enforcement Agency
 - 210.11 Completion of FPP 311 for LEA Only Investigations
 - 210.12 Request by Parent/Guardian/Custodian for Release of FPP 310/311 Based on LEA Report
 - 210.2 Child Fatality Protocol
 - 210.21 Interagency Communication Regarding Receipt of Child Fatality Report
 - 210.22 Investigation Procedures
 - 210.221 Coordination with Coroner and Law Enforcement Agencies
 - 210.222 Assessing Safety/Risk to Surviving Siblings
 - 210.23 Reporting Investigation Results
 - 210.24 Paper Reviews of Child Fatality Reports
 - 210.3 Medical Neglect of Disabled Infants Protocol
 - 210.31 Legal Base
 - 210.32 Reporting Requirements
 - 210.33 Receipt of Reports
 - 210.34 Evaluation of Report Information
 - 210.35 On-Site Investigations/Provision of CPS
 - 210.36 Department of Health and Human Services/Office of Civil Rights Investigations of "Baby Doe" Reports
 - 210.4 Institutional Child Abuse/Neglect Protocol
 - 210.41 Definitions
 - 210.42 Legal Base
 - 210.43 Reporting and Referral Procedures
 - 210.431 Types of Cases to Be Reported to Central Office
 - 210.432 Time Frame for Making Institutional Child Abuse or Neglect Reports
 - 210.433 Hot Line Hours and Staffing
 - 210.434 After-Hours Reporting Procedures
 - 210.435 Special Procedures for Institutional Abuse or Neglect Reports and Investigations

TABLE OF CONTENTS FOR SECTION 2 - CHILD PROTECTION SERVICES – (continued)

	210.4351	SF 49549/FPP 0310A, Preliminary Report of Alleged Institutional Child Abuse/Neglect
	210.4352	Assessments for Institutional Investigations
	210.4353	Type A, Type B, and Type C Investigation Requirements for Institutional Investigations
	210.4354	Special Procedures for “Mixed” Households
210.44		Intake Procedures
	210.441	Obtaining Intake Data
	210.442	Determining Status of Allegations as Institutional Child Abuse or Neglect or as Licensing Issues
	210.443	Determining Who Should Investigate
	210.444	Determining When to Initiate an Investigation
	210.445	Special Institutional Investigation Circumstances
	210.446	Notification to Party Legally Responsible for Child(ren) Regarding Investigation
	210.447	Obtaining Parental Consent to Interview a Child in a Facility
210.45		Investigation Procedures
210.46		Follow-Up Procedures
210.47		Special Considerations for Investigating Alleged Abuse or Neglect in a Foster Family Home
	210.471	Pre-Investigation
	210.472	Deciding Whether to Remove a Child
	210.473	Investigation
	210.474	Post-Investigation
210.5		Intercounty or Interstate Reports and Investigations
	210.51	When Abuse or Neglect Occurs in Another County or State Where Family Resides
	210.52	When Abuse or Neglect Occurs in One County and Child and Family Reside in Another County or State
	210.53	Special Circumstances Warranting an Intercounty Investigation
	210.54	County and Court Jurisdiction for Investigation Involving Alleged Abuse or Neglect in One County and Hospitalized Child(ren) Requiring Detention in Another County
	210.541	County Jurisdiction
	210.542	Court Jurisdiction
	210.55	County and Court Jurisdiction for Providing Services Beyond Investigation

SECTION 2 - CHILD PROTECTION SERVICES

201 Scope and Purpose

The organization, role and functions of Child Protection Service (CPS) is the subject of Article 33 of Title 31, Juvenile Law: Reporting and Investigating of Child Abuse and Neglect. This section of the Manual will address the legal requirements for CPS, as well as policies and procedures established by the Division of Family and Children (DFC), Central Office, to implement the law.

The purpose of CPS, as found in the Juvenile Code, is to:

- (1) encourage effective reporting of suspected or known incidents of child abuse or neglect;
- (2) provide in each county an effective child protection service to quickly investigate reports of child abuse or neglect;
- (3) provide protection for such a child from further abuse or neglect;
- (4) provide rehabilitative services (and/or family services) for such a child and the child's parent, guardian, or custodian; and
- (5) establish a centralized statewide child abuse registry and an automated child protection system.

201.1 Legal Base

IC 31-33 (Juvenile Law: Reporting and Investigation of Child Abuse and Neglect).

Rules and Regulations of the Division of Family and Children, Regulations 470 IAC 3-8-1 and 470 IAC 3-7-1.

201.2 Legal Definition of Child Abuse and Neglect

"Child abuse or neglect" refers to a child who is under the age of 18 and alleged to be in need of services as defined by that portion of the definition of a child in need of services (CHINS) contained in IC 31-34-1-1 through IC 31-34-1-5. Additionally, the legal definition of a "victim of child abuse or neglect" refers to a child in need of services as defined by IC 31-34-1-1 through IC 31-34-1-5 and IC 31-34-1-10 through IC 31-34-1-13. Therefore, situations that fall in these CHINS categories are subject to the mandatory reporting requirement according to the legal definition of a child abuse/neglect victim. See below for the text of those cites.

In an Attorney General's Opinion dated July 29, 1991, reporting of past child abuse or neglect under IC 31-33-5-1 (Duty to make report) is not mandatory once a child reaches the age of 18. However, if other children under the age of 18 are currently in the home, depending upon the allegation, a review of the information may be required in order to determine whether an investigation is warranted. (Example: The complainant reports having been sexually abused and fears the same thing is happening to younger siblings.)

Refer to the Glossary for the complete definition of a "child in need of services" (CHINS). IC 31-9-2-20, IC 31-9-2-31 (b), IC 31-9-2-87, IC 31-34-1-9, IC 31-34-1-14 and IC 31-34-1-15 contain qualifying language concerning the types of situations that

must be reported as child abuse or neglect. Also, Appendix A to this section includes "Criminal Law Citations Relative to Sexual Offenses" which clarifies IC 31-34-1-3 below. When allegations of sexual abuse are made, the family case manager (FCM) taking the report is to examine the allegations carefully to determine if the allegation information fits all the elements of one of the sexual offenses included in the CHINS definition. If a particular sexual offense is thus identified, the FCM can then recommend that the report be approved for investigation.

NOTE: The following legal cite contains the phrase "seriously impaired or seriously endangered." This verbiage shall include any injury or harm that is not minor, up to and including a life-threatening injury or permanent impairment. An example of minor injury is red marks on the lower buttocks of a 10-year-old. Family case managers must always consider the possibility that internal injuries may have occurred despite the absence of external visible signs.

IC 31-34-1-1

A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian (see glossary for definitions) to supply the child with necessary food, clothing, shelter, medical care, education, or supervision; and
- (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

IC 31-34-1-2

(a) A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian, or custodian; and
 - (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.
- (b) Evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child's physical or mental health is seriously endangered.

NOTE: With regard to methamphetamine (meth) labs, a child who resides on the property does not have to be physically present there when evidence of a meth lab

is discovered for the child to be considered a potential CHINS. Also, for criminal purposes, it is not necessary to find both the equipment and the chemicals for making meth for an arrest to be made. Therefore, it is not necessary to find all the components for a meth lab for a child to be declared a CHINS on the basis of residing on the property.

IC 31-34-1-3

(a) A child is a child in need of services if before the child becomes eighteen (18) years of age:

(1) the child is a victim of a sex offense under:

- (A) IC 35-42-4-1 (Rape);
- (B) IC 35-42-4-2 (Criminal Deviate Conduct);
- (C) IC 35-42-4-3 (Child Molesting);
- (D) IC 35-42-4-4 (Child Exploitation/Child Pornography);
- (E) IC 35-42-4-7 (Child Seduction);
- (F) IC 35-42-4-9 (Sexual Misconduct with a Minor);
- (G) IC 35-45-4-1 (Public Indecency/Indecent Exposure);
- (H) IC 35-45-4-2 (Prostitution);
- (I) IC 35-46-1-3 (Incest); or
- (J) the law of another jurisdiction, including a military court, that is substantially equivalent to any of the offenses listed in clauses (A) through (I); and

(2) the child needs care, treatment, or rehabilitation that:

- (A) the child is not receiving; and
- (B) is unlikely to be provided or accepted without the coercive intervention of the court.

(b) A child is a child in need of services if, before the child becomes eighteen (18) years of age:

(1) the child lives in the same household as another child who is the victim of a sex offense under:

- (A) IC 35-42-4-1;
- (B) IC 35-42-4-2;
- (C) IC 35-42-4-3;
- (D) IC 35-42-4-4;
- (E) IC 35-42-4-7;
- (F) IC 35-42-4-9;
- (G) IC 35-45-4-1;
- (H) IC 35-45-4-2;
- (I) IC 35-46-1-3; or
- (J) the law of another jurisdiction, including a military court, that is substantially equivalent to any of the offenses listed in clauses (A) through (I);

(2) the child lives in the same household as the adult who committed the sex offense

under subdivision (1) and the sex offense resulted in a conviction or a judgment under IC 31-34-11-2;

(3) the child needs care, treatment, or rehabilitation that:

(A) the child is not receiving; and

(B) is unlikely to be provided or accepted without the coercive intervention of the court; and

(4) a caseworker assigned to provide services to the child:

(A) places the child in a program of informal adjustment or other family or rehabilitative services based upon the existence of the circumstances described in subdivisions (1) and (2) and the assigned caseworker subsequently determines further intervention is necessary; or

(B) determines that a program of informal adjustment or other family or rehabilitative services is inappropriate.

NOTE: A child who is alleged to be a victim of a sexual offense under IC 35-42-4-3 and, therefore, a CHINS is not considered abused or neglected and, therefore, is not subject to the mandatory reporting law unless the offense involves the fondling or touching of the buttocks, genitals or female breasts.

IC 31-34-1-4

A child is a child in need of services if before the child becomes eighteen (18) years of age:

(1) the child's parent, guardian, or custodian allows the child to participate in an obscene performance [as defined by IC 35-49-2-2 (Matter or Performance Harmful to Minors) or IC 35-49-3-2 (Obscene Performance)]; and

(2) the child needs care, treatment, or rehabilitation that the child:

(A) is not receiving; and

(B) is unlikely to be provided or accepted without the coercive intervention of the court.

IC 31-34-12-4.5

(a) There is a rebuttable presumption that a child is a child in need of services if the state establishes that:

- (1) another child in the same household is the victim of a sex offense described in IC 31-34-1-3; and
- (2) the sex offense described in IC 31-34-1-3:
 - (A) was committed by an adult who lives in the household with the child; and
 - (B) resulted in a conviction of the adult or a judgment under IC 31-34-11-2 as it relates to the child against whom the sex offense was committed.
- (b) The following may not be used as grounds to rebut the presumption under subsection (a):
 - (1) The child who is the victim of the sex offense described in IC 31-34-1-3 is not genetically related to the adult who committed the act, but the child presumed to be the child in need of services under this section is genetically related to the adult who committed the act.
 - (2) The child who is the victim of the sex offense described in IC 31-34-1-3 differs in age from the child presumed to be the child in need of services under this section.
 - (c) This section does not affect the ability to take a child into custody or emergency custody under IC 31-34-2 if the act of taking the child into custody or emergency custody is not based upon a presumption established under this section. However, if the presumption established under this section is the sole basis for taking a child into custody or emergency custody under IC 31-34-2, the court first must find cause to take the child into custody or emergency custody following a hearing in which the parent, guardian, or custodian of the child is accorded the rights described in IC 31-34-4-6(a)(2) through IC 31-34-4-6(a)(5).

IC 31-34-1-5

A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's parent, guardian, or custodian allows the child to commit a sex offense prohibited by IC 35-45-4; and
- (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

There are three (3) other categories of CHINS in this section of the Juvenile Law that are considered non-abuse/neglect categories of CHINS. They are:

IC 31-34-1-6 Child substantially endangering own or another's health

IC 31-34-1-7 Parent, guardian, or custodian failing to participate in school disciplinary proceeding

IC 31-34-1-8 Missing child

The next cite, IC 31-34-1-9 (Disabled child deprived of necessary nutrition or medical or surgical intervention), is Indiana's response to the federal "Baby Doe" law. It specifies that all the CHINS categories include a child with a disability who is deprived of necessary nutrition or of medical or surgical intervention generally provided for similarly situated children with or without disabilities.

IC 31-34-1-10 and IC 31-34-1-11 are part of the definition of a child in need of services based on child abuse/neglect as defined in IC 31-9-2-133 concerning a "victim of child abuse or neglect".

IC 31-34-1-10

Except as provided in sections 12 and 13 of this chapter, a child is a child in need of services if:

- (1) the child is born with:
 - (A) fetal alcohol syndrome; or
 - (B) any amount, including a trace amount, of a controlled substance or a legend drug in the child's body; and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; or
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

IC 31-34-1-11

Except as provided in sections 12 and 13 of this chapter, a child is a child in need of services if:

- (1) the child:
 - (A) has an injury;
 - (B) has abnormal physical or psychological development; or
 - (C) is at a substantial risk of a life threatening condition;
that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy; and
- (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; or

- (B) is unlikely to be provided or accepted without the coercive intervention of the court.

IC 31-34-1-12 and IC 31-34-1-13 are exceptions to the definitions of CHINS under IC-31-34-1-10 and IC 31-34-1-11

IC 31-34-1-12

A child is not a child in need of services under section 10 or 11 of this chapter if:

- (1) a drug detected in the body of the child under section 10 (1) of this chapter or the condition described in section 11 (1) of this chapter was caused by a legend drug; and
- (2) during pregnancy the child's mother:
 - (A) possessed a valid prescription for the legend drug;
 - (B) was not in violation of IC 16-42-19 (the Indiana legend drug act); and
 - (C) made a good faith attempt to use the legend drug according to the prescription instructions.

IC 31-34-1-13

A child is not a child in need of services under section 10 or 11 of this chapter if:

- (1) a drug detected in the body of the child under section 10 (1) of this chapter or the condition described in section 11 (1) of this chapter was caused by a controlled substance; and
- (2) during pregnancy the child's mother:
 - (A) possessed a valid prescription for the controlled substance; and
 - (B) made a good faith attempt to use the controlled substance according to the prescription instructions.

IC 31-34-1-14 and IC 31-34-1-15 also qualify the CHINS definition.

IC 31-34-1-14

If a parent, guardian, or custodian fails to provide specific medical treatment for a child because of the legitimate and genuine practice of the religious beliefs of the parent, guardian, or custodian, a rebuttable presumption arises that the child is not a child in need of services because of the failure. However, this presumption does not do any of the following:

- (1) Prevent a juvenile court from ordering, when the health of a child requires, medical services from a physician licensed to practice medicine in Indiana.
- (2) Apply to situations in which the life or health of a child is in serious danger.

IC 31-34-1-15

This chapter does not do any of the following:

- (1) Limit the right of a parent, guardian, or custodian of a child to use reasonable corporal punishment when disciplining the child.
- (2) Limit the lawful practice or teaching of religious beliefs.

201.21 Determining Legal Sufficiency

Upon receipt of a report of alleged child abuse or neglect, the process of determining whether the elements of the report warrant a thorough investigation or warrant being screened out is referred to as determining legal sufficiency. Reports meeting the criteria for legal sufficiency must be thoroughly investigated. Those failing to meet the same criteria may be screened out.

In the Indiana Child Welfare Information System (ICWIS), the screens to capture data regarding child maltreatment and legal sufficiency are found in the Intake module. ICWIS is programmed to assist users in determining legal sufficiency. The system compares the data entered to Indiana statutory language defining a child in need of services (CHINS). When the data entered into ICWIS by the family case manager (FCM) is consistent with the statutes pertaining to CHINS, ICWIS indicates that the report meets legal sufficiency. When the data entered into ICWIS by the FCM is not consistent with the statutes pertaining to CHINS, ICWIS indicates that the report does not yet meet legal sufficiency.

Notwithstanding the previous paragraph, the ultimate determination of legal sufficiency is not a mechanical computation, but rather requires the careful, balanced assessment of both objective and subjective data with the paramount consideration being the child alleged to be a victim. There will be times when the ICWIS recommendation is inconsistent with the assessment of the FCM or supervisor. In these instances, ICWIS is not to be used to screen out the reports. When a supervisor perceives in a report a situation that poses potential danger to a child, the report must be assigned for investigation. While ICWIS is programmed to assist in determining legal sufficiency to investigate, the supervisor has and must exercise the discretion to override an ICWIS determination in the best interests of children. ICWIS does not, and cannot, replace the critical evaluation of a trained or experienced supervisor.

202 Local Child Protection Service Organization

Each county office of family and children (COFC) is required to establish a CPS unit to carry out the provisions of the law. In counties with a population of 100,000 or more, the CPS unit must be a separate organizational unit within the local office. (IC 31-33-2-1) Joint CPS units may be established by adjacent counties.

202.1 Functions of CPS (IC 31-33-2-3)

The Juvenile Code describes the two general functions of local CPS as follows:

- (1) receiving and investigating all reports of known or suspected child abuse or neglect (Exceptions: situations in which police investigation is appropriate and some cases of institutional abuse or neglect. See subsections 210.1 and 210.4 for information regarding how local CPS staff needs to be involved in these types of investigation.); and
- (2) provision of protective services to ensure the safety of children who are victims of child abuse or neglect, and prevention of further abuse or neglect.

202.2 Cooperation with Other Agencies

CPS is required to seek the cooperation of other appropriate public and private agencies, specifically law enforcement, the court, and other agencies providing services to the abused or neglected child. CPS is also required to cooperate with other agencies that provide family services designed to prevent a child's removal from the home. (IC 31-33-2-6)

202.3 The Child Protection Plan and FPP 0660A, Request for Approval of Child Protection Plan

Each county office is required to prepare a plan for the delivery of CPS before February 2 of each odd-numbered year. FPP 0660A is the form on which the county office plan shall be described. A copy of FPP 0660A may be found in Appendix B to this section and in the Administration module of ICWIS. (IC 31-33-4-1)

202.31 Content (IC 31-33-4-2)

The plan must include the following information:

- (1) the type of plan being submitted by the county office; e.g., separate organizational unit for counties of 100,000 population or more, single county plan, joint county CPS or purchase of CPS;
- (2) the organization, staffing and mode of operation of the county CPS;

NOTE: IC 31-33-7-3 requires that each local phone directory in a county contain a listing of the statewide child abuse hotline number (1-800-800-5556). A directory may contain multiple listings of this number under various headings as well as listings of the local CPS telephone number. However, one of the listings of the 800 number must be included with the other emergency numbers listed in the directory, usually inside the front cover. The heading for this 800 number as it appears in the list of emergency numbers must be "child abuse hotline." A person must always answer the hotline. If voice mail is used to back up the person responsible for answering a CPS hotline, an option must always be available to enable the caller to engage in a two-way conversation with another staff person.

- (3) statistical data concerning the Child Protection Team;
- (4) financing of the CPS;

- (5) interagency agreements made for the provision of service and promotion of interagency relations;
- (6) any other information deemed necessary by Central Office.

202.311 Interagency Agreements

It is required by policy that the Child Protection Plan incorporate written interagency agreements with law enforcement agencies and the county prosecutor, and it is strongly recommended that agreements also be made with military installations. Such agreements should be developed mutually between the county office and other agencies involved and should specifically identify the responsibilities of each party in the investigation of child abuse and neglect reports, including, but not limited to the following, as needed:

- (1) covering the CPS telephone service after hours (subsection 204); (IC 31-33-7-1)

NOTE: The law also allows for a local office to purchase CPS from any public or private agency, under certain established conditions. (IC 31-33-2-7) State policy, however, does not allow for purchase of child protection services since those services are the responsibility of the COFCs.

- (2) assuring that appropriate family members are given consideration in any emergency placement of a child alleged to be a child in need of services (CHINS) (subsection 205.48); (IC 31-34-4-2) (IC 31-34-6-2)
- (3) involving the other agency in the initial assessment of “imminent danger of serious bodily harm” necessitating an “immediate, on-site investigation” and the need for a joint investigation (subsections 205.1 and 205.2); (IC 31-33-8-2)
- (4) taking color photographs (subsection 205.43); (IC 31-33-8-3)
- (5) investigating certain sexual abuse offenses, such as rape of a child under age 18 (subsection 210.1); (IC 31-33-7-7)
- (6) using protective orders to remove the alleged perpetrator in abuse investigations; (IC 31-34-2-2)
- (7) communicating regarding investigations of fatalities resulting from alleged child abuse or neglect completed entirely by a law enforcement agency (subsection 210.2); (IC 31-33-7-7)

- (8) sharing completed reports among COFC, law enforcement agency (LEA), prosecutor, court, and Child Protection Team (CPT);
- (9) entering data into the central registry, accessing registry information, and advising parents and alleged perpetrator of registry entry when one of the following applies:
 - (1) An arrest of the alleged perpetrator of the child abuse or neglect is made.
 - (2) Criminal charges are filed in state or federal court against the alleged perpetrator of the child abuse or neglect.
 - (3) A court determines that a child is a child in need of services based on a report of child abuse or neglect.
 - (4) A court approves a program of informal adjustment relating to the child abuse or neglect report under IC 31-34-8.
 - (5) A person does not substantially comply with the terms of a services referral agreement under IC 31-33-13.

It is also strongly recommended that interagency agreements be mutually developed with schools, hospitals, and mental health centers, identifying procedures to be followed for reporting cases of suspected child abuse and neglect to the local CPS.

202.32 Distribution of Child Protection Plan

After a public hearing and consultation with local law enforcement agencies, the plan must be submitted to the following:

- (1) the Director of the Division of Family and Children, after consultation with local law enforcement agencies;
- (2) the court having juvenile jurisdiction;
- (3) the Child Protection Team; and
- (4) appropriate public or voluntary agencies, including organizations for the prevention of child abuse or neglect.

The procedure for notifying the public of a hearing held by a governmental agency as delineated in IC 5-14-1.5-5 must be followed. The meeting must be held in a location that is accessible to disabled persons. (IC 5-14-1.5-3) Only 48-hour notification to the public is required, excluding weekends. However, the county office is encouraged to use the time between publication of the notice and the hearing to continue to publicize via available news media (radio, television, newspaper), the serious problem of child abuse and neglect and what is being done about it in the community.

Regional Managers must submit the plan to Central Office in duplicate with the original signature of the director of the county office on the original copy. The plan is due at Central Office before February 2 of each odd-numbered year.

202.33 Certification of Child Protection Plan by DFC Director

The DFC Director must certify within 60 days after February 2 whether or not the plan fulfills the purposes and meets the requirements of the child abuse law. If the Director certifies that the local plan does not do so, the Director shall state the reasons for the decision and may withhold state reimbursement for any part of the county office's activities relating to the provision of CPS. The decisions of the Director may be reviewed under IC 4-22-1 (the Administrative Adjudication Act).

203 Mandatory Reporting of Child Abuse or Neglect

The law specifies who must report and how a report is to be made.

203.1 Who Reports

Any individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report. (IC 31-33-5-1) A person who knowingly fails to make such a report commits a Class B misdemeanor. (IC 31-33-22-1)

203.11 Abrogation of Privileged Communication

IC 31-32-11-1 abrogates (see Glossary) the privileged character of information shared between:

- (1) husband and wife;
- (2) health care provider (defined in Glossary) and patient; and
- (3) a:
 - (a) certified social worker;
 - (b) certified clinical social worker;
 - (c) certified marriage and family therapist;and a client of any of the professionals described in clauses (a) through (c); or
- (4) school counselor and student.

In other words, spouses, health care providers, certified professionals listed in (3), and school counselors are mandated to report if they obtain information concerning possible child abuse or neglect via what would otherwise be privileged communication.

NOTE: The privileged communication status established for victim counselors and victims under criminal law is also abrogated relative to mandatory reporting of child abuse or neglect. However, once a report is

made, a victim counselor may assert the privilege. See subsection 205.461 for additional information.

203.12 Staff Members of Other Agencies or Facilities

A member of the staff of medical or other public or private institutions or agencies is doubly obligated to report. The staff person has a duty to report on the staff member's own behalf, and also the staff member is mandated to immediately notify the individual in charge of the institution or agency, who then also becomes responsible to report. (IC 31-33-5-1, 2, 3)

203.13 Health Care Provider

Special reporting requirements are placed on the health care provider or person in charge of a medical institution. These special requirements are to:

- (1) cause photographs to be taken of areas of trauma;
- (2) cause radiological examination or physical medical examination of the child to be performed, if medically indicated. (IC 31-33-10-1)

See subsections 205.43 and 208 for information regarding financial responsibility and reimbursement for the reasonable costs of photographs, x-rays, and physical medical examinations made for purposes of investigating alleged child abuse or neglect. (IC 31-33-10-2) The photographs and a summary of x-rays and other medical care given shall be made available to CPS. (IC 31-33-10-3) CPS shall in turn notify, if appropriate, the prosecutor, law enforcement agency, and guardian ad litem or court appointed special advocate that such information is available. (IC 31-33-2-4)

203.14 Law Enforcement

Special reporting requirements are placed on law enforcement agencies. If a law enforcement agency receives a report of child abuse or neglect, it shall immediately communicate the report to the local CPS. Special requirements are also placed on law enforcement agencies with regard to investigation of child abuse or neglect cases. See subsection 210.1. (IC 31-33-7-7)

203.15 Foster Parents

On July 1, 2002, a new section of law, IC 12-17.4-4-33.5, became effective. It requires licensed foster parents to immediately contact the county office of family and children (COFC) if, while living in a foster home:

- (1) a foster child under the age of 16 engages in or is the victim of sexual contact as defined in IC25-1-9-3.5; i.e., sexual intercourse, deviate sexual conduct or touching or fondling; or
- (2) a foster child is:
 - (a) charged with or adjudicated as having committed an act that would be a crime under IC 35-42-4 (Sex Crimes) if committed by an adult;

- (b) charged with or convicted of an offense under IC 35-42-4; or
 - (c) the victim of an offense under IC 35-42-4.
- (3) the foster parent learns that a foster child has, before placement in the foster home, engaged in or been the victim of an act under IC 35-42-4.

The information provided to the COFC must include:

- (1) the name of the child;
- (2) the date the act occurred, if it can be determined;
- (3) a description of the act;
- (4) the name of the law enforcement agency responding, if one was contacted; and
- (5) any other relevant information.

Notwithstanding any other law, the COFC is required to provide the information in items 1-4 above, whether received from a foster parent or other reliable source, to a prospective foster parent for the child prior to placement and to each foster parent in whose home the child was previously placed.

203.2 How A Report Is To Be Made

A person who has reason to believe that a child is a victim of child abuse or neglect shall make an immediate oral report to the local CPS or law enforcement agency. (IC 31-33-5-4) A person who intentionally makes a false report to the local CPS or law enforcement agency commits a Class B misdemeanor and is liable to the person accused of child abuse or neglect for actual damages. (IC 31-33-22-3)

203.3 Immunity

A person (other than one accused of child abuse or neglect) who:

- (1) makes a report, or
- (2) causes photographs, x-rays, or physical medical examinations to be made, or
- (3) participates in a court hearing resulting from a report,

is immune, under the Juvenile Code, from civil or criminal liability that might otherwise be imposed because of such actions. Immunity does not apply if a person acted maliciously or in bad faith. However, the law presumes that the person making the report acted in good faith. (IC 31-33-6-1, 2, 3)

203.4 Intentional False Reporting

If the family case manager (FCM) has reason to believe that a reporting source is intentionally making false reports, the FCM shall so advise the supervisor by memorandum. If, after a review of the information available, the supervisor has reason to believe that intentional false reporting has occurred, the supervisor shall bring the matter to the attention of the COFC director who will forward the information on to the COFC attorney for review. If the COFC attorney feels it is appropriate, the director of the COFC will forward the information to the county prosecuting attorney for possible prosecution in accordance with local procedures. (IC 31-33-22-3)

204 **CPS Intake**

The law requires a telephone access system that is standardized among all counties under the name “Child Abuse Hot Line” (1-800-800-5556). The local CPS must make arrangements for reports of child abuse or neglect to be received on a twenty-four (24) hour, seven (7) days a week basis. This may be accomplished by having law enforcement agencies respond to telephone calls during hours when county offices are closed. Law enforcement then makes contact with the appropriate CPS family case manager (FCM), if needed, to follow up on a report of child abuse or neglect. See subsection 202.311 regarding interagency agreements with law enforcement agencies. (IC 31-33-7-1, 2, 3)

204.1 **Receiving/Assigning Reports of Child Abuse or Neglect**

A CPS FCM or supervisor is to be the person assigned to receive reports. Receiving reports of child abuse or neglect is not a clerical function. Considerable skill is required at the point of intake in order to make an immediate and appropriate decision relative to the safety of the child(ren) in question. In addition, the information obtained at the time of intake may be extremely important if the court is involved at some time in the future. If a report is taken concerning an incident which occurred in another county, a telephone call is to be made to the other county to inform them of the report and to give information concerning when to expect the report to be transferred.

The CPS FCM should be aware that the person making a report is most often genuinely concerned about the care a child is receiving, or else that person would not be contacting CPS. Since the law assumes a report is made in good faith, this attitude is likewise to be the prevailing attitude of the FCM or supervisor receiving the report.

The on-call status allows the FCM to approve a report, create an investigation, and create a case. When the report is ready to be sent for approval, the on-call FCM needs to select On Call Worker in the supervisor list box. The report, then, is sent to the on-call FCM him/herself for approval. The FCM then may have access to the decision Approval window. If the FCM approves a decision to investigate, the new investigation is automatically assigned to the on-call FCM him/herself. If the report taken by the on-call FCM is for another county, the decision to be sent for approval should be “transfer.” The on-call FCM is to send reports to be transferred to the supervisor for approval. A telephone call is to be made to the county that is to receive the report in order to inform that county of the information taken, where in the process the report is, and when to expect the report to be transferred to the receiving county.

204.11 **Anonymous Reports**

Anonymous reports of child abuse or neglect are to receive the same consideration for investigation as any other report. However, the CPS FCM is to encourage the person making the report to self-identify, so that follow-

up information may be obtained, if necessary. Also, the identity of the person making the report may be needed in the event of future court involvement.

204.12 Confidentiality of Reporting Source

The confidentiality of the reporting source must be respected and maintained by the FCM under IC 31-33-18. The FCM is to advise the person making the report that the reporter's identity will not be released during the investigation to the person about whom the report is being made. However, the FCM must also advise the reporter that if future court action is required in the case, the court will, in all probability, require the name of the reporter in order to subpoena that person's testimony during the court process. Ultimately then, the person(s) about whom the report was made may learn the identity of the reporter.

If parents request copies of SF 114/FFP 0310 and SF 113/FPP 0311 (see subsections 204.2 and 205.5 below), the name of the reporting source must be deleted prior to sharing this information in such a manner that the information cannot be retrieved by the parent. This is accomplished in ICWIS by choosing to print the form without reporter information.

NOTE: A public employee who knowingly and intentionally discloses information classified as confidential by state statute commits a Class A misdemeanor. (IC 5-14-3-10)

204.13 Statute of Limitation Relative to Child Abuse and Neglect (IC 35-41-4-2)

The offenses listed in the child in need of services (CHINS) definition (IC 31-34-1, 3, 4, 5) are either felonies or misdemeanors and are subject to the statute of limitation, after which time prosecution is barred. A Class B, Class C, or Class D felony cannot be prosecuted unless the prosecution is commenced within five (5) years after the commission of the offense; and the prosecution of a misdemeanor must be commenced within two (2) years. A prosecution for murder or a Class A felony may be commenced at any time. The time limit for prosecution for certain sexual offenses, however, is extended. Prosecution for child seduction (IC 35-42-4-7) and incest (IC 35-46-1-3) as well as vicarious sexual gratification (IC 35-42-4-5) and child solicitation (IC 35-42-4-6) must be commenced before the date that the alleged victim reaches 31 years of age. The statute of limitation for certain acts of child molesting (IC 35-42-4-3) also is extended up to the time the alleged victim reaches 31 years of age. The differences are broken down as follows:

- (1) If the offense was committed on or after 7-1-96, the offense must involve sexual intercourse or deviate sexual conduct with a child under age 14 in order to qualify for the extended time limit.
- (2) If the offense was committed before 7-1-96 and the offense involved sexual intercourse or deviate sexual conduct with a child under age 16, prosecution must be commenced before the date the alleged victim reaches age 31.

- (3) If an offense committed before 7-1-96:
 - (a) involved sexual intercourse, deviate sexual conduct, or fondling, and
 - (b) was committed by a person who was at least sixteen (16) years of age and the alleged victim was not more than two (2) years younger,

the prosecution is barred unless commenced within five (5) years after the commission of the offense.

204.2 Information to Obtain from Reporting Source, and Completion of SF 114/FPP 0310 (FPP 310) 48-Hour Report (IC 31-33-7-4)

The law specifies what information must be obtained from the reporting source in order to complete the 48-hour written report required by law. The written report, SF 114/FPP 0310 (FPP 310), Preliminary Report of Alleged Child Abuse or Neglect, is to be completed in the ICWIS Intake module and is based on the information the CPS FCM receives from the person making the report. (A paper copy of FPP 310 and the instructions for its completion may be found in Appendix E to this section.) Paper copies of FPP 310 are available for general reporting sources who do not have access to ICWIS.

The information to be obtained from the reporting source must include the following (if known):

- (1) names and addresses of the child and the child's parent, guardian, custodian, or other person responsible for the child's care;
- (2) child's age and sex;
- (3) nature and apparent extent of child's injuries, abuse, or neglect, including any evidence of present or prior injuries to the child or the child's siblings;
- (4) name of the person allegedly responsible for the child's maltreatment;
- (5) source of the report;
- (6) person making the report and where the reporter may be reached;
- (7) actions taken by the reporting source, such as taking photographs or x-rays, removing or detaining the child, or notifying the coroner;
- (8) written documentation required by IC 31-34-2-3 if a child is taken into custody without a court order;
- (9) any other information required by regulation or considered helpful by the reporter.

In completing FPP 310 based on the above information, the FCM is to include information regarding the nature and apparent extent of the child's present and prior alleged abuse or neglect under "Nature of Complaint". The same information is to be obtained for siblings of the child. If the report concerns a fatality, a box under "Special

Reports” in the Intake Decision screen in ICWIS must be checked to denote whether the victim of the fatality is or is not under the supervision of the county office of family and children (COFC). See subsection 205.5 for information regarding a second written report to be completed following the investigation of child abuse and neglect. See subsection 205.53 for information regarding distribution of FPP 310.

204.3 Accepting a Report for Investigation

There are specific criteria for accepting a report of alleged child abuse or neglect as outlined below.

204.31 Qualifying Relationships

Juvenile Law specifies the relationships between child and perpetrator that must exist in order for a report to be accepted for investigation. For physical abuse and neglect, the perpetrator must be a parent, guardian, or custodian or must be a person acting in a custodial role. The following are definitions of these terms:

“Parent” means a biological or adoptive parent and includes both parents, regardless of their marital status.

“Guardian” means a person appointed by a court to have the care and custody of a child or the child’s estate, or both.

“Custodian” means the person with whom a child resides. For purposes of situations involving CHINS, the term includes any person responsible for the child’s welfare who is employed by a public or private residential school or foster care facility.

“Custodial parent” means the parent who has been awarded physical custody of a child by a court.

“Non-custodial parent” means the parent who is not the custodial parent.

The term “acting in a custodial role” applies to persons to whom a parent, guardian, or custodian has entrusted the child’s care. Some examples are relative and non-relative babysitters (grandparents, boy/girlfriends of parent, etc.), teachers, and camp counselors.

204.32 Deciding Whether to Investigate

After receiving the report, a decision needs to be made by the CPS FCM and supervisor or director to determine if the report is to be accepted for investigation. The criterion used to make such a determination is the legal definition of child abuse or neglect. See subsection 201.2. Most reports received by CPS will obviously fall under this definition, and these are to be immediately assigned for investigation. However, there may be reports that are not consistent with the legal definition of child abuse or neglect and, therefore, are not to be investigated.

Some examples are:

Non-custodial abuse: When a person who is in a non-custodial role is abusive to a child, the situation may be referred to the police, as the circumstances do not fall into the jurisdiction of CPS to investigate.

NOTE: For purposes of juvenile law in general, the term “custodian” means the person with whom a child resides. For purposes of situations involving CHINS, the term includes any person responsible for the child’s welfare who is employed by a public or private residential school or foster care facility.

Exception: Alleged sexual abuse must be investigated regardless of whether the alleged perpetrator is in a caregiver role in relation to the victim. NOTE: In cases in which a report indicates that an individual who has formerly been accused of perpetrating sexual abuse on a minor is currently living in a home where there are new potential minor victims, a CPS investigation can be initiated if charges were filed in the original case with no disposition in the case or there was a conviction. Otherwise, the law does not allow for CPS intervention without specific allegations of child sexual abuse relative to the minors in the new living situation.

Sibling abuse: Except as indicated below, physical abuse among siblings does not warrant a CPS investigation.

Exceptions: A CPS investigation is to be conducted when an older sibling who is the alleged perpetrator is left in charge of a younger child or sibling, and abuse or neglect takes place. Some situations involving sibling abuse, however, are to be investigated on the basis of possible parental neglect; e.g., when two older siblings very close in age are the alleged perpetrator and victim, or when a young child is alleged to have perpetrated sexual abuse upon a sibling. Parental supervision is to be assessed then. If the children are alleged to have performed sexual intercourse or deviate sexual conduct, the investigation must consider those allegations as well as the possibility that the involved children may have been sexually abused.

Runaway: An investigation involving a runaway is not to be conducted unless there is an allegation of abuse or neglect on the part of the child's parent, guardian, or custodian.

Truancy/Excessive Absenteeism: This is not reportable under the Juvenile Code as educational neglect unless the parents have been negligent in sending the child to school. COFCs sometimes become involved in cases in which a child misses school because of persistent head lice. As long as the parent, guardian, or custodian is doing all that can reasonably be done to resolve the problem, this is not a matter for CPS.

Child Substantially Endangers the Child’s Own Health or the Health of Another: These allegations do not warrant a CPS investigation since this situation is not included in the legal definition of “child abuse or neglect” or “victim of child abuse or neglect.” Such a report is to be entered in the ICWIS Intake module with a narrative in the Allegations screen but without types of maltreatment marked. The decision should be Service Request with

CHINS 6 as the type of service requested. A CHINS 6 case would be Management module is the tool used to investigate whether the child needs care, treatment, or rehabilitation that the child is not receiving and is unlikely to be provided or accepted without the coercive intervention of the court. If such a report results in an informal adjustment (IA) or CHINS, the report is not to be entered into the state central registry (SCR) since the IA or CHINS is not based on a report of child abuse or neglect. A services referral agreement (SRA) is never appropriate for a CHINS 6 since, by legal definition, a voluntary services referral agreement is based on a substantiated child abuse or neglect report. (IC 31-33-13)

Inappropriate Discipline: Inappropriate discipline alone is not legally sufficient for investigation. Other factors must be present before an abuse investigation is warranted; e.g., hitting a child with an instrument is inappropriate, but it is not child abuse unless there is reason to believe the child is injured.

Lock In/Out and Close Confinement: These allegations alone do not warrant a CPS investigation unless allegations include some element of endangerment to the child or serious impairment or endangerment of child's mental or physical condition.

Poor Hygiene: Allegations of poor hygiene alone do not warrant a CPS investigation unless the poor hygiene poses a health hazard.

If, after discussion with the supervisor, a decision is made not to investigate and the report is screened out, the reasons for the decision are to be clearly documented in ICWIS on the FPP 310. ICWIS automatically expunges screened out reports within seven (7) days prior to 180 days from the date of receipt.

204.33 Linking Reports

If an investigation is opened on a family, whenever possible, any reports involving that same family, same perpetrator and similar allegations, the investigations are to be linked to the initial report as long as the investigation is open and it is within **30** days from the original investigation.

Linking should be done whenever there is an open investigation on a household member and a subsequent report with similar allegations involving the same victim(s) and perpetrator(s) is received within 30 days. Safety of the children and the potential risk should always be a primary consideration. When an investigation is linked to the original investigation the Supervisor and FCM must determine whether additional contact is warranted with all parties and whether safety and risk reassessment should be completed for the children.

For example, if the home environment is determined to be life or health endangering in the initial investigation, the family remedies the problem by cleaning the house and agrees to comply with a safety plan. When a second report is received within 30 days involving the original household members, the FCM would make follow-up contact in the home to

reassess safety and risk to the children as well as compliance with the safety plan.

Best Practice example: for same allegations coming in several days apart: issues of a house that is life health endangering, you investigate and have the family clean it up and create a safety plan, then within 30 days a second intake comes in regarding the same issue, as a safety measure, the worker would go back out to assure the house is clean and the family is following the safety plan as outlined.

When feasible, all allegations, victims, and perpetrators are to be combined and resolved in one investigation report.

Examples:

- (1) One FCM takes a report and starts an investigation but is unavailable when a second report comes in regarding the same family and situation, that second investigation should be linked to the first one that came in.
- (2) If two reports have the same perpetrator but different allegations, the two reports should be linked, if it involves same victims as well. IE: If a child is reported to be a victim of sexual abused by father and the report also discusses environmental issues of the condition of the home.
- (3) If two reports involve different perpetrators, but, live in the same household, and it is in regards to the same alleged victims, they should be linked.
- (4) If two reports have the same perpetrator but there have been changes in household composition, the reports would not be linked because household members would be replaced in the Profile screen.

If an FCM takes an Intake Report that relates to an existing case, the supervisor is to be made aware of that case. If an FCM taking a report links it to another without being aware of any circumstances that would preclude it, the supervisor has the capacity to unlink the two reports.

NOTE: All linked reports are to be completed within the 90-day time frame established by the initial report.

NOTE: To assure accurate information is being collected the worker needs to assure utilizing replace client to avoid a duplicate CCI and multiple listings of the same persons in the ICWIS system is completing accurate screening.

NOTE: LINKING IS NOT TO BE USED FOR INSTITUTIONAL REPORTS/ INVESTIGATIONS.

204.4 Child Protection Service Alerts

The responsibility for receiving and disseminating child protection service information that is to be shared on either a statewide or an interstate basis falls within the purview of Central Office's Child Protection Service Unit. Procedures are delineated below. Anytime a family is missing prior to the completion of an investigation, consideration must be given to issuing a CPS alert.

204.41 CPS Alerts Received from Other States

Central Office frequently receives information from other states regarding families that have come to the attention of the social services networks in those states because the children are believed to be at risk of abuse or neglect. At some point, the referring states have lost contact with these families. Those alerts in which the referring state is aware that the family is, or may be, in a specific Indiana location are forwarded directly to the appropriate county CPS. Those alerts in which the family's whereabouts are unknown are duplicated and distributed to all county offices in the general county office mailing so that all agencies are advised and can be on the alert for the missing families. County offices should search public assistance files for possible matches of names, dates of birth, and Social Security numbers. In addition, Central Office enters these families into ICWIS as CPS alerts so that an individual subsequently entered into ICWIS by a county office can readily be identified as the subject of a search by another state.

204.42 CPS Alerts Emanating from Indiana

It is not uncommon for a family to disappear prior to the conclusion of an investigation. When this happens, consideration must be given to issuing a CPS alert.

Any county office wishing to generate to other states a child protection service alert regarding a missing family with which the county office has been involved on a CPS basis must submit the information to Central Office for dissemination. The county office must specify to which states the alert is to be sent.

If the alert is for Indiana only, the alert should be entered into the ICWIS system; and the county generating the alert is responsible for checking ICES periodically for possible matches in the event the missing family has applied for public assistance in another county. The alert will not be seen in the county to which the missing family has moved unless the family is entered into ICWIS in the second county. An alert stays in the ICWIS system for six (6) months and is automatically deleted unless canceled prior to the end of the six-month period. See subsection 204.43 below for information on CPS alert cancellations.

The amount of information for an interstate CPS alert should not exceed one duplexed page and should include the following data:

- (1) date;

- (2) the words CHILD PROTECTION SERVICE ALERT and CONFIDENTIAL to specify the nature of the data;
- (3) as much identifying information regarding the individuals sought as possible including name, date of birth, Social Security number, physical description, etc.;
- (4) a brief statement of factual information regarding the county office's involvement with the missing parties, including the reason for intervention, reasons for believing the children to be at risk, current legal status of the children and any information regarding where they might be;
- (5) the name, agency affiliation, address, and telephone number of the person to contact should the persons being sought be located.

Any other information/instructions considered necessary for Central Office, such as whether the information should be sent to all states or specific states, or written in a separate cover letter rather than included in the information to be reproduced. Central Office will then disseminate the information. The county office submitting the alert will receive a copy of the transmittal form verifying that the alert has been distributed.

204.43 CPS Alert Cancellations

Should the individuals sought be located, the county office must notify Central Office immediately in writing regarding interstate CPS alerts so that a cancellation notice may be disseminated to the other states which received the alert. The date that the CPS alert was submitted must be included in this notification. If the alert was for Indiana only, either the FCM who entered it into ICWIS or the supervisor is responsible for removing it if the individuals sought are located prior to the automatic six-month deletion from ICWIS.

205 Investigation of Child Abuse or Neglect

IC 31-33-8-1 requires CPS to investigate each report of known or suspected child abuse or neglect. The exceptions are some situations in which police investigation is appropriate (see subsection 210.1). The major purpose of the investigation is the protection of the child who may be a victim of child abuse or neglect.

An appropriately thorough investigation is defined as an investigation conducted in such a manner and to the extent that the safety of the child is the primary consideration throughout the investigation process. The determination of what constitutes such an investigation must be based upon careful analysis of the set of circumstances that the allegations present and the investigation uncovers. It requires the application of good social work practice standards to the allegations and the facts, including the age, developmental stage and abilities of the child who is the subject of the report. It also requires an understanding of the reasonable expectations of the community.

The following guidelines are offered to enhance uniformity of procedures relative to conducting appropriately thorough investigations:

Face-to-face contact by either the FCM or the law enforcement agent is required with all the following principals:

- (1) the caregiver, regardless of investigation status, and on the same day as the alleged victim is seen;
- (2) alleged victim(s);
- (3) other children in the household; and
- (4) the alleged perpetrator, if other than the caregiver, unless a determination has already been made that the investigation is unsubstantiated.

NOTE: If any of the basic required contacts as prescribed above or the additional required contacts listed below are not made, documentation regarding the lack of contact is necessary.

In addition to the above-noted basic contacts, the nature of the abuse/neglect allegations require that other minimum investigative contacts be made before an investigation is considered complete. The following constitutes parameters for these additional contacts:

Type A Investigative Interviews are to be initiated when one (1) of the following allegations has been made:

DEATH
SKULL FRACTURE/BRAIN DAMAGE
INTERNAL INJURY
ASPHYXIATION/SUFFOCATION
GUNSHOT WOUNDS
INCEST
EXPLOITATION/PORNOGRAPHY
RAPE
CHILD MOLESTATION
SEXUAL MISCONDUCT WITH A MINOR
DEVIATE SEXUAL ACT
CHILD SEDUCTION
PROSTITUTION
FAILURE TO THRIVE

Type A Investigative Interviews require the following additional investigative contacts either face-to-face or by telephone:

- (1) Reporting source, if known. (This is not necessary if the investigative FCM spoke with the reporting source when intake information was initially received.)
- (2) Every person known to have witnessed the incident.
- (3) Two (2) professional persons who did not make the report, but who are believed to have first-hand knowledge of the incident/results of incident, injury, or the circumstances of the family being investigated. If there is no such professional, this lack must be documented on the report form by the investigative FCM.

Type B Investigative Interviews are to be initiated when one of the following allegations has been made:

BRUISES/CUTS/WELTS

BONE FRACTURES
WOUNDS/PUNCTURES/BITES
BURNS/SCALDS
POISONING
SHAKING/DISLOCATION/SPRAINS
DROWNING
INAPPROPRIATE DISCIPLINE
LACK OF SUPERVISION
MALNUTRITION
MEDICAL NEGLECT
ABANDONMENT
CLOSE CONFINEMENT
LOCK IN/OUT
DRUG ADDICTED
TRACE OF DRUG
FETAL ALCOHOL SYNDROME
PUBLIC INDECENCY/INDECENT EXPOSURE
HARMFUL/OBSCENE PERFORMANCE

Type B Investigative Interviews require the following additional investigative contacts either face-to-face or by telephone:

- (1) Reporting source, if known. (This is not necessary if the investigative FCM spoke with the reporting source when intake information was received.)
- (2) Every person who is known to have witnessed the incident.
- (3) Two (2) persons who are believed to have first-hand knowledge of the incident/results of incident, injury, or circumstances of the family being investigated. At least one (1) of the persons must be a professional (may be the reporting source). If there is no such person, this lack must be documented on the report form by the investigative FCM.

Type C Investigative Interviews are to be initiated when one (1) of the following allegations has been made:

EDUCATIONAL NEGLECT
LACK OF FOOD, SHELTER, CLOTHING
ENVIRONMENT LIFE/HEALTH ENDANGERING
POOR HYGIENE

Type C Investigative Interviews require the following additional investigative contacts:

- (1) Reporting source, if known. (This is not necessary if the investigative FCM spoke with the reporting source when intake information was received.)
- (2) If the investigative FCM is able to unsubstantiate the report after making required contacts, no further investigative contacts are necessary.
- (3) If the investigative FCM is not able to unsubstantiate the report after making required contacts, it is necessary to reclassify the report to a Type A or Type B investigative interview and proceed with the prescribed contact requirements.

- (4) With supervisory approval, the investigative FCM need not complete the required collateral contacts for Type A or B investigative interviews relative to a Type C investigation that the FCM is unable to substantiate, if the alleged perpetrator admits to the neglect.

205.1 Initiating Investigations

A non-institutional investigation is considered initiated when the involved child and the child's parent, guardian or custodian have been seen by CPS, an assessment of the child's safety has been completed, and the child's safety has been reasonably assured. Initiation of communication with the family by letter does not constitute initiation of an investigation. An institutional investigation is considered initiated when investigative staff has satisfactorily determined that a child who is the subject of a child abuse or neglect report is, and will continue to be, safe until the next step in the investigative process can be taken. When first contacted, the parent, guardian, or custodian should be notified of the allegations and the subject that is being investigated.

The Juvenile Code, in IC 31-33-8-1, designates time limits for the initiation of investigations of various types of reports, as follows:

- (1) immediate investigation if the report alleges that the safety or well-being of the child appears to be endangered or the death of a child has occurred;
- (2) immediate investigation, within one (1) hour, if the child is in imminent danger of serious bodily harm;
- (3) immediate investigation, within 24 hours, if the report alleges that the child may be a victim of child abuse (other than above); or
- (4) within a reasonably prompt time, but not later than five (5) calendar days, if the report concerns neglect (other than indicated above).

It is important to note that many of the reports of child abuse or neglect do allege that the immediate safety and well-being of the child is endangered. CPS should, in these cases, be prepared to initiate the investigation of these reports immediately, regardless of the time of day or night. The override function in ICWIS can be used by the FCM to require a shorter response time. A supervisor can override both the response time and the investigation type either up or down.

Some examples of the situations that CPS must consider for immediate investigation are:

- (1) severe or extensive injuries to a child;
- (2) a young child(ren) left alone;
- (3) any reported abuse of an infant;
- (4) reports that necessary medical attention has not been provided;
- (5) reports involving repeated abuse or neglect;
- (6) any report of infant or child alleged to be failure to thrive.

205.2 Planning the Investigation

If circumstances permit, planning and preparation is to take place prior to the investigation itself. Such planning is to include the following steps:

- (1) Review prior agency contact with the child or family; and, if possible, discuss the case with any other involved FCM.
- (2) Obtain further information needed (medical, social, etc.).
- (3) Determine the extent of other agency involvement.
- (4) Based upon information obtained, consider what family preservation and/or rehabilitative services might reasonably be arranged to prevent the need for out-of-home placement.
- (5) Plan how the investigation is to be conducted; i.e., whether family members will be interviewed separately, the order in which interviews will take place, where interviews will take place, etc.
- (6) If the child is to be interviewed at school, a child care center, or other facility outside the home, notify the administrator of the facility. (See subsection 205.42.)
- (7) If assistance from law enforcement is required or if law enforcement participates in the investigation because of a belief that a criminal offense has been committed, plan the investigation with the officer involved.
- (8) If the FCM has any negative reactions, such as fear or preconceived bias, relative to the situation as reported, these need to be discussed with the director, supervisor, or another FCM in order to gain a more objective perspective.
- (9) Become completely familiar with issues to be discussed with the child and the family members.

205.21 Special Issues to Be Considered During Investigation

Subsection 205.4 below outlines the basic activities involved in an investigation of child abuse/neglect. However, some situations present special issues that must be considered prior to and during investigations.

205.211 Accommodations for Individuals with Disabilities

The Americans with Disabilities Act (ADA) requires a public entity to ensure that its communications with individuals with disabilities are as effective as communications with others without fundamentally altering the nature of its services. Appropriate auxiliary aids and services must be made available when necessary to ensure effective communication. Primary consideration must be given to the choice of aids or services expressed by the individual with the disability.

Examples of auxiliary aids for persons who are deaf or hard of hearing include qualified interpreters, written materials, telephones compatible with hearing aids, and exchange of written notes. Examples for individuals with vision impairments include qualified readers, materials in braille, and assistance in locating items. Examples for individuals with speech impairments include telecommunication devices for deaf persons (TDD's) and communication boards.

Persons with a need for language interpreters are not included under ADA. However, CPS is to request the assistance of agency staff or persons in the community with knowledge of specific languages in order to ensure effective communication.

205.212 Investigations Involving Illegal Aliens

Any language barrier must be bridged in order to conduct an appropriately thorough investigation. It is necessary to obtain an interpreter who can translate during interviews with non-English speaking persons. If there is no one on staff who speaks the language required, checking with area schools, colleges and universities and with organizations that exist to benefit persons who speak a particular language can lead to persons capable of translating.

Immigration and Naturalization (INS) is to be contacted if the parties involved in the situation under investigation are illegal aliens. For immigration-related matters for the State of Indiana except Lake, Porter, LaPorte, and St. Joseph counties, contact the Indianapolis INS Enforcement Office, Investigations Unit, at (317) 226-6202. For Lake, LaPorte, Porter, and Saint Joseph counties only, contact the Chicago District Office, Enforcement Office, Investigations Unit, at (312) 385-1820 or (312)-385-1776. By contacting the INS, DFC fulfills any obligation to report illegal aliens. Making this report does not necessarily result in INS taking any action, however.

205.3 Elements of the Investigation

The investigation must include gathering information regarding the following elements:

- (1) Nature, extent, and cause of the known or suspected child abuse or neglect
- (2) Identity of the person allegedly responsible
- (3) Names and conditions of other children in the home
- (4) Evaluation of parent, guardian, or custodian
- (5) Evaluation of the home environment
- (6) Evaluation of the relationship of the child to the parent, guardian, or custodian

- (7) All other data considered pertinent; i.e., age and developmental stage of the victim, degree of access of the alleged perpetrator to the child, caregiver stress factors, special medical conditions of the child, etc.
(IC 31-33-8-7)

205.4 Investigative Activities

Below is a description of activities and contacts that may be required during the investigation process. This listing is intended to include the major activities and contacts that may take place; but other activities and contacts are to be included, if needed.

Whenever a child abuse or neglect investigation is conducted, verbal and written notice must be given to each parent, guardian, or custodian of the child of the availability of the completed report including juvenile court records as described in IC 31-33-18-4. See Appendix P for a copy of the notice to be used. Documentation of this required notification can be made in either the contact log or the narrative section of the FPP 0311, Investigation of Alleged Child Abuse or Neglect.

205.41 Locating the Principals

At times, it may be difficult to locate the principals of a report; i.e., the alleged victim or perpetrator. Several avenues are available to obtain assistance in locating persons, depending upon the situation. They include contacting:

- (1) persons who may have recent information concerning the whereabouts of the persons being sought, such as relatives, friends, neighbors, etc.;
- (2) employers;
- (3) city-county directories;
- (4) local or State police (It is most helpful if the Social Security number or automobile license plate number connected with the parties sought can be provided.);
- (5) post office;
- (6) utility companies;
- (7) appropriate professional associations to which the alleged perpetrator or another member of that person's immediate family might belong.

In cases in which a family is being sought but the whereabouts of a child in the family is known, the child's custodian is to be contacted and requested to advise CPS if the family appears or reveals its location through a contact.

205.42 Contact or Interview with Child

The primary requirement of all investigations of child abuse or neglect is to see and examine the child who is alleged to be the victim in order to determine the nature and extent of abuse or neglect. It is often necessary to

undress the child in order to view and photograph injuries. Whenever possible and without further endangering the child, it is important to secure the cooperation of one or both parents in contacting or interviewing the child. With some exceptions listed in 205.422 below, it is also necessary to attempt to obtain parental consent for the contact or interview with the child.

205.421 Obtaining Parental Consent to Interview a Child

If a child is a victim or an alleged perpetrator of child abuse or neglect, parental consent to interview the child must be obtained prior to the interview if at all possible. See subsection 205.422 below for exceptions. This is also true in situations in which a child who is not a victim or alleged perpetrator needs to be interviewed, absent any immediate threat to that child. Whenever feasible, written consent of the parent(s) should be obtained and documented in ICWIS when an interview with a child is to be conducted outside the home.

In situations that require obtaining parental consent to interview a child, consent should be sought from the primary caregiver. If the primary caregiver is not available or is the alleged perpetrator, then CPS could contact the non-custodial parent to request to interview the child. If the parent(s) refuses to consent to the interview with the child or if child protection services (CPS) finds the conditions placed upon the interview process unacceptable, a court order must be obtained before proceeding with the interview. Whenever an interview is conducted without obtaining advance parental consent, notice of the interview should be given to the parent(s) as soon after the interview as possible. In addition, a copy of SF 48201/FPP 0024 Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect must be provided to the parent(s) as in any other CPS investigation.

NOTE: See subsection 210.447 regarding obtaining parental consent when the child is in an institutional setting.

205.422 Exceptions to the Requirement to Obtain Parental Consent to Interview a Child

- (1) If the child is committed to a facility operated by the Department of Correction, it is only necessary to obtain permission to interview from the superintendent of the facility.
- (2) If the child is under the care and supervision of the county office (COFC) and parental rights have been terminated, permission to interview may be obtained from the family case manager (FCM).
- (3) If the parent(s) is the alleged perpetrator, and there are immediate concerns for the child's safety, it may not be possible or prudent to attempt to obtain parental permission to

interview the child. In such cases, the child may be interviewed without parental permission. The interview may occur in the school setting with the permission of the appropriate school authority.

- (4) There may be exigent circumstances that would warrant concerns for the child's safety. In these circumstances, permission of the parent to interview the child is not required. Examples: The child may be experiencing sexual abuse at the hands of a non-parent, guardian or custodian, and the parent, guardian or custodian may not be providing protection to the child. An older child may initiate the interview process and request that the parent(s) not be notified. The interview could be held at a mutually agreed upon location that would not require permission from a facility authority.

205.423 Location for Contact or Interview with Child

Although initial contact with the child may take place in the home, the law allows for the possibility that this contact may be made at school or any other place where the child may be; e.g., at a child care center, baby sitter's home, hospital, etc. (IC 31-33-8-7). Initial contact, especially in cases of sexual or physical abuse, usually takes place outside the home. If the child is interviewed away from the child's home at one of the above-mentioned institutions, care needs to be taken to contact the administrator of the facility in order to advise the administrator of CPS involvement and the need to interview the child at the facility. If the child who is the subject of a CPS investigation is a patient in a hospital, authorization from CPS or a copy of a court order is necessary before the hospital may release the child to the parent, guardian, custodian, or court-approved placement. If authorization from CPS is verbal, CPS must follow up with a letter to the hospital confirming that authorization for the child's release has been granted. (IC 31-33-11-1) For information regarding financial responsibility for an extended stay, see the above-noted cite.

205.424 Interviewing Techniques

Further trauma to an abused child needs to be minimized during the interview process. Techniques for interviewing a small child who is a victim of child sexual abuse include having the child draw pictures of the home, the family, etc., and the use of blank figure drawings and anatomically detailed dolls.

NOTE: IC 31-34-3-5 states that the first priority of CPS must be the immediate needs of the child for medical care, shelter, food, or other crisis services.

205.425 Use of Audio Tapes and Videotapes (IC 31-34-13; IC 31-35-4)

Audio tapes and videotapes may be used to record the interview with a child, especially in cases of sexual abuse. The appropriate use of audio/videotapes on a case-by-case basis can be an effective method of reducing the number of times a victim of child abuse or neglect, or a whole blood or half blood sibling of a victim child, must submit to interviews. It also reduces the necessity for the victim or sibling to provide further testimony if the case goes to court. Taping can only be done in conjunction with the county office attorney for purposes of preserving evidence for child in need of services (CHINS) proceedings or in conjunction with the appropriate law enforcement agency for preserving evidence for criminal proceedings. County office of family and children (COFC) staff must obtain clearance from the county office attorney or law enforcement agency prior to using tapes in the interviewing process.

Recording a child's statement on videotape is an effective method used in investigating sexual abuse reports. For those county offices that do not have videotaping equipment, it is possible that this equipment may be available for use at law enforcement agencies or mental health clinics.

Indiana law permits the use of videotapes and out-of-court statements in CHINS and termination of parental rights (TPR) hearings and in criminal trials, if made by children under age 14. This also applies for children age 14 through 17 who are disabled due to an impairment of general intellectual functioning or adaptive behavior. In order to be admissible in court, a statement or videotape must be considered reliable. Reliability is determined in a hearing attended by the child. The child must testify at the hearing or have been available for cross examination when the statement or videotape was made or be found by the court to be unavailable as a witness. Other specified conditions for the application of this law are delineated in subsection 310.31.

205.43 Photographs, X-Rays, and Physical Medical Examinations

As a part of the investigation, the CPS FCM is required to have color photographs taken of any visible area of trauma on a child who is the subject of a report. CPS staff should be sensitive to the child's need for privacy when making an assignment of a case that may necessitate taking photographs. The child's sex and age are also factors in making assignments. Law enforcement may be utilized, if needed, to take photographs of injuries. If the law enforcement agency participates in the investigation, the law enforcement agency is responsible for seeing that color photographs are taken of injuries. The FCM is also responsible for arranging for x-rays of the child, if these are medically indicated. (IC 31-33-8-3)

If an entity other than local CPS or law enforcement staff takes photographs or x-rays or provides other medical care to a child who is the subject of a report, all photographs taken and a summary of all x-rays and other medical care provided are to be sent to the local CPS and, upon request, to a law enforcement agency that investigates the alleged child abuse or neglect. (IC

31-33-10-3) The local CPS must give notice of the existence and location of photographs, x-rays, and reports of physical medical examinations to the prosecuting attorney and the appropriate law enforcement agency if the law enforcement agency did not receive this information already under IC 31-33-10-3. (IC 31-33-2-4)

The Juvenile Code requires that a person who is a health care provider and who has made a report of child abuse or neglect should also provide for photographs to be taken of a child who is the subject of the report, and to cause x-rays or a physical medical examination to be performed, if medically indicated. (IC 31-33-10-1)

The purchase of a camera for CPS use is the responsibility of the county office. Payment for photographs, x-rays, and physical medical examinations ordered by a health care provider who made the abuse or neglect report are the legal responsibility of the Division of Family and Children. For a discussion of procedures associated with these expenses, see subsection 208. (IC 31-33-10-2)

205.431 Restrictions on Release of Alleged Victim from Hospital

Whenever:

- (1) the child is subject to investigation by a local CPS for reported child abuse or neglect;
- (2) the child is a patient in a hospital; and
- (3) the hospital reported or has been informed of the report and investigation;

the hospital may not release the child to the child's parent, guardian, custodian, or to a court-approved placement until the hospital receives authorization or a copy of a court order from the investigating county CPS indicating that the child may be released to the child's parent, guardian, custodian, or court-approved placement. If a child is brought to the hospital by the parent, guardian or custodian and the COFC determines that removal is needed, the first placement entered is to be where the child is placed once the child leaves the hospital. If the medical conditions warrant continued stay in the hospital, the hospital becomes the placement when the COFC takes detention.

If the authorization that is granted is verbal, the investigating county CPS shall send a letter to the hospital confirming that the county CPS has granted authorization for the child's release. The individual or third party payor responsible financially for the child's hospital stay remains responsible for any extended stay. If no party is responsible for the extended stay, the Division of Family and Children shall pay the expenses of the extended hospital stay. See Appendix D for a sample hospital protocol.

205.44 Home Visit

In order to complete an investigation, a home visit is usually necessary. The parent(s), guardian, or custodian is to be interviewed; and the siblings of the child who is the subject of the report need to be seen. Siblings must also be interviewed, particularly if circumstances require; e.g., if the siblings may have witnessed the alleged abuse or neglect or if there is a possibility that the siblings may also be victims.

The Juvenile Code permits CPS to request an order from the juvenile court if admission to the home, school, or "any other place that the child may be" cannot be obtained. (IC 31-33-8-7)

205.45 Medical or Psychological Examinations

As a part of the investigation, medical, psychological, or psychiatric examinations of any child in the home may be obtained, if needed. In the event that permission for such needed examinations is denied, CPS may request a court order from juvenile court. (IC 31-33-8-7 and IC 31-32-12-1) As indicated in subsections 205.43 and 208, the Division of Family and Children shall pay the costs for physical medical examinations performed by a health care provider on a child who is the subject of a report of child abuse and neglect.

The juvenile court may order that the child be temporarily confined for up to 14 days, excluding Saturdays, Sundays, and legal holidays, for completion of mental or physical examinations of the child. (IC 31-32-12-2)

In cases in which there is a need to obtain mental health and addiction records, a special consent form must be used. See Appendix BB for SF 51128 / FPP 0045 Consent to Release of Mental Health and Addiction Records. This form was developed with input from the Division of Mental Health for use in these circumstances.

205.46 Other Collateral Contacts

During the process of the investigation, the FCM may need to make contact with other collateral sources, including, but not limited to, relatives, neighbors, schools, physicians, other professionals/agencies in the community, and law enforcement. In so doing, the FCM is required to preserve confidentiality regarding the identity of the reporting source. (IC 31-33-18-1)

205.461 Victim Counselor Privilege During Investigation Process

Criminal procedures in IC 35-37-6 establish victim counselor privilege related to "confidential communications" between a victim and a victim counselor. These procedures may impact on investigations of child abuse and neglect cases as well as testimony that can be obtained in CHINS hearings. See subsection 306.45 regarding the victim counselor privilege as it relates to CHINS hearings.

With regard to investigation of cases, a victim counselor continues to be under the mandatory reporting law pertaining to child abuse or neglect and must file a report if the counselor has reason to believe that a child has been abused or neglected. See subsection 203.11. However, after a report has been made, the victim counselor may assert the privilege, depending upon the counselor's professional relationship to the victim, and thus prevent the disclosure of information and records during the course of the investigation.

IC 35-37-6 provides that a victim, a victim counselor, or an unemancipated child less than age 18 may not be compelled to give testimony or to produce records concerning confidential communications in any judicial, legislative, or administrative proceeding. "Confidential communication" is defined as any information exchanged between a victim and a victim counselor in private which is disclosed during the course of "victim counseling"; i.e., the diagnosis and treatment to alleviate the negative emotional or psychological effects of a "covered act" on the victim. A "covered act" refers to any of the following criminal offenses: rape, criminal deviate conduct, child exploitation, vicarious sexual gratification, child solicitation, battery against a child, neglect of a dependent, or incest.

To facilitate release of information from a victim counselor during the investigation, it is recommended that a consent form such as that entitled "Consent to Background Investigation and Release" in Appendix F be used to obtain necessary information. This form is included in the Juvenile Justice Benchbook and is found in ICWIS in the Investigation module. It is used to obtain information from all health care providers, including mental health professionals. The victim and the victim's parent, guardian, or custodian who is other than the alleged perpetrator of the "covered act" must sign the consent form. See also subsections 306.44 and 306.45.

NOTE: The victim counselor privilege allowed in IC 35-37-6 does not apply to a health care provider as defined in IC 31-9-2-52. The Juvenile Code specifically abrogates the privileged communication between a health care provider and that person's patient as grounds for excluding evidence in a judicial proceeding resulting from a report of child abuse or neglect or as grounds for failing to report an incident of suspected child abuse or neglect. (IC 31-32-11-1) A health care provider includes, among other individuals, a "mental health professional" or "a person working under the direction of such a professional".

205.47 Assessment of Safety and Risk to Child

A thorough assessment of safety and risk to the child is essential for providing appropriate protection for the child. It is important to keep in mind the difference between safety and risk. Safety assessment differs from risk

assessment in that the safety assessment assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

NOTE: When utilizing the safety and risk assessment functionality in ICWIS, be aware that when family case manager/supervisor judgment conflicts with the documented safety/risk, family case manager/supervisor judgment should prevail; and the override functions should be implemented. The exercise of professional judgment is the Division's expectation of a family case manager or supervisor.

In response to IC 31-33-20-2, the "Safety Assessment and Plan" and "Risk Assessment of Abuse/Neglect" tools were developed for statewide use in order to promote uniformity and thoroughness in the evaluation of safety and risk to children. See Appendix CC for samples of the assessment tools. These instruments are available in the ICWIS Investigation module, and instructions for their use can be found in the Risk, Needs, and Safety Assessment Training Manual prepared for the Division of Family and Children (DFC) by the National Council on Crime and Delinquency (NCCD). These instruments provide guidelines and a framework for organizing, documenting, and analyzing information critical to making case decisions and are to be used as an ongoing method of evaluation.

205.471 Safety Assessment

The "Safety Assessment and Plan" is used at the outset of the investigation to help determine whether children can safely remain in their own homes. That is, the assessment helps determine whether any children are likely to be in immediate danger of serious physical, mental, or emotional harm which may require a protecting intervention and what interventions should be maintained or initiated to provide appropriate protection. In order to be in compliance with DFC policy regarding safety assessments, COFC investigation staff must have face-to-face contact with the parent(s) and child within the investigation response time. If it appears that a child cannot safely remain in the child's own home based upon completion of Section 1 of the safety assessment, it will be necessary to complete Section 2. Completion of Section 2 forms the basis for determining whether it will be possible to alter circumstances sufficiently, through the provision of family or rehabilitative services, or both, to make emergency removal of the child unnecessary. The COFC must make reasonable efforts to prevent out-of-home placement. (IC 31-33-2-3) However, the child's health and safety must be of paramount concern in making these decisions. If it is determined that a child must be removed from the home prior to the provision of such services, the COFC must be able to show the court that circumstances relative to the child's safety precluded provision of the services. (IC 31-34-2-3) Section 3 of the safety assessment must be completed in all cases and is completed automatically in ICWIS upon completion of Section 1 if no safety factors are identified.

Some safety factors to be considered are:

- (1) age of the child which determines the child's level of vulnerability;
- (2) location of the injury and severity or frequency of the injury or neglect;
- (3) prior history of abuse or neglect;
- (4) attitude of the parents or caregiver toward the child and the child's role in the family;
- (5) potential of family members to change;
- (6) degree of access of the alleged perpetrator to the child and ability of the parents or caregiver to protect the child.

Consideration of these factors will affect any decision regarding removal of the child (subsection 205.48). As long as the children remain in their own homes, it is appropriate to do another safety assessment using the same tool if there is any change in circumstances that potentially affects the family's ability to meet the children's need for protection either positively or negatively in a significant way.

205.472 Safety Plan

Engagement of a family at the onset of an investigation presents opportunities for family case managers to assess the ability of a family to provide for the safety of their children and to establish an environment conducive to working together to resolve issues necessitating the investigation. It is with this best practice in mind that all safety plans are to be developed with input from the family.

There are four (4) instances in which family case managers are to establish a safety plan:

- (1) At the time of the safety assessment, if the FCM determines there are safety factors present and there is need for intervention with the parents to provide more effective protection for the safety of their children. Children in a home who are found to be conditionally safe are to have a safety plan developed that a parent is to sign and follow through with during the course of an investigation. The FCM is responsible for providing timely notification of the completion of the investigation along with information as to whether another safety plan is indicated, the safety plan may be dismissed, or progression to a higher level of

intervention is needed. For those children who remain in their own homes but for whom CHINS adjudication is being sought, a safety plan is to remain in effect throughout the period leading up to the dispositional hearing.

- (2) At the completion of an investigation when COFC will not be following up. If the allegation is substantiated but the service level is low and the COFC determines that no further agency action is to be taken, the FCM is to develop a safety plan that outlines referrals that may assist the family in preventing further incidents of abuse/neglect and thus agency involvement. This safety plan requires a signature indicating that the family has received the referrals.
- (3) At case closure, if the multi-disciplinary team recommends closure of a case but the strengths/needs reassessment continues to identify needs which do not cause risk to the child. Supportive and preventive services available are to be identified on a safety plan that is signed by the FCM and the parent, guardian or custodian with a copy forwarded to the court with the recommendation for dismissal. The FCM is to include information regarding what resource could be called for assistance should a parent notice behaviors that caused the current episode to occur.
- (4) At the completion of an investigation when COFC determines that the investigation findings will be indicated. It is mandatory that a safety plan be established on all indicated investigations. , The FCM is to develop a safety plan that outlines referrals that may assist the family in addressing the allegations that brought the family to the attention of the COFC. This safety plan requires a signature indicating that the family has received the referrals.

At present, although “Safety Plan Established” is a choice under the Action Taken icon in the ICWIS Investigation module, there are no formats for safety plans in ICWIS. Until standardized versions are developed and programmed, it will be necessary that they be developed locally. The four are:

- (1) Food, Clothing, Shelter, Educational, Medical Safety Plan,
- (2) Supervision Safety Plan,
- (3) Discipline Safety Plan, and

(4) Inappropriate Sexual Behavior Safety Plan.

These are offered in Appendix DD of this section as examples to follow. Also included in the appendix is a county-specific information letter used to assist a caregiver who is dealing with a child who threatens harm to self or others.

205.473 Indiana Family Risk Assessment and Reassessment of Abuse/Neglect

The Indiana “Family Risk Assessment of Abuse/Neglect” tool is used to determine a family’s readiness for reunification. It was designed to identify which families have very high, high, moderate, or low probabilities of continuing to abuse or neglect their children. This tool must be completed for all substantiated CPS investigations involving family settings, including child care homes (licensed or unlicensed) and foster family homes. When the FCM is having difficulty determining whether or not an investigation should be substantiated or unsubstantiated, the Indiana “Family Risk Assessment” tool may be used in order to assist the FCM in making the status determination. The family risk level is combined with the family strengths/needs level as determined by the Indiana “Family Assessment of Strengths and Needs” tool to set the service level and to determine whether to open the case for ongoing services. The assessment of strengths and needs is completed in the Case Management module in ICWIS, and the ICWIS system automatically totals the scores and presents the service level and case type recommendation for the case.

A reassessment of risk and strengths/needs is appropriate when there is any change that potentially affects the family’s ability to fulfill the requirements of the service plan either positively or negatively in a significant way. The “Indiana Family Risk Reassessment” and the “Family Assessment of Strengths and Needs” tools are used for this purpose. A reassessment of risk and strengths/needs is to be done every six months if no change in the family necessitates it. At the time TPR is granted by the court, assessments are no longer required.

205.48 Emergency Removal of Child

The CPS FCM may request the juvenile court to order the immediate removal of the child so that the child may be protected from further abuse or neglect. (IC 31-33-8-8) Appropriate family members must be given consideration in any emergency placement of a child. (IC 31-34-4-2) A law enforcement officer may initiate a protective order to remove the alleged perpetrator in accordance with IC 31-34-2-2 or may take a child into protective custody (IC 31-34-2-3). IC 31-34-2-3 and IC 31-34-2-6 require written documentation whenever a child is taken into protective custody without a written or verbal court order. This document must be submitted to

the local CPS within 24 hours and becomes part of the FPP 0310 report. A copy of this form can be found in the appendix to Section 3 of the manual.

Any decision to remove a child from the home is critical in that a change or disruption in a child's placement may jeopardize the child's capacity to trust the environment and the adults in that environment. This can produce serious negative consequences to the child's sense of security and self-concept. The decision-making process must include an evaluation not only of the factor(s) immediately precipitating the move, but also of a historical overview of both the child and the family. Any determination that immediate removal is necessary must be based on an assessment of the imminent risk of harm to the involved child as well as to all other children in the home. Upon making a determination that removal is needed, the FCM must have supervisory approval. If there is imminent danger to the child, the FCM is to proceed with the removal to assure the child's safety and seek supervisory approval at the earliest point possible. This is to be documented in ICWIS.

Whenever a child is taken into custody, a reasonable effort must be made to give prompt notification to the child's custodial parent, guardian, or custodian within two (2) hours of taking custody. (IC 31-34-3) If the parent, guardian, or custodian cannot be located, a good faith effort must be made to leave written notice at the last known address indicating that the child has been taken into custody. If the custodial parent, guardian, or custodian resides out of state, the notice must be sent to the custodial parent by certified mail the same day the child is removed or; if the child is not removed on a business day, the notice must be sent the next business day. Reasonable and good faith efforts and their results must be documented in log notes. IC 31-34-3-5 states that the first priority of CPS must be the immediate needs of the child for medical care, shelter, food, or other crisis services. This legal cite was added to clarify for CPS its primary responsibility when the above time constraints create competing demands for the family case manager's attention to the child's immediate needs.

In addition to prompt notification of the assumption of custody of a child, CPS is required to submit written information to the child's parent, guardian, or custodian regarding their legal rights to:

- (1) have a detention hearing held by a court within 48 hours after the child's removal from the home, excluding weekends and legal holidays, and to request return of the child at the hearing.
- (2) be represented by an attorney, to cross examine witnesses, to present evidence on their own behalf at each court proceeding on a petition alleging that the child is a child in need of services.
- (3) refrain from making incriminating statements, since any incriminating statement may be used in a CHINS court proceeding. (IC 31-34-4-6)
- (4) request to have the case reviewed by the child protection team.
- (5) be advised that after July 1, 1999, a petition to terminate the parent-child relationship must be filed whenever a child has been removed from the child's parent and has been under the supervision of the

county office of family and children for at least 15 of the most recent 22 months.

SF 47114/FPP 0010 (FPP10) Advisement of Legal Rights: Upon Taking Custody of /Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services is found in the appendix to Section 3. It is also used as the prompt notification that a child has been taken into custody.

NOTE: Both state and federal laws require provision of family services to prevent removal of the child from the child's home, unless the safety of the child precludes provision of family services to prevent removal. (IC 31-33-2-3) See subsection 205.471 above. However, the child's health and safety must be of paramount concern in making these decisions.

Further information regarding removal of a child may be found in subsection 210.472 relative to removal of children from a foster care setting. Any decision to remove the child is to be discussed with the supervisor or director to determine the appropriateness of the placement.

205.5 Written Report of Investigation – SF 113/FPP 0311 (FPP 311)

CPS must complete a written report (IC 31-33-8-8) on SF113/FPP 0311 (FPP 311), Investigation of Alleged Child Abuse or Neglect for each investigation. A copy of this form and related instructions are included in Appendix G of this section. FPP 310 and FPP 311 must be completed no later than 90 days from the date of the report of child abuse or neglect in order for the investigative report to be considered timely. All reports need to be completed whether or not they are timely. In ICWIS, an investigation is given weight for 30 days after receipt of a report, since it is likely that the majority of the FCM's investigative activities will be completed within that period of time. Investigations that are completed before the end of the 30-day period continue to have weight for the full 30 days.

CPS staff is required to enter the FPP 311 into ICWIS so Central Office staff can access it. If the report concerns a child fatality, reports from the law enforcement agency (LEA), the hospital, and the coroner are required (subsection 210.2). A paper copy of the FPP 310 and FPP 311 along with the required reports must be forwarded to Central Office

NOTE: In ICWIS, a box under "Special Report" on the Intake Decision screen must be checked to denote whether the victim of the fatality is or is not a ward.

205.51 Determination of Case Status

Completion of FPP 311 requires the CPS FCM to make a determination of whether the report of child abuse or neglect is found to be substantiated, indicated, or unsubstantiated as defined below. (IC 31-33-8-12) See second "NOTE" in subsection 201.2 for basis for making a status determination.

(1) Substantiation:

A report may be substantiated:

- (a) whenever facts obtained during the investigation provide credible evidence that child abuse or neglect has occurred according to the legal definition of child abuse or neglect found in subsection 201.2; or
- (b) when the perpetrator admits having abused or neglected the child who is the subject of a report.

NOTE: With regard to the latter situation, the fact that a person admits to child abuse or neglect does not negate the need to complete a thorough investigation in order to corroborate the admission.

(2) Indicated:

A report may be indicated when facts obtained during an investigation of suspected child abuse or neglect that:

- (1) provide:
 - (A) significant indications that a child may be at risk for abuse or neglect; or
 - (B) evidence that abuse or neglect previously occurred; and
- (2) cannot be classified as substantiated or unsubstantiated.

(3) Unsubstantiation:

Unsubstantiation of a report is to be used whenever facts obtained during the investigation provide credible evidence that child abuse or neglect has not occurred. See subsection 205.55 regarding the expungement of information pertaining to unsubstantiated cases.

In making determinations regarding whether to substantiate or unsubstantiate cases in which the evidence does not clearly support one status or the other, the Indiana “Family Risk Assessment of Abuse/Neglect” tool may be used to determine the level of risk to the children in the home. A paper copy of this tool and the instructions for its completion can be found in the National Council on Crime and Delinquency (NCCD) Manual. In ICWIS, risk assessment can be completed in both the Investigation and Case Management modules.

Depending upon the outcome of the risk assessment, the following steps may be taken:

- (1) If risk is assessed to be on the high end of the scale, and:
 - (a) the evidence is such that it leads one to believe that abuse/neglect has probably occurred, regardless of whether it can be proven; or
 - (c) abuse/neglect is likely to occur; i.e., the provision of services is called for to reduce the risk of abuse/neglect;

indicate and proceed with development of a safety plan for service provision.

- (2) If risk is assessed to be on the lower end of the scale, and evidence to support a finding of substantiated abuse/neglect is very weak, unsubstantiate and refer the family for services as appropriate.

205.52 Assignment of Abuse or Neglect Report Number

All abuse and neglect reports entered into ICWIS are assigned a number by the ICWIS system. Subsequent reports on the same family are to be linked to the initial report or to the investigation as long as an investigation remains open, and all investigative activities are to be recorded on one FPP 311, if possible. See subsection 204.33 for possible exceptions. The same number assigned to the initial report carries through investigation and the establishment of a case. The maltreatment allegations determine whether the type of report is abuse or neglect. If both abuse and neglect allegations are made, abuse takes precedence over neglect.

205.53 Availability of Report

Copies of the intake reports (FPP 310) shall be made available to:

- (1) the appropriate law enforcement agency;
- (2) the prosecuting attorney;
- (3) the coroner, in the event of the child's death (IC 31-33-7-5) (See "Sample Coroner Protocol" Appendix X; see subsection 210.2 regarding child fatality protocol.); and
- (4) Central Office.

Copies of the investigative reports (FPP 311) may also be made available, upon request, to:

- (1) the appropriate court;
- (2) the prosecuting attorney; or
- (3) the appropriate law enforcement agency (IC 31-33-8-9); and
- (4) Central Office.

Copies of all substantiated investigative reports must be sent to the prosecuting attorney having jurisdiction in the county in which the alleged child abuse or neglect occurred and to the coordinator of the Child Protection Team. (IC 31-33-8-9)

205.531 30-/90-Day Reports of Investigation to Specified Persons, Agencies, or Institutions

Whenever a hospital, community mental health center, managed care provider, referring physician, dentist, licensed psychologist, or school submits the initial referral of child abuse or neglect to CPS, the Juvenile Code, in IC 31-33-7-8, requires CPS to send a report to the administrator of the hospital, community mental health center, managed care provider, referring physician, dentist, licensed psychologist, or principal of the school. The law requires CPS to send a report within 30 days after CPS has received the initial referral of child abuse and neglect, followed by another report within 90 days to include any additional information not covered in the prior report. The cover sheet to accompany these reports is available in the Investigation module in ICWIS and can be accessed by clicking on the Reports menu above the primary tool bar.

205.5311 Procedure

The following procedure is to be followed by CPS in such cases:

- (1) Within 30 days of the receipt of the above report, CPS is to send a summary of the investigation that includes only those items listed in 205.5312, if the investigation is completed, to:
 - (a) the administrator of the hospital;
 - (b) the administrator of the community mental health center;
 - (c) the managed care provider;
 - (d) the referring physician;
 - (e) the dentist;
 - (f) the licensed psychologist;
 - (g) the principal of the school; or
 - (h) an appointed designee of the above-listed persons.

The summary of the investigation may be a listing of the required items noted in 205.5312, or the CPS may elect to send a modified copy of FPP 311 taking care not to reveal additional confidential data. Additional information may need to be added to the "Comments" section of FPP 311 relative to asterisked (*) items outlined in subsection 205.5312.

If the investigation has been completed, it must be noted at the time of the 30-day report that a follow-up report at the end of 90 days will not be sent.

If the investigation has not been completed, CPS is to send a 30-day report (or modified FPP 311) showing completed items and indicating a follow-up report will be sent within 90 days of the initial report received by CPS.

NOTE: See Appendix V to this section for a sample cover letter that may be used to accompany 30-day or 90-day reports.

- (2) The 90-day report, if needed, will be a summary report (or modified FPP 311). See subsection 205.5312 for asterisked (*) items to be included in the narrative section found on the Decision Approval screen in the Investigation module in ICWIS.
- (3) If CPS is unable to complete the investigation; i.e., the family moved and the whereabouts are unknown, CPS is to advise the reporting source accordingly. See Appendix V to this section for a sample cover letter mentioned above which may also be used for this purpose.
- (4) It is not necessary for the follow-up report to be sent to Central Office.

205.5312 Report Content

NOTE: If FPP 311 is used, asterisked items may need to be specified or detailed further in the "Comments" section.

The information to be included in follow-up reports is:

- (1) the name of the alleged victim of child abuse or neglect;
- (2) the name of the alleged perpetrator and that person's relationship to the alleged victim;
- *(3) whether the case is closed;
- *(4) whether information concerning the case has been expunged;
- *(5) the name of any agency to which the alleged victim has been referred;

- * (6) whether the child protection service has made an investigation of the case and has not taken any further action;
- (7) whether a substantiated case of child abuse or neglect was informally adjusted;
- (8) whether the alleged victim was referred to the juvenile court as a child in need of services;
- * (9) whether the alleged victim was returned to the home;
- (10) whether the alleged victim was placed in residential care outside the home;
- * (11) whether wardship was established for the alleged victim;
- (12) whether criminal action is pending or has been brought against the alleged perpetrator;
- * (13) a brief description of any casework plan that has been developed by the child protection service;
- * (14) the FCM's name and telephone number;
- (15) the date the report is prepared;
- (16) other such information as Central Office may prescribe.

205.54 Confidentiality of CPS Reports

The law states that all reports of alleged child abuse made and all information obtained during the investigation of those reports, including written reports and photographs, is confidential. It is a Class B misdemeanor for a person to knowingly obtain or to falsify child abuse or neglect information or records. (IC 31-33-22-2) In addition, it is a Class A misdemeanor for a public employee knowingly and intentionally to disclose information classified as confidential by state statute. (IC 5-14-3-10)

205.541 Access to Information

According to IC 31-33-18-2, the persons authorized to have this information are:

- (1) a legally mandated child protection agency investigating a report or treating a child or family who are subjects of a report;

- (2) a law enforcement agency, prosecutor, or coroner investigating a report;
- (3) a physician treating a child whom the physician suspects may be abused or neglected;
- (4) anyone legally authorized to take protective custody of an abused or neglected child when the information is needed to determine whether to remove the child and make an out-of-home placement;
- (5) an agency with legal responsibility or authorization to provide care, treatment, or supervision for the subject child, or for the child's parent, guardian, custodian, or other person responsible for the child's welfare;
- (6) the guardian ad litem or court appointed special advocate, or both, of the alleged victim;
- (7) the parent, including non-custodial parent, guardian, custodian, or other person responsible for the welfare of a child named in a report and an attorney of any of those persons, provided that the identity of the reporting source and other persons is protected (see subsection 205.5412);

NOTE: Each parent, guardian, or custodian must be given verbal and written notice of the availability of the investigative report and must be provided with a copy upon written request. See subsection 205.4 and Appendix P. (IC 31-33-18-4)

- (8) a court that requires the information to decide an issue before it;
- (9) a grand jury;
- (10) any state or local official responsible for CPS or legislation who has a need for the information to carry out that person's official functions; a consent form must be signed by the consumer prior to release of information to a legislator who has been approached to intercede on their behalf.
- (11) a foster care review board that the court has determined needs access to the information in order to carry out its purpose;
- (12) the child protection team, upon request, in order to carry out its purpose;

- (13) a person about whom a report has been made , provided that the identity of the reporting source and other persons is protected;
- (14) An employee of the division of family and children, a caseworker, or a juvenile probation officer conducting a criminal history check under IC 14-14-25.5-3, IC 31-34, or IC 31-37.
- (15) A local child fatality review team established under IC 12-13-15-6.
- (16) The statewide child fatality review committee established by IC 12-13-15.1-6.

NOTE: The Access Checklist located in the appendix to Section 11 delineates to what parties child welfare records must be made available and to what parties these records may be made available. As specified in IC 31-33-7-8, 30-/90-day follow-up reports must be sent to certain persons, agencies, or institutions that make reports concerning alleged child abuse or neglect. Such parties are responsible to maintain the confidentiality of information released to them. See subsection 205.531 for additional information regarding these specific follow-up reports. Unless the reporting source is one of those specified in IC 31-33-7-8, the only information that can be shared with the reporting source is whether or not the allegations will be investigated and whether or not the local office intends to remain involved with the family beyond investigation.

All reports sent from CPS shall be labeled or stamped "CONFIDENTIAL" at the top of each report. Any envelope containing a report shall also be labeled "CONFIDENTIAL." See subsection 207.3 regarding information to be shared with the child protection team.

205.5411 Procedure for Providing Information to Other CPS Agencies

Child abuse and neglect information obtained by a CPS unit in the county office (COFC) shall be available to all other CPS units, including out-of-state agencies as authorized in IC 31-33-18-2. Unsubstantiated records shall be available under the same procedures as other CHINS information, as long as such records have not yet been expunged.

When releasing child abuse and neglect information to another CPS agency, the procedure outlined below should be followed:

- (1) Upon receipt of a request (oral or written) for records from a CPS agency, the CPS FCM receiving the request shall first determine whether the agency is a legally mandated public or private CPS agency. To accomplish this, the FCM shall attempt to obtain a written request for information (470 IAC 3-8-1) on agency letterhead with complete job and unit titles of the requesting person; e.g., Jane Doe, Family Case Manager, CPS Unit, Marion COFC. Also, if the CPS agency is located out-of-state, the FCM shall request a citation to any statutory or regulatory authority for the creation and powers of the requesting agency to investigate and/or treat child abuse and neglect. For example, the Indiana authority citation is Title 31, Article 33, Juvenile Law: Reporting and Investigation of Child Abuse and Neglect.

The FCM shall also determine the basis for the applying agency's request; i.e., whether the requesting agency is investigating a report of child abuse or neglect or treating the family that is the subject of such a report. The basis for requesting information shall be included in the written request for information. The written request shall contain a listing of the specific information needed and any information that would assist the FCM in identifying the appropriate CPS information. For example, if a child's name is Charles Smith, a date of birth or social security number may be requested to ensure the release of accurate information.

If the CPS agency requests the immediate release of records based on an emergency, the FCM shall acquire the approval of the unit supervisor or COFC attorney prior to the release of records. The FCM shall:

- (2) orally collect the information needed to make the determinations outlined above from the requesting CPS agency and document this information within the case file; and
- (3) orally request a follow-up written request for the records which complies with the procedures outlined above; and

- (4) follow the standard procedure for release of records. See subsection 1107.

The COFC attorney shall determine if the records are accessible to the CPS agency based upon the information provided and shall orally advise the FCM of the appropriate response to the requesting CPS agency.

205.5412 Procedure for Providing Information to Parent, Guardian, or Custodian

Upon written request from the parent, guardian, or custodian, or subject child, the CPS shall provide the requested information regarding the investigation, substantiated, indicated, or unsubstantiated, after deleting the identities of the person making the report and other appropriate individuals. "Other appropriate individuals" refers to individuals, other than law enforcement officers, mentioned in the report if disclosure, in the judgment of CPS, could endanger the person's life or safety. No prerequisites for obtaining information beyond a written request may be imposed upon the parent, guardian, or custodian other than reasonable copying costs. (IC 31-33-18-4)

205.5413 Procedure for Providing Information to a Person About Whom a Report Has Been Made

Upon written request from a person about whom a report has been made, the CPS shall follow the same procedure as described in 205.5412. IC 31-33-18-2 specifies that, in addition to the identity of the person making the report, protection also must be given for the identity of any other person or agency providing information, if that other person or agency finds that disclosure of the information would be likely to endanger that person's life or safety.

205.5414 Procedure for Release of Information for Research Purposes (IC 31-33-18-4)

For persons engaged in research who wish to obtain child abuse or neglect information of a general nature, the local office shall provide such information upon written request. (470 IAC 3-7-1) Such information may include the following:

- (1) statistical data;

- (2) social data used for studies, reports, surveys, or information concerning the functions and activities of the CPS or CPT. No name-specific or other identifying information may be included in the data.

Researchers who wish to obtain copies of materials from case records must complete State Form 116/FPP 0321 (FPP 321), Application for Child Abuse Research and file it with the Division of Family and Children. When appropriate, Central Office authorizes the county office to disclose the requested information. No information, general or case-specific, can be released that tends to identify involved parties. Further, no case information can be released if it is the subject of pending litigation.

205.5415 Release of Child Fatality Records

House Enrolled Act 1194 became effective on July 1, 2004. This Act mandates that records held by the Division of Family and Children, a County Office of Family and Children, a Local Child Protection Services, a Local Child Fatality Team or State Child Fatality Committee, regarding the death of a child determined to be a result of abuse, abandonment, or neglect must be released upon public request.

Nothing in the statute changes the confidentiality laws in regards to the Division of Family and Children releasing case files. The law clearly states that the release of fatality investigative records must come from the juvenile judge in the county where the child died. County DFC staff should not comment on the request nor advise if there is or is not such a case. Anyone who makes a request should be advised they will get a confirmation letter on the request advising them of the status of the request.

Central Office has developed a protocol for the local offices to follow upon receipt of a public records request for a child fatality file. The Public Information Fatality Request

Checklist will be completed by local office staff and sent as a cover sheet with the child fatality investigation file. The Public Request of a Child Fatality Record is completed by the local office and e-mailed to appropriate persons mentioned below.

Upon receipt of a request for a child fatality file either by face-to-face request, phone, fax or letter, the county must e-mail Central Office that same day. The designated contact persons at Central Office are the Program/Policy Consultant or CPS Human Services Consultant. The COFC is required to e-mail the form, PUBLIC RECORD REQUEST OF A CHILD FATALITY RECORD, to the above mentioned contact persons. All sections of the form should be completed or it should be noted why they are not completed. Upon receipt of your e-mail, Central Office will send a public information response letter to the requestor before the close of business on the day received.

The local office is to immediately copy any substantiated child fatality investigation file and send it to the Program/Policy Consultant or CPS Human Services Consultant at Central Office. The files will be reviewed to ensure that all pertinent information has been included. It will then be sent to the juvenile judge in the county where the child died. The judge has 30 days from receipt of the file to redact and distribute the file to the requestor and to Central Office. If the request is generic in nature and does not specify a child death by name, please contact Central Office in addition to sending the form. There will be a data base to track all requests. Questions about this process should be directed to the Program /Policy Manager or Deputy Director.

205.55 Expungement of Records (IC 31-39-8)

The law requires that all child abuse or neglect information be expunged if it is determined to be unsubstantiated after:

- (1) an investigation of a report of a child who may be a victim of child abuse or neglect by CPS; or
- (2) a court proceeding.

In addition to the above, the court may be petitioned to expunge records "from its files, from the files of law enforcement agencies, and from the files of any other person who has provided services to a child." For information regarding records of incomplete investigations or reports not accepted for investigation, see subsections 205.56 and 204.3, respectively. ICWIS automatically expunges unsubstantiated reports within a week prior to 180 days from the date the report is received as recorded on the Report Entry screen. Any paper copies of the report, associated law enforcement and medical reports, and other paper documents and desk cards associated with the unsubstantiated report must be destroyed at the same time. The COFC should shred all documents. A tracking system is maintained in ICWIS with non-identifying information concerning those unsubstantiated investigations for which payments for services have been made.

EFFECTIVE JULY 1, 2004, indicated case records shall be expunged one year after a report has been classified as indicated. If a report is indicated and CPS receives a subsequent report for the subject of the report, the original indicated investigation shall be expunged one year following the date of the subsequent report.

205.56 Incomplete Investigation

An investigation is considered to be incomplete if the FCM is unable to make contact with the child or family because they have moved and their whereabouts are unknown. CPS should make every effort to locate the family's new address. See subsection 205.41 for information regarding locating the principals of a child abuse or neglect report. If the involved parties are located, the CPS should either continue investigation or notify the county or state in which the parties are located regarding the situation so that appropriate authorities can pursue the investigation. An investigation is also considered incomplete if face-to-face contact has not been made with the alleged victim. Telephone contacts, with no face-to-face contacts, are considered incomplete investigations. In almost every instance, the victim of child abuse or neglect must be seen and interviewed, if an interview is appropriate, depending on the age of the child.

For each incomplete investigation, the FPP 311 must be completed as unsubstantiated with the contact logs and narrative clearly documenting attempts to locate the family or reasons why, after appropriate telephone contacts and after supervisory consultation, the decision was made not to pursue the investigation further.

205.57 Falsification of Records

Any person who knowingly or intentionally falsifies child welfare records or obstructs or interferes with a child abuse investigation, including an investigation conducted by a local child fatality review team or the statewide

child fatality review committee, commits obstruction of a child abuse investigation, a Class A Misdemeanor.

205.6 State Central Registry (SCR) (IC 31-33-1; IC 31-33-17)

IC 31-33-1-1 and IC 31-33-17-1 identify a centralized, statewide, computerized child abuse registry as one of the purposes of the Juvenile Law and specify that the registry is to be maintained in order to organize and access data regarding certain substantiated reports of child abuse and neglect. All reports entered into the state central registry (SCR) must be substantiated reports, but all substantiated reports are not entered into the registry. An unsubstantiated report may not be entered into the registry.

NOTE: Because the law does not distinguish between adult and juvenile perpetrators, both would be entered into the registry if the investigation meets criteria for entry. The details of the process of entering and updating information in the SCR are on the ICWIS Bulletin Board in an entry entitled "Updating the State Central Registry" dated 8-22-02.

205.61 Types of Reports Entered into the SCR

A substantiated report is to be entered into the SCR within five (5) working days after the circumstances occur only if at least one of the following applies:

- (1) An arrest of the alleged perpetrator of the child abuse or neglect is made. The law enforcement agency that makes the arrest is to transmit the information to the registry.
- (2) Criminal charges are filed in state or federal court against the alleged perpetrator of the child abuse or neglect. The court in which the charges are filed is to transmit the information to the registry.
- (3) A court determines that a child is a child in need of services based on a report of child abuse or neglect. The local CPS that filed the petition upon which the determination is based is to transmit the information to the registry.
- (4) A court approves a program of informal adjustment relating to the child abuse or neglect report under IC 31-34-8. The appropriate CPS is to transmit the information to the registry.

NOTE: The SCR system will automatically remove persons from the SCR after the IA end date on the IA screen, but they will need to be re-entered into the SCR if the IA is extended. In addition, perpetrators whose names are resubmitted to the SCR when an IA is extended must be provided notice of the resubmittal.

- (5) A person does not substantially comply with the terms of a services referral agreement (SRA) under IC 31-33-13. The local CPS that obtains the agreement from the person is to transmit the information to the registry. A failed SRA that does not offer services to a perpetrator should never be entered into the SCR.

NOTE: Either a family case manager (FCM) or a supervisor is to enter perpetrators in the SCR only for reasons (3)-(5) above. Under circumstances described in reasons (1) and (2), the arresting law enforcement agency and the court in which criminal charges were filed respectively are to transmit the information to the registry. Entries made by COFC staff specified above can be made from either the Investigation or Case Management module in ICWIS. After selecting the reason for entering the name on the SCR, press the Update SCR button.

The ICWIS screen used for entering a case into the SCR also includes various sexual cites which are not to be used by the county office. These cites are for the use of the Indiana Criminal Justice Institute in creating the sex offender registry in accordance with IC 5-2-12, commonly known as Zachary's Law. Many, but not all sex offenders will appear in both registries. The sex offender registry requires registration for some sex offenses against children that are not included in the child in need of services (CHINS) definition as well as sex offenses against adults.

205.62 Notification of Registry Entry and Rights of Appeal (IC 31-33-17-8)

Not later than 30 days after a report is entered into the SCR, the Division of Family and Children (DFC) must notify:

- (1) the parent, guardian, or custodian of the victim child; and
- (2) the alleged perpetrator, if other than the parent, guardian, or custodian,

that the substantiated report has been entered into the registry. A copy of the notice to be used for this purpose is in Appendix L to this section and is available in ICWIS in the Investigation module from the SCR Update screen. DFC is not responsible for sending a notice if a court makes a CHINS determination based on a report of child abuse or neglect that names the alleged perpetrator as the individual who committed the alleged child abuse or neglect.

Some of the alleged perpetrators involved in the five (5) types of cases listed in subsection 205.61 that require entry on the SCR are entitled to an administrative hearing to appeal the classification of the substantiated report, and others are not.

- (1) If a CHINS case has been filed, the alleged perpetrator is not entitled to an administrative hearing if the court having juvenile jurisdiction has determined or is expected to determine whether a report of suspected child abuse or neglect is substantiated. The decision of the court shall be binding, and the administrative hearing must be stayed pending an anticipated action by the court. (IC 31-33-19-6)
- (2) A person named as an alleged perpetrator in a report of suspected child abuse or neglect whose report is reviewed by a court is not entitled to an administrative hearing. (IC 31-33-19-7)

All other perpetrators entered into the SCR must be notified of their right to an administrative hearing to appeal the classification of the substantiated

report. The notice of appeal rights must be sent along with the notice of entry into the registry. A copy of the notice of appeal rights can be found in Appendix M to this section and is available in ICWIS in the Investigation module. At the appeal hearing, the burden is on CPS to prove by some credible evidence that the alleged perpetrator is responsible for the child's abuse or neglect. The administrative hearing officer must consider hearsay evidence but may not make a determination based solely on evidence that is hearsay. If CPS fails to carry the burden of proof that the alleged perpetrator is responsible for the child's abuse or neglect, the report must be amended or expunged as ordered by the administrative hearing officer. (IC 31-33-19)

205.63 Access to Information Contained in the SCR (IC 31-33-17-6)

Upon request, a person or an organization may have access to information contained in the SCR as follows:

- (1) A law enforcement agency or local CPS may have access to a substantiated report.
- (2) A person may have access to information consisting of an identifiable notation of a conviction arising out of a report of child abuse or neglect.
- (3) Upon submitting written verification of an application for employment, or a consent for release of information signed by a child care provider, a person or an agency may obtain the following information contained in the SCR regarding an individual who has applied for employment or volunteered for services in a capacity that would place the individual in a position of trust with children less than 18 years of age or regarding a child care provider who is providing or may provide child care for the person's child:
 - (A) Whether a child was found by a court to be a child in need of services based on a report of child abuse or neglect naming the individual as the alleged perpetrator.
 - (B) Whether criminal charges were filed against the individual based on a report of child abuse or neglect naming the individual as the alleged perpetrator.
 - (C) Whether a court has issued an arrest warrant for the individual based on a report of child abuse or neglect in which the individual is named as the alleged perpetrator.
- (4) A person may have access to whatever information is contained in the SCR pertaining to the person, with protection for the identity of:
 - (A) the person who reported the alleged abuse or neglect; and
 - (B) any other appropriate person.
- (5) A person to whom or agency to which child abuse and neglect reports are available under IC 31-33-18-2 may also have access to information contained in the registry.

Suggested forms for releasing information to the general public [(2) above] and a potential employer [(3) above] can be found in Appendices N and O to this section respectively. If a person is listed in the registry for any reason other than those specified in (2) and (3), that information and the fact that the person is listed in the registry may not be released to the general public or the potential employer. See subsection 205.54 for information concerning release of information to all others listed above.

NOTE: IC 31-33-18-2, which outlines the entities who have access to CPS reports, limits law enforcement agencies and CPS to reports they are investigating or involved in for purposes of providing treatment to the subject child or family. IC 31-33-17-6, which pertains to information on the SCR, allows any law enforcement agency (LEA) or CPS access to any report contained in the SCR, whether or not that particular agency was involved in the investigation or treatment processes.

205.64 Expungement of Reports Contained in the SCR (IC 31-33-19-8)

Identifying information in a substantiated report contained in the SCR is automatically expunged according to the following schedule:

- (1) Not more than 10 working days after any of the following occurs:
 - (A) A court having jurisdiction over a CHINS proceeding determines that child abuse or neglect has not occurred.
 - (B) An administrative hearing officer (see 205.62) finds that the child abuse or neglect report is unsubstantiated.
 - (C) A court having criminal jurisdiction over a case involving child abuse or neglect where criminal charges are filed dismisses the charges or enters a not guilty verdict.

The court is responsible for forwarding information regarding the disposition of the case to the registry not more than five (5) working days after the acts described in (B) and (C).

- (2) Not more than 10 working days after the period of informal adjustment ceases.
- (3) Not more than six (6) months after the date that a report is entered into the registry as the result of a person's failure to successfully participate in a services referral agreement.
- (4) Not more than 20 years after a court determines that a child is a child in need of services based upon the report.

If none of the above apply, the report is expunged not later than when the child who is named as the victim of child abuse or neglect reaches 24 years of age. In the event that a substantiated report contains an inaccuracy arising from an administrative or clerical error, DFC must immediately amend or expunge the report.

The following information outlines the types of services and court involvement that may occur during the investigative stage of a case in Intake.

206.1 Family and Rehabilitative Services

Except under circumstances described in IC 31-34-21-5.6, in substantiated cases, family or rehabilitative services, or both, are to be offered both to the child alleged to be a victim of child abuse or neglect and to the child's family. However, the CPS family case manager (FCM) must explain to the family that CPS has no legal authority to require that they accept such services without invoking the authority of the juvenile court. It should be noted that reasonable efforts must be made to provide family services designed to prevent removal of the child from the home. The CPS FCM is responsible for providing or arranging for, and for monitoring, all family and rehabilitative services provided to the child and family, either on a voluntary basis or by order of the juvenile court (IC 31-33-12) up to the point at which the case is transferred to an ongoing FCM.

In determining the extent to which reasonable efforts to reunify or preserve a family is appropriate, IC 31-34-21-5.5 states that "...the child's health and safety are of paramount concern." IC 31-34-21-5.6 delineates circumstances in which making reasonable efforts to reunify/preserve a family are not required. These circumstances include conviction of a parent, guardian, or custodian for:

- (1) causing suicide, involuntary manslaughter, rape, criminal deviate conduct, child molesting, child exploitation, and sexual misconduct with a minor of a biological, adoptive, or stepchild under the age of 16 or of the child's parent;
- (2) murder or voluntary manslaughter of a biological, adoptive, or stepchild of unspecified age or the parent of such a child;
- (3) felonies involving battery upon a related child; the finding by a court that the rights of the parent to a sibling of the child have been involuntarily terminated; or the child is found to be an abandoned infant. (Effective 7/1/98)

In unsubstantiated cases, family or rehabilitative services, or both, may be offered to the child alleged to be a victim of child abuse or neglect and to the child's family if deemed appropriate and the investigation is still open. A case may not be created from the unsubstantiated investigation. The proper procedure is to prepare a new intake for a service request for voluntary services. A case thus created does not include narrative belonging to the unsubstantiated investigation.

As defined in the Juvenile Code, the term, "family services," refers to those services provided in order to:

- (1) prevent a child from being removed from a parent, guardian, or custodian;
- (2) reunite the child with a parent, guardian, or custodian; or
- (3) implement a permanent plan of adoption, guardianship, or emancipation of a child.

206.2 Informal Adjustments (IA)

The FCM may initiate a program of informal adjustment if it is determined that such action is in the best interest of the child and there is probable cause to believe the child is a child in need of services. Before the person named as being responsible for child abuse or neglect as a result of a substantiated report signs the agreement, the local child protection services (CPS) must advise the person orally and in writing of the extent to which information contained in the substantiated report must be entered into the state central registry (SCR). See Appendix H for a copy of the written advisement. The program of informal adjustment must be approved by the juvenile court. The program cannot exceed six (6) months but may be extended for an additional six months, which extension must also be approved by the court. The program of informal adjustment must be developed with the parent's participation. The informal adjustment compliance can be enforced through an appropriate court order or by a finding of contempt (IC 31-34-8-3). The format for a program of informal adjustment recommended by the Indiana Judicial Center for use in Indiana courts may be found in Appendix I and is available in ICWIS through Tracking in the Service/Case Management module. A report to the court must be made not later than five (5) months after a program of informal adjustment is approved by the court and again not later than 11 months if the program is renewed for a second six-month period. This report is for the purpose of informing the court of the extent of compliance with the program. The format for the report to the court may be found in Appendix J and in the Service/Case Management module of ICWIS. The form can be printed from ICWIS through Tracking. (IC 31-34-8-7)

Regarding ICWIS, the IA case type should be opened with a PENDING status. Once the judge having jurisdiction has signed the IA, the FCM is to return to the Case Type screen and change the start date to the date that the judge signed the IA. The status must also be changed from PENDING to OPEN. Once the status is changed and saved, the case type start date is frozen.

206.3 Services Referral Agreements (SRA)

The establishment of a services referral agreement (SRA) is appropriate when:

- (1) a child abuse or neglect report is classified as substantiated;
- (2) CPS does not seek court involvement in the case; and
- (3) CPS recommends voluntary participation in family or rehabilitative services for a period of not more than six (6) months.

Under these circumstances, the person accused of child abuse or neglect may enter into a services referral agreement with the local CPS. Under the terms of the agreement, which must be developed with the participation of the accused, the person must successfully complete any family or rehabilitative services recommended by the CPS. Failure to do so will result in:

- (1) termination of the agreement and
- (2) submission of the child abuse or neglect report by the local CPS to the division of family and children (DFC) for entry into the state central registry (SCR).

Before a person signs the SRA, the CPS must advise the person, orally and in writing, that failure to substantially complete the terms of the SRA will cause the DFC to enter information contained in the child abuse or neglect report that resulted in the SRA into the state central registry. In the event the same family is later involved in an informal

adjustment program or a CHINS proceeding, CPS must provide the court with information on the earlier services referral agreement.

A services referral agreement (SRA) begins as soon as the parent(s) signs the document. The FCM needs to refer the family for services within one week of substantiating the report.

In the event that the accused fails to substantially comply with the terms of the SRA, the local CPS, based upon the results of the assessment of safety, risk and strengths/needs in the family, will consider alternative legal action in order to assure the safety of the child.

The format for a services referral agreement may be found in Appendix K and in the Service/Case Management module of ICWIS. It is entered in the Service/Case Management module of ICWIS and printed through Tracking. (IC 31-33-13).

206.4 Service Requests

Service requests may result from situations that do not yet constitute child abuse or neglect by legal definition as well as unsubstantiated abuse/neglect investigations. Children who are a danger to themselves or others constitute one category of service request since IC 31-34-1-6 is not included in the definition of child abuse or neglect. Children who have been adjudicated delinquent or status offenders but for whom the COFC has been given fiscal or supervisory responsibility constitute another category of service request. Other categories are requests for courtesy interviews or courtesy supervision, requests for information/referral, voluntary service requests, and requests received through the Interstate Compact on the Placement of Children (ICPC). Information and referrals will be automatically expunged from ICWIS after 180 days. A complete list of categories of service requests can be found in the Intake Module of ICWIS on the Service Request Update screen. Service requests are printed on SF 49548/FPP 0310SR (FPP 310SR). A copy of the form can be found in Appendix E.

206.5 Voluntary Placement Agreements

If a parent, guardian, or custodian requests assistance in providing an appropriate treatment program for a child with an emotional, behavioral, or mental disorder, or a developmental or physical disability, and a need for a residential treatment program is indicated, a voluntary placement agreement (VPA) as described in IC 31-34-1-16 may be considered. A VPA may provide for financial assistance from the family and children's fund through an adjudicated CHINS, IA, or SRA. The child welfare services account or the county's early intervention plan could provide a source of funding in cases where no CHINS is filed or substantiated neglect determined.

In the case of an adjudicated CHINS, the VPA may be incorporated in a dispositional decree. In any case, the VPA should include or provide for a case plan developed with agreement of the parent, county office, and service provider.

A service request that qualifies for assistance through a VPA could be based on IC 31-34-1-6, if applicable, or on a substantiated finding of neglect caused by inability of the parent to provide needed treatment through insurance or other available resources.

When a request is made that is appropriate for consideration of a VPA under IC 31-34-1-16, the county office should first determine whether the child is, or could

become, eligible for Medicaid. If the child is not already eligible based on family income, the child could become eligible if placement in a residential facility is approved by the court, or if the child's condition requiring placement qualifies for assistance under the Medicaid for disabled category.

Medicaid coverage for an eligible child is available for the per diem cost of a residential treatment program if the child is placed in a private secure child caring institution that is licensed under 470 IAC 3-13, subject to the requirements and conditions stated in 405 IAC 5-20-3.1 and 405 IAC 5-20-4, and subject to prior approval of the placement by OMPP. The county office would be responsible for the nonfederal share of the per diem cost through the children's psychiatric residential treatment services fund (IC 12-19-7.5).

NOTE: If the child is eligible for Medicaid based on parents' income and resources, and Medicaid coverage would be available for the proposed placement, neither a VPA nor county office oversight of the placement and treatment program would be needed. The parents could place the child directly with the facility that provides the treatment program.

Residential placement through a VPA is not eligible for Title IV-E FC assistance. The parent, guardian, or custodian retains legal custody and responsibility for care and supervision of the child (in accordance with the individual case plan). The requirement to initiate TPR after 15 consecutive months in foster care (see section 703.21) does not apply. The placement is not a removal of the child ordered or approved by a court.

If the placement per diem cost is not covered by Medicaid, the VPA should include provisions for support payable to the county office, consistent with the applicable child support guidelines.

207 Community Child Protection Team (IC 31-33-3)

The community child protection team (CPT) is an interdisciplinary, community-wide group, the members of which are either specified by statute or appointed by the county office director.

207.1 Membership of CPT

The team consists of 11 members and elects its coordinator from among the members. The mandatory members of the CPT are:

- (1) the county office (COFC) director, or that person's designee;
- (2) two (2) designees of the juvenile court judge;
- (3) the county prosecuting attorney or that person's designee;
- (4) the county sheriff or that person's designee;
- (5) Either:
 - (a) the president of the county executive or that person's designee; or

- (b) the executive of a consolidated city or that person's designee;
- (6) the director of a court appointed special advocate or guardian ad litem program or that person's designee in the county in which the team is to be formed.

Other members are appointed by the county office director as follows:

- (7) Either:
 - (a) a public school superintendent or that person's designee; or
 - (b) a director of a local special education cooperative or that person's designee;
- (8) Two (2) persons each of whom is a physician or nurse with experience in pediatrics or family practice; and
- (9) One (1) citizen of the community.

(IC 31-33-3-1)

The county office is responsible for maintaining an updated list of team members. The list is to include:

- (1) the names of members;
- (2) the name of the agency that each person represents;
- (3) the business or home address and telephone number of each member; and
- (4) the name of the current coordinator.

It is recommended in the Child Protection Team Handbook (see subsection 207.4 below) that team membership be reviewed regularly in conjunction with the biennial development of the Child Protection Plan. Such a system affords an opportunity to assess members' willingness to continue as team members and to assess their attendance level and effectiveness. It is further recommended that a team coordinator be elected annually and that the position be rotated between team members who are on staff at the county office and those who are not.

NOTE: Since the law specifies that the CPT will consist of 11 members, the sharing of slots on the CPT is strongly discouraged. However, if this cannot be avoided, the shared slot is permitted only one (1) vote.

207.2 Meetings of CPT

Teams must meet at least once a month or at such times as needed in accordance with IC 31-33-3-4. Special emergency meetings may be called at the request of a majority of team members.

207.3 Functions of Team

The team coordinator or at least two (2) other members may determine the agenda for the meeting. The team coordinator is responsible for the meeting and for providing team members with copies or summaries of reports of child abuse or neglect to be reviewed. The law defines the primary functions of the team as provision of "...diagnostic and prognostic services for the local child protection services or the juvenile court." The team may also recommend the filing of a petition on behalf of an abused or neglected child. (IC 31-33-3-5) The team members are bound by all applicable laws regarding the confidentiality of matters reviewed by the team.

The CPT may receive and review:

- (1) any case that the local child protection service has been involved in within the county where the team presides; and
- (2) complaints regarding the local child protection service's responsibilities pertaining to child abuse and neglect cases.

207.31 Review of Child Fatality Cases

The CPT may be requested to review a case(s) that involves the death of a child with whom the COFC has been involved. The following activities are considered within the scope of a child fatality review:

- (1) determining whether the cause of death has been established;
- (2) determining if investigative procedures of all involved agencies were sufficient to accurately determine the cause of death;
- (3) determining the involvement of schools, community-based organizations, and other agencies with the family prior to the death; and
- (4) identifying patterns in families, agencies, or communities that may have contributed to or failed to prevent the death.

Following the review, the CPT is required to develop a review report that is to include the following information:

- (1) a brief executive document summary of all investigative reports completed during the original investigation;
- (2) roles played by different community agencies in the investigation;
- (3) evaluation of case information;
- (4) the manner in which the agencies intervened and responded to the family;

- (5) an enumeration of elements that were in place and functioning well;
- (6) identification of any problems with intervention or response;
- (7) recommendations to correct any problems (e.g., specific training or technical assistance needs); and
- (8) recommendations for improving future investigations.

The review report is to be considered confidential and is to be forwarded to the Deputy Director, Division of Family and Children, Bureau of Family Protection and Preservation, within 45 days of receipt of all necessary information. The Director, Division of Family and Children, must approve any exceptions to this policy. Each report is to be numbered by the last two digits of the year, the two-digit county number, and a sequential number (1, 2, 3, etc.)

NOTE: It is recommended that the CPS supervisor or director use the Fatality Data Review Sheet (see Appendix AA) to review child fatality reports and other required materials to be submitted to Central Office in order to ensure that the documentation is complete and accurate. All substantiated reports submitted to Central Office will be reviewed and submitted to the Program Evaluation staff who will prepare the annual child fatality statistical report.

207.32 Complaint Reviews

Complaints referred to the CPT are to be limited to the complainant's specific case and are not to include complaints concerning general office issues. Forms for use in addressing these consumer complaints can be found in Appendices T and U.

207.33 Preparation of Periodic Reports

The duties of the CPT may also include preparing a periodic report regarding the child abuse and neglect reports and complaints reviewed. The periodic report may include the following information:

- (1) The number of complaints the CPT receives and reviews each month.
- (2) A description of the child abuse and neglect reports that the team reviews each month including the following information:
 - (A) The scope and manner of the interviewing process during the child abuse or neglect investigation.
 - (B) The timeliness of the investigation.
 - (C) The number of children removed from the home.
 - (D) The types of services offered.
 - (E) The number of child abuse and neglect cases filed with a court.

- (F) The reasons that certain child abuse and neglect cases are not filed with a court.

207.34 Other CPT Activities

The CPT Handbook contains further information regarding possible activities of the team in addition to those authorized by law. The CPT can prove a primary asset to the county office(s) it serves by such means as:

- (1) providing knowledgeable input regarding policy and interagency protocol development;
- (2) advocating;
- (3) providing training opportunities for staff;
- (4) performing a role in public education and promoting increased community involvement in issues relative to the children served by the county office.

NOTE: By way of clarification, a CPT member may lobby in that person's individual capacity and as a representative of the Team in the Team's name. However, a CPT member may not lobby as representing the county office or the view of the county office. The CPT is to clarify that person's views are not necessarily those of the county office administration.

207.4 Forms and Handbook

The Bureau of Family Protection/Preservation has provided various resources and forms for use by the team. All of the following are available:

- (1) CPT Handbook: contains information for team members regarding legal base, philosophy, and procedures;
- (2) SF 45003/FPP 0320 (FPP 320), Acknowledgment of Appointment to Child Protection Team: a statement of intent to serve on the team and to adhere to confidentiality requirements that is signed by the member; and
- (3) SF 44869/FPP 3307A Child Protection Team Certificate.

Copies of FFP 0320 and FPP 3307A may be found in Appendices Q and R to this section.

208 Procedures for Purchase or Repair of Cameras/Billing for Photographs, X-Rays, and Physical Medical Examinations

The following information concerns financial procedures for the purchase and repair of equipment and the purchase of photographic supplies and medical services necessary to implement a CPS investigation:

208.1 Purchase/ Repair of Cameras

The county office (COFC) is responsible for purchasing cameras necessary for the efficient implementation of the CPS function. The purchase of a camera is an administrative cost drawn from the Division of Family and Children (DFC) budget. Funds for camera purchase and repair may be taken from the county office's petty cash fund as long as the total cost does not exceed \$200.00. However, the county office is to contact the DFC budget section prior to purchasing a camera to ensure that there are sufficient funds to cover the purchase and that there are no restrictions on the use of the funds that would prohibit the purchase.

208.2 Billing Procedures for Photographs, X-Rays, and Physical Medical Examinations

DFC is responsible, by law, for the reasonable cost of photographs and medically indicated x-rays and physical medical examinations that are ordered/conducted by health care providers relative to reports of child abuse or neglect that the health care providers make to CPS. Costs for the same services requested by CPS as part of investigations that result from reports made by persons who are not health care providers are the responsibility of DFC as well. However, county offices are strongly encouraged to pursue other available resources such as family-held insurance or Medicaid to reduce the cost of specified services related to those reports made by non-health care providers. County offices are to bill the cost of purchase of film and flash bulbs, x-rays, and physical medical examinations to the Financial Management Section of FSSA using State Form 32/OMPP 0175. Central Office will then pay the vendor directly.

209 Assistance Programs for Victims of Crime

There are at least two sources of assistance for persons who are victims of crimes. These are outlined below.

209.1 Victim Assistance Programs

There are many victim assistance programs throughout the State of Indiana. However, programs are not available in all locales. Most are attached to law enforcement agencies, some to prosecutors' offices; and there are also privately operated programs. Many of the programs have membership in the Indiana Victim Assistance Network. County offices (COFCs) should be aware of the victim assistance programs that can be accessed in their area. Many victim assistance programs require a copy of a police report or an abuse or neglect investigation report as part of the application process. The COFC is not to release SF 114/FPP 0310 and SF 113/ FPP 0311 forms for the purpose of aiding a victim to access an assistance program without a written consent signed by the parents or legal guardian of the child named in the report

209.2 Violent Crime Compensation Division

Indiana law has established a Violent Crime Compensation Division of the Indiana Criminal Justice Institute to administer two (2) victim compensation funds. The first is known as the Sex Crime Victim Compensation Fund. In order to qualify for these funds, one must be a victim of rape, criminal deviate conduct, child molesting, or vicarious sexual gratification.

Monies from the Sex Crime Victim Compensation Fund may be expended only when the sex crime has been reported to a law enforcement officer within 48 hours of the occurrence. Staff at the hospital where the rape examination is done complete the

application, and the victim signs the form. In cases involving victims who are minors, the person legally responsible for the minor would sign the form.

The law allows hospitals to provide emergency services to all alleged sex crime victims who apply for these services. Emergency services also include five (5) counseling sessions through a hospital-based counseling program, through another facility that has a contract with a hospital to provide counseling services, or through a facility to which a hospital frequently refers patients for counseling services. A list of approved facilities that provide counseling services for which the Sex Crime Victim Compensation Fund will pay is available through the Violent Crime Compensation Division [(317) 232-7103].

The Violent Crime Compensation Division also administers a Violent Crime Victim Compensation Fund. This fund is available to victims of all violent crime, including the victims of the sexual offenses that qualify them to be eligible for monies under the Sex Crime Victim Compensation Fund. The Violent Crime Victim Compensation Fund provides for counseling services, which enables victims receiving assistance through the Sex Crime Victim Compensation Fund to continue counseling with the original service provider or to change service providers. The fund also provides monies for medical expenses, work time lost, funeral expenses, etc. A maximum of \$10,000 may be expended per victimization. Persons may apply to the Violent Crime Victim Compensation Fund on forms available at the prosecutors' offices or victim assistance programs.

Victim children who are permanent wards of a COFC do not qualify to receive monies through the Violent Crime Compensation Division. Family case managers (FCMs) need to be sure that the person having legal responsibility for a child who qualifies for assistance from the Violent Crime Compensation Division is aware of this resource. In order for a victim child to access services through the Violent Crime Compensation Division, the COFC must obtain permission from the victim's parent, guardian, or custodian to release the completed FPP 310/311 reports to the Division as proof that an investigation was conducted.

210 Special Child Abuse and Neglect Investigations

There are certain types of child abuse and neglect investigations that require special procedures. They are enumerated below.

210.1 Investigation by Law Enforcement Agency

The Juvenile Code, in IC 31-33-7-7, establishes basic procedures for cooperative interaction between CPS and law enforcement agencies (LEAs). LEAs are required to communicate immediately any report the LEA receives alleging that a child may be abused or neglected to the local CPS, whether or not the law enforcement agency has reason to believe that a child is in imminent danger. The LEA is required to conduct an immediate, onsite investigation of the report along with the local CPS whenever the LEA has reason to believe an offense has been committed.

The Juvenile Code, again in IC 31-33-7-7, requires law enforcement agencies to provide CPS with copies of all reports of investigations of child abuse or neglect. This requirement includes reports of:

- (1) investigations of sexual abuse , including rape involving a child victim under age 18, conducted by police without the involvement of the local CPS; and
- (2) investigations of child fatalities suspected to be the result of child abuse or neglect, including fatalities determined to be the result of Sudden Infant Death Syndrome (SIDS).

An interagency agreement (see subsection 202.311) must be established with law enforcement agencies to provide copies of such reports to the local CPS so that the local CPS can complete FPP 310 and 311. The agreement must also contain local protocol defining the manner in which CPS and law enforcement will interface to implement law pertinent to both agencies. For example, the protocol should indicate how CPS is to obtain law enforcement assistance when needed in instances that do not require a joint investigation.

210.11 Completion of FPP 311 for LEA Only Investigations

When the county office (COFC) receives an investigative report from a law enforcement agency (LEA) relative to a child abuse or neglect investigation conducted solely by LEA, the COFC must review the report and complete SF 114/FPP 0310, Preliminary Report of Alleged Child Abuse or Neglect, in full and SF 113/FPP 0311, Investigation of Alleged Child Abuse, in part, marking the FPP 311 as investigated by LEA Only. The copy of the LEA report must be maintained in the case file. The Comments section (narrative) is to include documentation of the receipt of the LEA report.

NOTE: It is important to understand that the standards of proof used by LEA and CPS are different. LEA uses the standard of “beyond reasonable doubt” (around 95% certainty). CPS, however, uses the standard of “a preponderance of the evidence” (51% certainty). Therefore, when LEA reports are gathered and reviewed by CPS, CPS needs to use its own standard to determine whether abuse or neglect has occurred.

210.12 Request by Parent/Guardian/Custodian for Release of FPP 310/311 Based on LEA Report

Whenever a parent/guardian/custodian requests a copy of FPP 310/311 reports which were completed based upon an investigation conducted by LEA only, CPS must inform LEA that the request has been made. If there is a reason LEA does not wish to have the report released, LEA may address the matter through the court system.

210.2 Child Fatality Protocol

The county office (COFC) is required by IC 31-33-8-1 to conduct an investigation regarding any report of child abuse or neglect. This includes any report of a child fatality in which death was sudden, unexpected, or due to an undetermined cause if there is any suspicion that the death may be due to abuse or neglect.

Special problems are found in the cases of deaths near the time of birth. Any fetus born alive is legally considered a person and, therefore, can be a victim of child abuse or neglect. If the fetus is born alive and subsequently dies, an assessment is to be made concerning whether all reasonable steps were taken to preserve the life and health of

the live-born person. The COFC will cooperate when requested to assist in the investigation of such situations.

Information relative to child abuse or neglect fatalities may be received from a variety of sources, including members of the general public, newspaper articles, radio/TV coverage, etc. The director of the COFC is to request notification of every report in which a child abuse or neglect fatality is suspected from all community partners likely to obtain such information. Such requests are to be made through child fatality reporting protocols developed with the following potential reporting sources:

- (1) local law enforcement agencies
- (2) hospitals
- (3) emergency medical service agencies
- (4) prosecutors
- (5) coroners
- (6) any other community partner likely to obtain information regarding child fatalities related to abuse or neglect.

In addition, these protocols must contain language that will enable the COFC to:

- (1) collect data concerning deaths that appear to be the result of sudden infant death syndrome (SIDS); and
- (2) pose questions to reporting sources in order to determine whether there might have been intentional action or behavior on the part of the caregiver, such as drug or alcohol use, that may have contributed to the child fatality.

Staff of the county office is to be sensitive and cognizant that the family of a victim of a suspected child abuse-/neglect-related fatality has not been proven guilty of a wrongdoing at this point and are to act accordingly.

If, after contact by the COFC director, a local law enforcement agency or county coroner declines to participate in the development of a written protocol, the COFC director is to forward a letter to each law enforcement agency and/or county coroner which includes the following information:

- (1) the date of the discussion between the COFC director and the local law enforcement official or county coroner in which an attempt to develop the protocol was made;
- (2) a summary of the local official's reasons for declining to develop the protocol;
- (3) the process which the COFC director wishes to be followed in reporting the suspected child abuse or neglect fatality and under what circumstances the COFC director would like to be notified; and
- (4) the benefits of involving the COFC in such investigations.

If a city police chief declines to participate in the development of a protocol, a copy of the aforementioned letter is to be forwarded to the mayor. If a county sheriff declines to participate in the development of a protocol, a copy of the letter is to be forwarded to the president of the county executive.

A copy of the letter is to be sent to the:

- (1) county prosecutor or elected official;
- (2) juvenile court judge;
- (3) Regional Manager; and
- (4) Deputy Director, Bureau of Family Protection and Preservation.

Sample protocols between the COFC and a local law enforcement agency and between the COFC and the county coroner can be found in the Appendices C and X to this section. These protocols are to be renewed each time a general election results in a change in leadership, either in the coroner's office, sheriff's department, or executive's office, and are to be reviewed during the development of the biennial child protection plan.

210.21 Interagency Communication Regarding Receipt of Child Fatality Report

The COFC is responsible for receiving reports of suspected child abuse or neglect fatality, including deaths that were sudden, unexpected, or due to an undetermined cause, if there is any suspicion that the death may have been the result of abuse or neglect. When such reports are received, prompt telephone notification with written follow-up confirmation is to be made to the following staff and agencies:

- (1) the county prosecutor;
- (2) the appropriate law enforcement agency;
- (3) the county coroner;
- (4) the Regional Manager; and
- (5) the Deputy Director, Bureau of Family Protection and Preservation, Division of Family and Children, via the central office child protection service hot line (1-800-562-2407) or via electronic mail.

NOTE: Notification of the Deputy Director must be done immediately or no later than the beginning of the next working day via e-mail. This report is to provide:

- (1) details of the death;
- (2) any involvement the DFC may have had with the child or the child's parent, guardian or custodian, even if the involvement occurred in a county other than the county in which the death occurred;

- (3) information concerning any behavior on the part of the parent/guardian/custodian that may have contributed to the child fatality; and
- (4) all information regarding media exposure in the case.

Only information regarding deaths alleged to have resulted from child abuse or neglect committed by a parent/guardian/custodian is to be entered in ICWIS. ICWIS will serve as the reporting system for abuse-/neglect-related child fatalities. Information regarding child fatalities must be entered in ICWIS as it is received. Central Office management staff must be able to access the information in ICWIS on the 30th day, the 60th day, and upon completion of the investigation. The results of child fatality investigations that comprise the SF 113/FPP 0311 report are to be entered in ICWIS within 60 days when possible. All investigations must be completed by the 90th day

Preliminary and investigative reports involving fatalities documented in ICWIS on SF 114/FPP 0310 and SF 113/FPP 0311 respectively are automatically sent to Central Office via ICWIS. Therefore, it is no longer necessary to mail these ICWIS reports or the FPP 310/311 forms in hard copy to Central Office.

Telephone notification needs to be made immediately to law enforcement while other staff and agencies can be notified within 24 hours or next business day. Written follow-up confirmation can be accomplished by submitting a copy of SF 114/FPP 0310 Preliminary Report of Alleged Child Abuse or Neglect.

When the county office is advised of an alleged child abuse or neglect fatality, FPP 310, Preliminary Report of Alleged Child Abuse or Neglect is to be completed in ICWIS. In ICWIS, a box under “Special Reports” in the Intake Decision screen must be checked to denote whether the victim of the fatality is or is not under the care and supervision of the COFC. The same immediate reports, notifications and follow-up information specified in subsection 210.23 below that are mandated for a suspected child abuse or neglect fatality are to be initiated in the following circumstances:

- (1) (CHINS), through an informal adjustment (IA), or through a services referral agreement (SRA);
- (2) The death of a child in any case in which there is current or prior CPS involvement.
- (3) Any death that occurs in a licensed child care home, center or registered child care ministry.

210.22 Investigation Procedures

The degree of involvement of the Division or the CPS in a suspected abuse or neglect fatality investigation may vary depending upon need and circumstances and is subject to the direction and discretion of the appropriate

law enforcement agency. The involvement of the county office in these investigations is not dependent solely upon the existence of surviving siblings in the home. Reasons to involve CPS include:

- (1) collecting law enforcement (LEA), hospital, and coroner reports so that an FPP 311 can be prepared;
- (2) placing surviving siblings in a safe environment at the request of LEA when both caregivers have been arrested;
- (3) assessing risk to surviving siblings when a caregiver remains in the home;
- (4) referring the family members to support services;
- (5) assisting LEA in interviews when needed; and
- (6) conducting a joint investigation with LEA.

Refer to subsection 205 which provides instruction for conducting an appropriately thorough child abuse/neglect investigation.

210.221 Coordination with Coroner and Law Enforcement Agencies

All investigations are to be closely coordinated with the county coroner and local LEA. The COFC shall respond immediately to all requests for assistance from local law enforcement. The COFC is to begin immediately by arranging with LEA for joint investigation and coordination of interviews. No county office investigation shall interfere with or duplicate the LEA investigation. The county office shall complete an FPP 311 based on the findings of the LEA or joint CPS/LEA investigation.

210.222 Assessing Safety/Risk to Surviving Siblings

Using the Indiana “Safety Assessment and Plan” tool (see 205.471), an assessment of the safety of other children in the home is to begin as soon as reasonably possible after the receipt of the report of a death in which abuse or neglect is suspected. The “Indiana Family Risk Assessment of Abuse and Neglect” tool is to be used throughout the investigation as necessary in order to determine the continuing potential for maltreatment of the children. An important task in the assessment of risk is to determine any family member's prior involvement with CPS or other Division services. Child welfare and public assistance files can be reviewed for elements essential to the current investigation. In determining whether surviving siblings are at risk, several issues are to be considered:

- (1) The circumstances of the death.

- (2) The current capacity of the caregiver(s) to care for the surviving child(ren).
- (3) The available support systems for the family.
- (4) The condition of each surviving child. This includes a medical examination, if appropriate.

Special emphasis is to be given to assessing the conduct of a non-involved caregiver as it relates to the suspected child abuse/neglect.

A key role for the county office during the investigation is to evaluate various significant factors, such as:

- (1) the family's explanation of the injury which may be inconsistent with the severity of the injury;
- (2) the delay of a caregiver(s) in seeking medical care;
- (3) the child's behavior which may have prompted an abusive response; or
- (4) any family crisis which diminished the family's capacity to cope with stress.

210.23 Reporting Investigation Results

The Deputy Director, Division of Family and Children (DFC), Bureau of Family Protection and Preservation (BFPP), or that person's designee, compiles data on abuse or neglect fatalities. The source of the data is the information gathered and submitted by the county office. The county office is to request law enforcement reports of investigations of suspected abuse or neglect fatalities regardless of whether the county office is involved in the active investigation. Hospital and coroner reports also are to be requested.

After telephone notification, FPP 310/311 forms are to be forwarded as soon as they are completed to the:

- (1) county prosecutor;
- (2) investigating law enforcement agency;
- (3) county coroner;
- (4) Regional Manager; and
- (5) Deputy Director, DFC, BFPP.

The following information is to be sent to the Deputy Director, DFC, BFPP, within 60 days of the receipt of the report:

- (1) hospital report;

- (2) law enforcement report;
- (3) coroner/autopsy report; and
- (4) copies of available newspaper clippings showing the progress of the investigation and the outcome of the arrest and trial.

Hospital and law enforcement reports are usually available within a month after the death. Coroners' reports usually are not available that quickly. However, if reports from any of these sources are not available within 60 days, it is not appropriate to delay submission of the FPP 311 investigative report and all available reports from other sources beyond that time frame.

NOTE: It is important that law enforcement agents are made aware at the outset of an investigation that Indiana law requires law enforcement agencies to share with CPS information concerning cases involving child abuse/neglect that LEA receives and/or investigates. (IC 31-33-7-7)

Coroner reports, death certificates, and autopsy reports can be confusing.

- (1) "Cause of death" refers to whatever has happened that led to death. For example, an underlying cause of death might have been an injury that led to a hemorrhage. The hemorrhage may be the immediate cause of death.
- (2) "Manner of death" refers to one of several categories:
 - (A) natural
 - (B) accident
 - (C) suicide
 - (D) homicide
 - (E) pending investigation
 - (F) could not be determined

A natural manner of death is one that results from a disease or an innate abnormality in the body and is determined by a pathologic evaluation. A forensic evaluation determines if the manner of death is by accident, suicide, or homicide. A finding of accidental death does not preclude a status finding of substantiated neglect or abuse on the FPP 311. An instance of suffocation due to improper sleeping arrangements might be assigned a status of substantiated neglect even though the manner of death is listed as accidental.

Care must be taken in completing the FPP 311 so that as much family information as possible is collected. "Death" or "Fatality" is to be written in red at the top of the FPP 311 so that the Deputy Director, Division of Family and Children (DFC), Bureau of Family Protection and Preservation (BFPP), can route the report to the proper persons. The form is to include the family's prior CPS history in the form of a list of dates and report statuses. It must also indicate if there are surviving siblings and include a statement of risk to these children. Family composition can sometimes be obtained from LEA reports or obituaries.

If abuse or neglect is substantiated relative to the deceased child, death (found in ICWIS under the lists of both abuse and neglect maltreatment types) must be marked on the FPP 311 in addition to types of maltreatment perpetrated by the caregiver. A bathtub drowning, for example, might be marked death (from the list of neglect maltreatment types) and lack of supervision or environment life/health endangering, depending upon the circumstances.

"Suspected Caregiver Stress Factors" is an important section of the FPP 311. If CPS was not involved in the active investigation, the law enforcement officer and the LEA report are resources for completion of this and other sections of the FPP 311 for cases that are substantiated. Interview dates and birth dates can also be found in LEA reports.

210.24 Paper Reviews of Child Fatality Reports

A multidisciplinary team, as outlined in IC 12-13-15-3 and IC-12-13-15-7, is to conduct an examination of every substantiated child abuse-/neglect-related fatality. This review is to be monitored by the Regional Manager. In addition, the circumstances of all unexpected or unexplained deaths of children under age 18, including unsubstantiated child abuse-/neglect-related fatalities and fatalities which were not subject to CPS investigation, are to be reviewed with the goal of determining and reducing the number of preventable child deaths. If there is no local child fatality review team established under 12-13-15, the county OFC is to develop a local child fatality review team based upon one of the following models:

OPTION I - the members of the Child Protection Team plus:

- (1) county health officer or designee; and
- (2) county coroner or deputy coroner.

OPTION II - a team appointed by the COFC director and the CPT coordinator and responsible to the CPT to include:

- (1) county health officer or designee;
- (2) COFC representative;
- (3) law enforcement representative;
- (4) county prosecutor or designee;
- (5) county coroner or deputy coroner; and
- (6) one additional medical professional.

The child fatality review team may invite any other party with relevant information to a meeting.

Protocols must be devised to allow members of the child fatality review team to share information from agency to agency for review purposes. The

meetings are closed to the public pursuant to IC 31-33-18. Members and invited parties must sign confidentiality statements, and all cases to be reviewed will use non-identifying case information to avoid intrusion upon a family's privacy. All public inquiries are to be directed to the team's chosen spokesperson who must confine remarks to a statement of the general purpose of the review team and to an explanation of the process. The spokesperson must not discuss information related to a specific case. A general report of aggregate data of all cases reviewed and general findings may be released to the public. It is recommended that this report be issued in association with the county's Child Protection Team.

Information on child fatalities is first reported to the county health department via death certificates. The COFC representative or CPT coordinator is to request the county health officer or designee to submit a list of child deaths referred to or certified by the county coroner and any other unexpected or unexplained child deaths not referred to the coroner. Team members then search their own records for information concerning the families of the deceased children. This information is verbally shared at the meetings of the review team. The Guide to Effective Child Fatality Reviews and the Child Fatality Review Report (Appendix Y) are to be used for each child death reviewed by the team.

The following activities are considered within the scope of a child death review:

- (1) determining whether the cause of death has been established;
- (2) determining if investigative procedures of all involved agencies were sufficient to accurately determine the cause of death;
- (3) determining the involvement of schools, community-based organizations, and other agencies with the family prior to the death; and
- (4) identifying patterns in families, agencies, or communities that may have contributed to or failed to prevent the death.

The following tasks are within the purview of the child fatality review team:

- (1) reviewing all child deaths that have been referred to the coroner and other unexpected or unexplained child deaths;
- (2) improving communication and coordination among agencies, especially in regard to child death investigations;
- (3) devising interagency agreements to improve reporting and review procedures;
- (4) aiding investigations by providing access to available information so that fatalities are reported and classified accurately;
- (5) examining local trends and issues and identifying systemic problems;

- (6) developing specific local prevention strategies;
- (7) monitoring and evaluating the review process; and
- (8) identifying the need for specific training or technical assistance and community education.

The review report is to include the following information:

- (1) a brief executive document summary of all investigative reports completed during the original investigation;
- (2) roles played by different community agencies in the investigation;
- (3) evaluation of case information;
- (4) the manner in which the agencies intervened and responded to the family;
- (5) an enumeration of elements that were in place and functioning well;
- (6) identification of any problems with intervention or response;
- (7) recommendations to correct any problems (e.g., specific training or technical assistance needs); and
- (8) recommendations for improving future investigations.

The review report is to be considered confidential and is to be forwarded to the Deputy Director, Division of Family and Children, Bureau of Family Protection and Preservation, within 45 days of receipt of all necessary information. The Director, Division of Family and Children, must approve any exceptions to this policy. Each report is to be numbered by the last two digits of the year, the two-digit county number, and a sequential number (1, 2, 3, etc.) Upon receipt of the investigation information from the local OFC, the State DFC Fatality Team will review the case and make a recommendation regarding the findings and conclusion concerning the investigation to the Deputy Director or may make a request to the local OFC for more information.

The State Fatality Committee, as defined in 12-13-15.1 will review child fatality cases when no local child fatality team has been established under 12-13-15. The Committee may also review fatality cases at the request of the local fatality review team or any individual. This review is separate from the review of the case by DFC and does not affect the review of the State DFC Fatality Team.

NOTE: It is recommended that the CPS supervisor or director use the Child Fatality Data Review Sheet (see Appendix AA) to review child fatality reports and other required materials to be submitted to Central Office in order to ensure that the documentation is complete and accurate. All substantiated reports submitted to Central Office will be reviewed and submitted to the

Program Evaluation staff who will prepare the annual child fatality statistical report.

210.3 Medical Neglect of Disabled Infants Protocol

State law requires that the Division of Family and Children (DFC) investigate reports of alleged medical neglect of children to determine if the children are in need of services (CHINS). There is substantial federal law relative to alleged medical neglect of disabled infants with life-threatening conditions. Central Office child welfare staff should be basically familiar with this law when dealing with these cases. The information contained in the remainder of this subsection concerns this federal law and its companion regulations.

In response to federal legislation concerning medical care provided to disabled infants, the Department of Health and Human Services (DHHS) developed rules to ensure non-discrimination on the basis of disability with regard to the health care of disabled infants with life-threatening conditions. These rules strongly encourage hospitals to establish policies and procedures to implement the principle that treatment decisions for disabled infants be based on reasonable medical judgments and that medically beneficial treatment not be withheld solely on the basis of an infant's present or anticipated mental or physical impairments. Hospitals have also been encouraged to establish review procedures concerning life and death decisions affecting critically ill newborns by forming an Infant Care Review Committee (ICRC) to assist them in this effort. The purposes of the ICRC are as follows:

- (1) Recommending policies concerning the withholding or withdrawal of medical or surgical treatments to infants as well as guidelines for ICRC action for specific categories of life-threatening conditions affecting infants.
- (2) Providing advice in specific cases when decisions are being contemplated to withhold or withdraw life-sustaining medical or surgical treatment to infants; and
- (3) Reviewing retrospectively, on a regular basis, infant medical records in situations in which life-sustaining medical or surgical treatment has been withheld or withdrawn.

The organization and staffing of the ICRC should consist of at least seven (7) members including:

- (1) a practicing physician (e.g., a pediatrician, a neonatologist, or a pediatric surgeon);
- (2) a practicing nurse;
- (3) a hospital administrator;
- (4) a representative of the legal profession;
- (5) a representative of a disability group, or a developmental disability expert;
- (6) a lay community member; and
- (7) a member of the hospital's organized medical staff who shall serve as chairperson.

Additionally, in connection with review of specific cases, one member of the ICRC should be appointed to act as "special advocate" for the infant.

The DHHS rules also require hospitals to post one of two types of informational notices concerning the legal rights of disabled infants and the hospital's policies and internal review procedures in addition to the federal law and government contact points. These two types of notices may also vary according to the presence or absence of an ICRC.

At the state level, the DHHS rules require that state child protection service (CPS) agencies establish and maintain written procedures for applying their state laws protecting children from medical neglect. Indiana has passed companion legislation to federal law concerning the rights of disabled children. The information contained in the following subsections constitutes the state procedures required by federal law. The procedures are preceded by information concerning the legal base for their development. Note that these procedures fit into existing practices and methods of administration of the program for delivering child protection services in Indiana.

210.31 Legal Base

The rules developed by DHHS are issued under the authority of Section 504 of the Federal Rehabilitation Act of 1973 (P.L. 93-112) as amended by the Rehabilitation Act Amendments of 1974, (P.L. 93-516, 29 U.S.C. 794). The Act prohibits discrimination on the basis of disability in programs and activities receiving federal financial assistance. More specifically, Section 504, as described in 45 CFR 84.2, provides that:

"No qualified handicapped person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance."

Additionally, the federal statute defines a "handicapped person" as:

"Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment." [45 CFR 84.3 (j)]

The rationale for applying Section 504 in the health care for disabled infants with life-threatening conditions is that medically beneficial treatment and services cannot be withheld from a disabled infant with life-threatening conditions solely on the basis of the disability.

In state law, the definition of a child with a disability is referred to in IC 31-34-1-9 and appears in IC 22-9-1-3 (r) as follows:

"Disabled" or "disability" means the physical or mental condition of a person that constitutes a substantial disability. In reference to employment, under this chapter, "disabled or disability" also means the physical or mental condition of a person that constitutes a substantial disability unrelated to the person's ability to engage in a particular occupation."

The legal base for the receipt and investigation of reports of suspected medical neglect of disabled infants is found in the definition of a child in need of services (CHINS) in IC 31-34-1. The CHINS definition includes children with disabilities deprived of necessary nutrition and surgical intervention as amended by the 1983 General Assembly under P. L. 418, effective June 1, 1983. More specifically, IC 31-34-1-9 provides that:

“A child in need of services under IC 31-34-1-1 through IC 31-34-1-8 includes a child with a disability who:

- (1) is deprived of nutrition that is necessary to sustain life; or
- (2) is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition;

if the nutrition or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.”

The reporting of medical neglect of disabled infants is subject to the mandatory reporting provision of the Indiana child abuse statute (IC 31-33). However, while the federal regulations are primarily concerned with infants, the Indiana statute calls for the reporting of suspected medical neglect of children with disabilities under the age of eighteen.

210.32 Reporting Requirements

According to Indiana law, anyone who suspects that a child may be a victim of child abuse or neglect is required to report it to the local county child protection service (CPS). The federal "Baby Doe" regulations specifically require that health care providers; e.g., hospitals, report to CPS agencies "circumstances which they determine to constitute known or suspected instances of unlawful medical neglect of handicapped infants." In the referral of "Baby Doe" complaints, all hospitals should make such reports to the CPS of the county in which the family resides. In circumstances involving a family who may be transient or non-residents of this state, the CPS of the county in which the hospital is located should receive the report.

"Section 504 of the [federal] Rehabilitation Act applies only to programs or activities receiving federal financial assistance," e.g., Medicare or Medicaid, and "does not apply to decisions made by parents." When the parents make a decision not to provide medical treatment recommended by the hospital, Section 504 does not mandate that the hospital overrule the parental decision and provide treatment without their consent. Section 504 does, however, require that "recipient hospitals not fail, on the basis of a handicap, . . . to report the questionable parental decision to the appropriate state authorities, or to seek judicial review itself, so as to trigger the system provided by state law to determine whether the parental decision should be honored." In other words, the hospital is required to make a report of suspected medical neglect by the child's parents, as required by state statute, to the appropriate county CPS.

The immunity from civil or criminal liability described in subsection 203.3 applies to persons reporting suspected medical neglect of a child with a disability as well. Additionally, federal regulations prohibit retaliation by hospitals against any person who provides information concerning suspected medical neglect of a disabled infant.

210.33 Receipt of Reports

When the county CPS receives a report of suspected medical neglect of a disabled infant, the information is to be documented on FPP 0310, Preliminary Report of Alleged Child Abuse or Neglect and is to be completed at the time the report is received. The CPS of the county in which the family resides is responsible for the investigation of such reports, even though the child may be hospitalized in another county. The information to be obtained from the reporting source, if known, is to include:

- (1) name and address of the health care provider;
- (2) names and address of the child and the parents;
- (3) specific information as to the nature and extent of the child's disability and suspected medical neglect; and
- (4) the name of the person making the report, the reporter's address, agency/organization affiliation, and telephone number. Anonymous reports are acceptable even though they may present some difficulty in further evaluating the report due to the inability to contact the reporting source. See subsection 204.11.

After obtaining the report information from the referral source, the local CPS is to immediately report the referral information to the Bureau of Family Protection/Preservation (BFPP) via the Institutional Child Abuse Hot Line number (1-800-562-2407) as soon as possible.

210.34 Evaluation of Report Information

A careful and immediate review of all "Baby Doe" reports is to be made by the local CPS in order to determine their appropriateness for investigation. This particular step is in the nature of a preliminary investigation. When a report of alleged medical neglect of a child with a disability is received, the local CPS is to take the following steps:

- (1) Contact the hospital Administrator to advise that person of the receipt of the "Baby Doe" report and request information from the Administrator regarding the child in question. As appropriate, the hospital's Infant Care Review Committee (ICRC) should be convened by hospital administration as soon as possible, or no later than 24 hours after notification of the report.
- (2) Review information received from the reporting source as well as the hospital's information to determine if there is a need for further inquiry or an on-site investigation. This evaluation is to be done by the CPS

worker in conjunction with the supervisor and/or other county office (COFC) administrative staff.

The following factors are to be considered in evaluating a "Baby Doe" report for further CPS inquiry before initiating an on-site investigation:

- (1) The source of the reporter's information; e.g., firsthand knowledge, secondhand information, etc.
- (2) The position of the reporting source to have reliable information; e.g., a nurse on the ward where the child is being treated, a friend, etc.
- (3) The specificity of the information provided by the reporting source and the hospital.
- (4) Whether there is any indication of a lack of parental consent for the provision of all medically beneficial treatment.
- (5) The analysis of the ICRC.
- (6) Whether the hospital is cooperative in connection with the inquiry.
- (7) Any other pertinent factors.

The decision as to whether an on-site investigation should be conducted is to be based upon all the information obtained, especially the information received from the ICRC. The ICRC is to maintain records of all of its deliberations and summary descriptions of specific cases along with the disposition of those cases. These records are to be kept in accordance with the hospital's policies on confidentiality of medical information and made available to appropriate government agencies, or upon court order, or as otherwise required by law. To assist local CPS agencies in understanding the framework for applying the non-discrimination requirements of Section 504, the following examples from the code of federal regulations (CFR Part 84, Appendix C revised as of October 1, 1994) containing Section 504 regulations are provided below:

- (1) The withholding of *medically beneficial surgery to correct an intestinal obstruction in an infant with Down's Syndrome, when the withholding is based upon the anticipated future mental retardation of the infant and when there are no medical contraindications to the surgery that would otherwise justify the withholding of surgery, would constitute a discriminatory act in violation of Section 504.

*Surgery that will most likely benefit the condition of the patient.

- (2) The withholding of treatment for medically correctable physical anomalies in children born with spina bifida when such denial is based on (1) anticipated mental impairment, (2) paralysis, or (3) incontinence of the infant rather than on reasonable medical judgments that *treatment would be futile, too unlikely, or otherwise not of medical benefit to the infant, would constitute a discriminatory act in violation of Section 504.

*Treatment that would do no more than prolong the act of dying.

- (3) The withholding of medical treatment for an infant born with anencephaly (absence of brain tissue) who will inevitably die within a short period of time, would not constitute a discriminatory act because the treatment would be futile and do no more than temporarily prolong the act of dying.
- (4) The withholding of certain potential treatments from a severely premature and low birth weight infant on the grounds of reasonable medical judgments concerning the improbability of success or risks of potential harm to the infant would not violate Section 504.

210.35 On-Site Investigations/Provision of CPS

An on-site investigation is to be initiated whenever the local CPS determines that there remains some doubt:

- (1) regarding the hospital's treatment of infants with disabilities relative to compliance with CHINS statutes; or
- (2) regarding the parents' refusal to authorize medically beneficial treatment; or
- (3) whenever there is a need for additional documentation to substantiate a conclusion.

Prior to initiating an on-site investigation, additional consultation with the ICRC or Central Office may be necessary.

In conducting an on-site investigation in which the hospital has established an ICRC, the investigation is to include, at the earliest time possible, a meeting with the ICRC or its designees. If the hospital does not have an ICRC, CPS is to meet with the hospital administrative staff and other individuals deemed appropriate by the administrator. In all such investigations, every effort is to be made to minimize any potential disruption and to accommodate the schedules of health care professionals. Contact must also be made with the parents of the child in question. This contact should, of course, reflect the utmost concern and compassion for their emotional needs. At no time is the child protection service to make any comment concerning the report or investigation to the public or media. The confidentiality provisions of the child abuse statute (IC 31-33-18) prohibit such comment.

If the review of the ICRC finds that the child is receiving medically beneficial treatment based on reasonable medical judgments, the complaint would be deemed unsubstantiated.

At any point during the course of the on-site investigation, if the life or health of a child with a disability appears to be endangered as a result of the withholding of nourishment and medically beneficial treatment solely on the basis of present or anticipated mental or physical impairment, the

intervention of the juvenile court may become necessary. In this instance, the county CPS is to follow one of the following CHINS procedures in seeking court intervention as prescribed in the Juvenile Code:

- (1) Seek detention of the child by obtaining a verbal or written order from the juvenile court. This step may also be taken at other times during the CHINS process.
- (2) Seek a detention hearing to be held within 48 hours, excluding Saturdays, Sundays and holidays. A written "Notice of Hearing" is to be sent to the parent, guardian, or custodian and to the child, advising of time, place, and purpose of hearing.
- (3) Petition the court for an injunction (protective order) to provide the child with medical treatment or a physical examination pursuant to IC 31-32-12 and IC 31-32-13.
- (4) Present the opinions of the parents, the guardian ad litem (GAL) or court appointed special advocate (CASA), and the medical staff to the court at a preliminary hearing. The COFC shall make no statements to the court regarding the quality of life for any child with a disability. The COFC shall make no recommendation to the court pertaining to the filing of a CHINS petition.
- (5) File a CHINS petition in these cases only upon authorization to do so by the court, and manage the case as any other medical neglect CHINS case.

NOTE: With respect to procedures (1), (2), and (3) outlined above, the COFC must also request the court to appoint a GAL or CASA, or both, to represent the child.

Upon completion of the investigation or preliminary inquiry, all findings are to be documented on FPP 311, Investigation of Alleged Child Abuse or Neglect and recorded in a narrative detailing the information gathered during the investigation. The FPP 311, narrative, and any other pertinent data is to be forwarded to Central Office as soon as possible, or no later than 10 days from the date the investigation was completed. For reports received that did not result in an on-site investigation, the information is to be recorded on FPP 0310/0311 and forwarded immediately to Central Office.

In accordance with federal regulations, DFC will prepare a report of the investigation or injury to the Department of Health and Human Services/Office of Civil Rights (DHHS/OCR). In its report, DFC will delete all identifying information to the extent that it will not impede the ability of DHHS/OCR to determine compliance with Section 504. A copy of the report will be forwarded to the local CPS and the involved hospital.

210.36 Department of Health and Human Services/Office of Civil Rights Investigations of "Baby Doe" Reports

When the DHHS/OCR receives a report of suspected medical neglect of an infant with life-threatening conditions, personnel from that office will

immediately conduct a preliminary inquiry of the report. The preliminary inquiry will take the form of an initial telephone contact with the hospital to obtain information regarding the condition and treatment of the child in question and may also include additional contact with the referral source. The preliminary contact is to be handled within 24 hours after the receipt of the report. Upon receipt of a report, DHHS/OCR may decide to refer the report directly to the appropriate state or local CPS agency.

Whether or not an on-site investigation will be conducted is determined on the basis of the information obtained during the preliminary contact, information provided by the source of report, information obtained by the hospital (including the hospital ICRC), and any other information obtained. The DHHS will, in conducting preliminary contacts and investigations, accept information from hospitals without names or other identifying information relating to the infant and the family, to the extent that it does not impede their ability to determine compliance with Section 504.

Whenever a hospital has established an ICRC, the DHHS will solicit the information made available to the ICRC, as well as the analysis and recommendations of the ICRC. Prior to initiating an on-site investigation, DHHS will wait for information from the ICRC for a 24-hour period from the time the report is received.

The DHHS/OCR will initiate its investigation with a meeting with the ICRC. In all investigations, DHHS will make every effort to minimize any possible disruption and accommodate the schedules of health care professionals. To this end, DHHS may also decide to coordinate its investigation with any related investigation by a state CPS agency.

Depending on the particular case, DHHS/OCR may decide to seek the assistance of a medical consultant to evaluate the medical information, including medical records, obtained during the preliminary or on-site investigation. The medical consultant may be an employee of DHHS/OCR or a person who agrees to serve in this capacity with or without compensation. The involved hospital is to be advised of the conclusions of DHHS/OCR following the completion of their preliminary or on-site investigation.

210.4 Institutional Child Abuse/Neglect Protocol

In order to ensure the safety and well-being of those children under the care of public or private institutions in Indiana, the Juvenile Code mandates the Division of Family and Children (DFC) to:

- (1) devise a written protocol designating public or private agencies primarily responsible for investigating reports of alleged child abuse or neglect in institutions;
- (2) describe the specific terms of the designation.

In compliance with this mandate, the Division of Family and Children, Bureau of Family Protection/Preservation (BFPP) has designed the following protocol designating itself ultimately responsible for the disposition of institutional reports. However,

effective 10/15/03, the actual responsibility for investigating such reports is delegated to the person(s)/units in the county offices of family and children (COFCs) assigned to provide child protection services (CPS). This protocol has been designed with the goal of clarifying procedures for reporting, investigating and resolving institutional child abuse or neglect reports and of promoting interdepartmental cooperation throughout the course of these investigations. While the establishment of procedures provides a basis for operations, it is recognized that sensitivity, diplomacy, and tact are the intangible elements essential in the implementation of this protocol.

210.41 Definitions

As used in this subsection:

"Division" means the Division of Family and Children.

"Child" means:

- (1) a person under 18 years of age;
- (2) a person 18 through 20 years of age who has been adjudicated a child in need of services before the child's eighteenth birthday.

"Child abuse or neglect" refers to a child who is alleged to be a child in need of services as defined by IC 31-34-1-1 through IC 31-34-1-5. See subsection 201.2 for the text of these cites. However, if a child is alleged to be a victim of a sexual offense under IC 35-42-4-3 (Child Molestation), that child is not considered abused or neglected unless the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals, or female breasts.

NOTE: The term "seriously impaired or seriously endangered" shall include any injury or harm that is not minor, up to and including a life-threatening injury or permanent impairment.

"Victim of child abuse or neglect" refers to a child in need of services (CHINS) as defined in IC 31-34-1-1 through IC 31-34-1-5 and IC 31-34-1-10 or IC 31-34-1-11. See subsection 201.2 for the text of these cites.

"Institutional child abuse or neglect" refers to situations involving children who may be victims of child abuse or neglect and who are under the care of public or private institutions. (IC 31-33-9-1)

210.42 Legal Base

Regarding the reporting and investigation of child abuse or neglect in institutional settings, the Juvenile Code states the following:

"IC 31-33-9 Designation of public or private agencies to investigate reports of abuse or neglect involving a child under the care of a public or private institution

Sec.1. (a) Through a written protocol or agreement, the division of family and children shall designate the public or private agencies primarily responsible for investigating reports involving a child who:

- (1) may be a victim of child abuse or neglect; and
 - (2) who is under the care of a public or private institution.
- (b) The designated agency must be different from and separately administered from the agency involved in the alleged act or omission. Subject to this limitation, the agency:
- (1) may be:
 - (A) the division of family and children;
 - (B) the local child protection service; or
 - (C) a law enforcement agency; and
 - (2) may not be the office of the prosecuting attorney.

Sec.2. The protocol or agreement must describe the specific terms or conditions of the designation, including the following:

- (1) The manner in which reports of a child who may be a victim of child abuse or neglect and who is under the care of a public or private institution will be received.
- (2) The manner in which the reports will be investigated.
- (3) The remedial action that will be taken.
- (4) The manner in which the division of family and children will be kept fully informed on the progress, findings, and disposition of the investigation.

Sec.3. To fulfill the purposes of this chapter, the division of family and children may purchase the services of the public or private agency designated to investigate reports of child abuse or neglect."

Thus, the Juvenile Code requires the Division of Family and Children (DFC) to investigate, or designate another public or private agency to investigate reports of alleged child abuse or neglect occurring in institutional settings. The following list of agency and facility categories currently considered institutions includes but is not limited to:

- (1) institutions operated by the State of Indiana, such as Indiana juvenile correctional facilities, state hospitals, etc.;
- (2) residential child-caring institutions;

- (3) group homes;
- (4) emergency shelters;
- (5) child care centers, pre-schools, etc.;
- (6) detention centers;
- (7) hospitals;
- (8) pediatric nursing homes;
- (9) foster family homes;
- (10) child care homes;
- (11) exempt child care homes;
- (12) child care ministries; and
- (13) public and nonpublic schools.

210.43 Reporting and Referral Procedures

Until 10/15/03, the Institutional Child Protection Service (ICPS) Hot Line located in the Bureau of Family Protection and Preservation (BFPP) in Central Office was the number to call for reporting allegations of institutional child abuse or neglect. While that number (1-800-562-2407) eventually will no longer be available, Central Office staff will continue to monitor the line for an unspecified period of time and will forward reports to the COFC in the county in which the alleged institutional child abuse or neglect occurred. However, as of 10/15/03, some persons are being directed to contact the county offices instead as the responsibility for investigating institutional child abuse and neglect was transferred to the local offices effective on that date.

The following information constitutes procedures for reporting and referring allegations of institutional child abuse and neglect to the county offices.

According to IC 31-33-5-1 of the Juvenile Code, any person or agency that has reason to believe:

- (1) that a child in an institution has been physically abused or neglected by any employee of that institution; or
- (2) that a child in an institution has been sexually abused by anyone; i.e., an employee, volunteer, resident of or person contracted by the institution, passersby, etc.,

must report the same. These reports shall be made immediately, day or night, by telephoning the statewide Child Abuse Hot Line number, 1-800-800-5556. See subsection 210.433 below for details.

When a local CPS receives a report of institutional child abuse or neglect, the information is to be taken and then assigned for investigation if it meets the criteria for legal sufficiency. If a local law enforcement agency (LEA) receives such a report, the LEA is to forward the report to the COFC in the county in which the alleged institutional child abuse or neglect occurred.

NOTE: Physical injury inflicted on a child by another resident does not meet the legal definition of child abuse because the perpetrator is not a custodian. Such an incident is not a CPS matter unless there is also an allegation of overt neglect or of an act of omission on the part of an employee that results in injury to the child. In view of the preceding, consideration is to be given to reporting circumstances as described above to local law enforcement as battery.

210.431 Types of Cases to Be Reported to Central Office

Previously, DFC has required that two (2) other types of reports be made immediately via the Institutional CPS Hot Line as follows:

- (1) Child fatalities that occur in non-institutional settings when abuse or neglect is suspected to be a contributing factor.
- (2) The death of any child under the care and supervision of the COFC regardless of whether abuse or neglect is suspected to be a contributing factor.

In ICWIS, a box under “Special Reports” on the Intake Decision screen must be checked to denote whether the victim of the fatality is or is not under the care and supervision of the COFC.

While Central Office staff will continue to monitor the Institutional CPS Hot Line for an indefinite period of time, there will still be a mechanism for reporting these two types of cases directly to Central Office.

NOTE: For purposes of clarification, the remainder of this protocol is confined to a discussion of the legal mandate to address procedures for the reporting and investigation of institutional child abuse and neglect.

210.432 Time Frame for Making Institutional Child Abuse or Neglect Reports

All reports of suspected institutional child abuse and neglect must be made immediately.

210.433 Hot Line Hours and Staffing

The statewide child abuse or neglect reporting Hot Line (1-800-800-5556) is answered 24 hours a day including weekends and

holidays. County offices make various arrangements for providing that coverage. The statewide Hot Line only rings in to the COFC in the county in which the call originates. Also, there are some areas in some counties in which calls to the Hot Line will not reach the COFC. If it is necessary for the staff in one county to transfer a report to another county, please use the numbers provided in Appendix EE of this section.

210.43 After-Hours Reporting Procedures

If someone other than COFC staff covers the Hot Line after hours, it is important for the reporting source to leave a telephone number, if possible. This enables on-call COFC staff to contact the person for additional information or clarification that may be necessary to initiate an investigation. This procedure also enables the on-call staff to impart information concerning the initiation of an investigation to a reporting source who is a staff member of the institution being reported.

If the local CPS receives an after-hours institutional complaint and on-call staff desires consultation, a request for consultation is to be directed to the on-call supervisor. Further consultation from Central Office can be obtained during regular business hours; i.e., 8:15 AM to 4:45 PM).

NOTE: A special "IN" number previously assigned to each institutional case will no longer be assigned by Central Office. The only number these cases will carry is that assigned through ICWIS.

210.435 Special Procedures for Institutional Abuse or Neglect Reports and Investigations

Institutional abuse and neglect investigations are basically similar to investigations involving children living with their families; but because of the great number of persons potentially involved, procedures for institutional investigations have some differences.

210.4351 SF 49549/FPP 0310A, Preliminary Report of Alleged Institutional Child Abuse or Neglect

Rather than the FPP 310, the intake form for institutional reports is the FPP 310A. (See Appendix E for a hardcopy of the ICWIS form.) Four entities are essential for completion and must all be listed in the Profile screen in ICWIS.

- (1) The person making the report - An item must be chosen from the drop-down box for reporting source.
- (2) The institution - The name of the institution must be the case name of each institutional

report and investigation. This is accomplished by marking the institution as the primary caregiver. A licensed or unlicensed child care home (CCH) is listed as the person who holds or would hold the license, and that person is marked as the primary caregiver. For a foster family home (FFH), one of the persons holding the license is marked as the primary caregiver and the other as other caregiver. Any other institution is listed using its legal name and is marked as the primary caregiver with a role of not involved, since a perpetrator has to be an individual. The name of the institution other than a CCH or FFH is listed in its entirety in the space in ICWIS that normally serves as the last name of an individual. There is enough space to accommodate the complete name of most facilities. Care must be taken not to list a licensed or unlicensed child care home in the “doing business as” name. The institution itself must have an institutional relationship to the victim; i.e., baby-sitter, CCH staff, foster mother, or foster father. For an institution that is not an individual, the relationship to the victim is “institution staff.”

- (3) The perpetrator(s) - For child care homes and foster family homes, the perpetrator and the primary or other caregiver can be the same. For other institutions, the perpetrator must be an individual separate from the institution, which usually is a corporation. The perpetrator would have an institutional relationship to the victim, such as institution staff, teacher, baby-sitter, resident, child care facility staff, etc. The perpetrator’s name is to be listed or, if unknown, the perpetrator is to be listed as “staff” or “unknown” or “unknown staff,” for example. For allegations of physical abuse or neglect, the perpetrator must be a person who is acting in a custodial role. This relationship is established on the Legal Sufficiency screen in ICWIS.

NOTE: A foster parent is not the legal guardian of a child who has been adjudicated a child in need of services.

- (4) The victim(s) - Each victim must be marked as a household member. The minimum demographic information for each victim is the age or date of birth, sex, race, and the legal status. The Responsible Agency sheet window, which is accessed from the Demographics screen, is the place to list the name and address of the parents or the COFC or probation department responsible for the child. If allegations involve consensual sexual activity between two children who are both under the age of 14; i.e., child molesting, each child is to be entered as victim/perpetrator.” (NOTE: The allegation that two children under the age of 14 are engaging in consensual sexual activity does not mean that the report should automatically be investigated as child sexual abuse. Each report must be assessed to determine whether it should be investigated as child sexual abuse or lack of proper supervision. The latter might be more appropriate when the involved children are very young.) Relationship of perpetrator to victim in these situations would be “none” if no other relationship applies. In residential facilities such as foster family homes and group homes, the relationship is “resident.” Children other than the alleged victims need not be entered in the Profile screen but can be mentioned in the narrative if they are interviewed as witnesses. If the investigation is substantiated and becomes one that must be entered into the state central registry (SCR), the victim’s parents and siblings are to be added to the profile before SCR entry. It is possible that charges may be filed or an arrest may be made based on an investigation that has already been approved and closed. If there is no open case based on the investigation that resulted in the criminal charges/arrest, the intake and investigation information must be reentered in ICWIS in order to make the appropriate SCR entry.

Other actions in ICWIS are necessary to differentiate the FPP 310A from the FPP 310.

- (1) The institution must be listed in the upper middle space on page 1 of the FPP 310A. This is accomplished by choosing the

institution icon on the intake task bar and retrieving the institution from the list of providers or community resources. Schools are listed under community resources, and most other institutions are listed under providers. All institutions should already have been entered into the lists. An exception is unlicensed child care homes. These are to be entered as “active” and either “unlicensed exempt” or “unlicensed nonexempt,” depending upon whether allegations include information that the facility cares for a number of children which would require that the facility be licensed. In the event that an institution that should be on the list cannot be found, refer this question to the person responsible for entering that particular type of institution or contact Central Office for consultation.

- (2) Other Special Considerations. Under Type of Report on the Decision screen, “licensing” must always be marked if the facility is one that is either recommended for licensure by the COFC or is licensed by Central Office. This causes the allegation narrative to be duplicated in the licensing record. “Institutional Abuse/Neglect” must always be marked under Special Reports on that same screen. The family case manager (FCM) must then send the report to the local CPS supervisor to approve the decision.

210.4352 Assessments for Institutional Investigations

Safety assessments must be completed for all investigations, including those conducted in institutions. Risk assessments and strength and needs assessments, however, apply to families and are required only when the institution is a foster family home.

210.4353 Type A, Type B, and Type C Investigation Requirements for Institutional Investigations

Because of the large numbers of children under the auspices of some institutions and the specialty of institutional investigations, two of the Type A, Type B, and Type C investigation contact requirements are defined differently for institutional investigations. In all investigations, face-to-face contact is required with the

caregiver(s), the alleged victim(s), other children in the household, and the alleged perpetrator, if other than the caregiver. “Caregiver(s)” and “other children in the home” have special meanings in institutional settings.

- (1) Caregiver(s) - In an institutional investigation, the primary caregiver is the institution itself, so the caregiver(s) interviewed is the staff person(s) responsible for the victim(s) at the time of the incident, usually listed as “other caregiver.” For child care homes and foster family homes, the primary caregiver is the person who holds or would hold the license, and a spouse or helpers are listed as “other caregiver(s).”
- (2) Other Children in the Home - All other children being cared for by the institution need not be interviewed. The “other children in the home” are those directly related to the situation or those children who are potential witnesses. In a school situation, for example, use school personnel to help identify which children might have witnessed the incident being investigated. Each child interviewed is to be asked for names of other children who might have information.

210.4354 Special Procedures for “Mixed” Households

Occasionally the children alleged to have been abused or neglected in a foster family home or in a licensed or unlicensed child care home are a combination of children placed on a foster or child care basis and the children of the foster parent(s) or the child care provider(s). In this event, the institutional report is to include only the victim children who are foster children or children being provided child care. A second report is to be opened for those victim children who are in their own home, and this part of the investigation is not institutional. This is the only instance in which one investigation yields two FPP 310/311 reports.

210.44 Intake Procedures

The following constitutes an outline of steps taken by CPS Hot Line staff during the intake process.

210.441 Obtaining Intake Data

The information required for a complete referral is essentially that required to complete an FPP 310A, Preliminary Report of Alleged Institutional Child Abuse or Neglect, and is to include, if available:

- (1) time and date that the report is received;
- (2) name, title, agency affiliation, address, and telephone number of the caller;
- (3) name, birth date or age, and current location of the child alleged to have been abused or neglected (See IC 31-33-11-1 if the child is admitted to the hospital.);
- (4) name and address of the agency, court, parent or other person legally responsible for the child, if known;
- (5) name of the facility, location, telephone number, and setting in which abuse or neglect allegedly occurred and when it occurred;
- (6) name and address of the alleged perpetrator, current location, and the perpetrator's position at the institution;
- (7) specific complaint information; and
- (8) name of the person receiving the report.

210.442 Determining Status of Allegations as Institutional Child Abuse or Neglect or as Licensing Issues

If the alleged abuse or neglect occurred in an institutional setting, CPS staff must make a decision whether the report shall be handled in one of the following ways:

- (1) As institutional abuse or neglect which requires investigation and completion of FPP 310A, Preliminary Report of Alleged Institutional Child Abuse or Neglect, and FPP 311, Investigation of Alleged Child Abuse or Neglect.

Examples:

- A. An injury or trauma to a child requires immediate attention or treatment.
- B. Significant bruises or injuries are sustained as a result of inappropriate discipline or abuse.
- C. A caregiver allows a child to engage in illegal activities.

- D. A caregiver engages in sexual activities prohibited by law with a child under the care of a facility or allows others to do so.
- E. A caregiver fails to provide food, shelter, medical care, or appropriate supervision.
- F. Serious neglect results in a child being endangered or injured.
- G. The explanation for an injury is unconvincing.

OR

- (2) As an issue involving violation of licensing rules which requires investigation by licensing staff but is not considered abuse or neglect, or a similar issue relative to a facility which is not subject to specific licensing rules or regulations; e.g., a school or a child care ministry. An FPP 310A is used as an intake form, but completion of an FPP 311 is not appropriate.

Examples:

- A. There are too many children in a child care center or home which violates the staff-to-children ratio.
- B. Children are not being fed properly.
- C. Infants' diapers are not being changed often enough.
- D. There are environmental and structural problems that could result in a child being injured.
- E. Someone hits a child and leaves no bruises or injuries.
- F. Staff caregivers or teachers are verbally inappropriate.
- G. Playground equipment is in need of repair or replacement.
- H. Staff/volunteers fail to adhere to appropriate universal sanitary precautions.
- I. Caregivers or teachers become violent and out of control with no injury resulting to the child.

Many times a situation does not meet legal sufficiency but yet the facility or a law enforcement agency requests that CPS interview children or assist in an investigation for a crime not

covered under the juvenile law; e.g., battery. Such a situation may be considered a services request or a courtesy interview and is to be reflected as such in ICWIS rather than as a formal CPS investigation, even though the case activity will be very similar.

If the decision is “refer to local licensing” or “refer to central licensing,” upon approval of that decision, the allegation appears in the ICWIS licensing record. To access the allegations, pull up the facility in the Resource module and click on the allegations button in the tool bar. Highlight the allegation and click on the modify button. This will produce a screen with the actual narrative of allegations from the FPP 310A. In addition, there is a narrative space in which the licensing worker can record the action that was taken to resolve the issues inherent in the allegations.

210.443 Determining Who Should Investigate

The agency or agencies that investigate reports of institutional abuse or neglect must be different from and separately administered from the institution involved in the alleged acts or omissions. The local CPS is responsible for investigating all institutional CPS reports involving the following facilities:

- (a) all state-operated institutions;
- (b) residential child-caring institutions and group homes;
- (c) child care centers;
- (d) detention centers;
- (e) hospitals;
- (f) pediatric nursing homes; and
- (g) residential schools.
- (h) foster family homes located in the county that are supervised by a COFC or a private child-placing agency;
- (i) child care homes, whether licensed or unlicensed;
- (j) non-residential schools, whether public or nonpublic; and
- (k) registered day care ministries.

If a child who lives in an institution is allegedly abused or neglected while visiting at home, the CPS in the county where the child’s home is located is to be notified by institution staff so that agency can conduct a non-institutional investigation.

When a report involving a foster family home is received by the local CPS, the completed FPP 310A, Preliminary Report of Alleged Institutional Child Abuse or Neglect is to be forwarded immediately to the CPS staff person designated to receive such reports. The person designated shall then immediately notify the CPS supervisor or the person designated to serve in that capacity, such as a team leader or the county office (COFC)

director, that a report alleging child abuse or neglect of a child in foster care has been received.

When the local CPS receives a report regarding an institution that is a licensed facility and the allegations are licensing rather than CPS issues, the narrative from the FPP 310A will automatically be recorded under allegations in the ICWIS licensing file for that resource. The licensing FCM then may record actions taken to resolve the issue in the ICWIS licensing file. Screened out reports will no longer be in the county database.

210.444 Determining When to Initiate an Investigation

If a report is received involving a situation that, as described, does not seem to constitute a present threat of serious endangerment or impairment to the life or health of the child, the initiation of an investigation may be delayed until the next working day. The decision to postpone initiation of an investigation will depend upon the specific circumstances in each case.

210.445 Special Institutional Investigation Circumstances

In situations involving allegations of medical neglect in facilities such as nursing homes, it is recommended that the local CPS engage a medical resource person to assist in the investigation by accompanying the investigator and evaluating the situation from a medical standpoint. Any investigation conducted by local CPS staff may involve appropriate law enforcement agencies if there is a possibility of criminal charges resulting from the investigation. The specific law enforcement agency to be involved will be determined according to jurisdiction. The investigating agency has the option of assembling a team to assist in an institutional child abuse or neglect investigation. Team members may be drawn from designated agencies different from and separately administered from the facility involved in the allegations. Subject to this limitation, a representative or liaison person from the state agency responsible for monitoring the facility about which the report is made may also be requested to serve on the investigative team. The COFC designates a team coordinator.

If the reported abuse or neglect is alleged to have occurred in an institutional setting located in another state, the allegations will be telephoned to the appropriate CPS personnel in the state in which the institution in question is located. County offices may contact Central Office for a listing of CPS liaison persons from other states.

210.446 Notification to Party Legally Responsible for Child(ren) Regarding Investigation

The investigating agency has the responsibility for seeing that the agency, court, or person legally responsible for the child involved in the report is notified that an investigation is to be conducted. It is preferable for the facility being investigated to give such notification to the placing agency. In the case of facilities administered by the Department of Correction, notification is to be given in accordance with internal policies. If the child is under the care and supervision of another agency or court, that agency or court is responsible for notifying the child's parent(s) or other appropriate person(s) of the impending investigation. The guardian ad litem (GAL)/court appointed special advocate (CASA) will be notified in accordance with local protocol. Investigators need to make certain that appropriate persons have been notified. If:

- (1) a child is an alleged perpetrator in a sexual abuse investigation; and
- (2) the child's parent(s), guardian, custodian, or the agency or court having responsibility for the care and supervision of the child wishes for the child to consult with an attorney prior to being interviewed by the DFC investigator;

by policy, such consultation must take place no later than 24 hours from the time the COFC first notifies the facility that an investigation will be conducted. The requirement to read the Miranda Warning applies only to persons with arrest powers and does not include CPS investigators.

If the report involves another Indiana state agency that administers or is responsible for monitoring state institutions or child-caring facilities, the liaison person from the involved agency must be contacted. Each of these state agencies has designated one individual to work with DFC in the investigation of abuse or neglect reports regarding that agency's facilities. Basic information regarding the report as well as information concerning who will be investigating and the proposed time to initiate the investigation will be shared. The state agencies having a liaison person include:

- (1) State Department of Health;
- (2) State Department of Correction;
- (3) Division of Mental Health;
- (4) State Department of Education; and
- (5) Indiana State Police.

If a child is a victim or an alleged perpetrator of child abuse or neglect and the child is placed in a facility that qualifies as an institution, parental consent to interview the child must be obtained prior to the interview if at all possible. This is also true in situations in which a child who is not a victim or alleged perpetrator needs to be interviewed, absent any immediate threat to that child. Whenever feasible, written consent of the parent(s) should be obtained when an interview with a child is to be conducted outside the home.

If a child is to be interviewed at a school, child care home or center, or other facility, the consent of the individual in charge of the facility must be obtained unless exigent circumstances that endanger the safety of the child exist. If a parent(s) or the appropriate individual in authority at a facility refuses to give consent for an interview with the child, or if child protection services (CPS) finds the conditions placed upon the interview process unacceptable, a court order must be obtained before proceeding with the interview. Whenever an interview is conducted without obtaining advance parental consent, notice of the interview should be given to the parent(s) as soon after the interview as possible. In addition, a copy of SF 48201/FPP 0024 Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect must be provided to the parent(s) as in any other CPS investigation.

NOTE: There are certain exceptions to the requirement to obtain consent from a parent(s) or an individual in authority at an institutional facility to interview a child. See Section 205.422.

210.45 Investigation Procedures

Investigations of institutional abuse or neglect are to be conducted within the same time frame as those of a non-institutional nature. See subsection 205.1.

Investigative techniques will vary depending upon the nature of the report and the institutional setting. Investigations may include, but are not limited to:

- (1) reviewing the licensing file of a foster family home, child care home, child care center, or other child-caring institution for such information as:
 - (a) prior allegations of child maltreatment;
 - (b) evidence of corrective action activities related to prior child abuse or neglect allegations;
 - (c) training evaluation forms;
 - (d) other problem areas;
 - (e) areas of strength.

If the allegation involves a foster family home licensed by a licensed child placing agency (LCPA), contact is to be made with the LCPA in an attempt to review the licensing file or to obtain verbal information.

- (2) reviewing the facility's policies and procedures pertinent to the report;
- (3) reviewing children's records, including child-specific records, daily log sheets, medical reports, incident reports, etc.;
- (4) photographing children if there is physical evidence of abuse or neglect;
- (5) examining and photographing the physical facilities of the institution; and
- (6) recording interviews.

In the process of fulfilling the requirements for Type A, B, and C investigations, interviews are required with the reporting source, the caregiver, the alleged victim(s), other children in the household, the alleged perpetrator, all witnesses, and other persons having knowledge of the incident, including professionals. See subsection 205 for specific requirements. Other persons to be interviewed may include, but are not limited to:

- (1) the administration and staff of the institution, current and former;
- (2) other residents of the institution, current and former, particularly those who may have witnessed the acts or omissions alleged in the report;
- (3) the parents of the child(ren);
- (4) the school administration and staff where the child(ren) attends school;
- (5) the county having responsibility for the alleged victim(s); e.g., the FCM of the involved child(ren) or that person's supervisor at the placing agency, to obtain additional input regarding the child(ren) and the caregiver being investigated (This may serve to confirm and update information gathered in the paper review.);
- (6) probation officers assigned to children involved in the report or investigation;
- (7) local law enforcement personnel; and
- (8) appropriate Central Office licensing staff.

The assistance of the appropriate law enforcement agency is to be enlisted according to the protocol of the investigating agency as soon as it appears advisable or necessary. Institutional staff may accompany the person(s) investigating a report regarding their facility to observe, if, in the opinion of the investigator, this will not hamper the investigation.

An investigator may request the service of a person of the opposite sex to assist in photographing or interviewing an alleged victim. This assistance may be sought from an appropriate law enforcement agency or the institution.

Particularly in cases of alleged sexual abuse, an investigator of the opposite sex as the alleged victim may elect to interview the child in the presence of an adult of the same sex as the alleged victim. The same resources noted above may be called upon to assist in this regard.

If it is necessary to remove a child from an institution immediately, the investigator is to obtain the assistance of the law enforcement agency having appropriate jurisdiction. The child's parents, guardian, custodian, or the agency or court responsible for care and supervision of the child must then be notified of the removal and current location of the child. The GAL/CASA is to be notified in accordance with local protocol. Ultimate responsibility for this notification falls to the investigating agency. However, actual notification responsibility may be delegated by that agency, usually to the facility being investigated. See subsection 210.472 below for more detailed information concerning emergency removal of children in foster family homes.

During the course of an investigation, the person responsible for coordinating and conducting the proceedings may contact the appropriate Central Office staff if there are any questions regarding the investigation. That same person must also contact Central Office as frequently as necessary if Central Office staff has specifically requested to be kept apprised of the investigation. If the investigation process becomes lengthy, all attempts must be made to communicate updates regarding the investigation status to the appropriate personnel of the agency being investigated. Completion of the FPP 0311, Investigation of Alleged Child Abuse or Neglect requires the CPS staff to make a determination of whether the report of child abuse or neglect is substantiated or unsubstantiated. See subsection 205.51.

Upon completion of an investigation, the person responsible for conducting the investigation will complete FPP 0311. Pertinent information relative to the investigation that the local CPS receives following completion of the investigative report can be added to the report in ICWIS and/or filed in a paper file upon receipt.

210.46 Follow-up Procedures

A letter marked "Confidential" is to be drafted by the CPS staff who investigated the institutional report. Both CPS and any licensing issues must be included in the letter, which is sent to the administrator of the facility investigated. A copy of the letter is sent to:

- (1) the appropriate liaison person if the institution is operated or monitored by another State agency;
- (2) the COFC or court having care and supervision of the alleged victim;

- (3) board members if the institution is private (optional depending on circumstances); and
- (4) the local prosecuting attorney if the report is substantiated.

Letters may contain:

- (1) a statement delineating the date the report was received, the nature of the report, the name of the investigator(s) and the fact that the investigation is complete;
- (2) the status of the investigation; i.e., whether the alleged child abuse or neglect has been determined substantiated or unsubstantiated;
- (3) a statement regarding the investigation findings upon which the decision regarding status is based;
- (4) a statement of recommendations for the institution to follow such as:
 - (a) suspension or termination of the alleged perpetrator(s) from employment;
 - (b) areas needing change;
 - (c) development of new policy and procedures;
 - (d) provision of specialized training for staff;
- (5) a statement regarding any action taken by the investigating agency such as:
 - (a) referral of the matter to the appropriate licensing staff for follow-up and consultation;
 - (b) referral of the matter to the appropriate prosecuting attorney;
 - (c) changes relative to licensure, certification and closure of the institution.

Local CPS staff is required to follow up institutional abuse or neglect investigations that they conduct in the manner outlined in the preceding paragraph. A letter must be sent to institutions investigated by local CPS focusing on investigative findings and recommendations. A copy of any such letter must be attached to the FPP 311.

NOTE: See Appendices V and W to this section for a sample format for follow-up letters to institutions.

210.47 Special Considerations for Investigating Alleged Abuse or Neglect in a Foster Family Home

Receipt of a report of institutional child abuse or neglect involving a foster family home requires some special considerations as follows:

210.471 Pre-Investigation

The local CPS in the county in which the alleged abuse occurred is responsible for the coordination of the investigation.

Whenever an allegation is received that involves an alleged victim who is no longer a resident of the foster family home but is known to reside in another county or state, follow investigation procedures outlined in subsection 210.52.

Whenever an allegation is received involving a foster family home for which a licensed child-placing agency (LCPA) is responsible, the local office in the county in which the foster family home is located is responsible for the investigation. The investigating CPS must give notification to the LCPA. LCPAs should report alleged child abuse or neglect that occurs in a foster family home to the local CPS having the responsibility to investigate. The protection of all children placed in the LCPA foster family home is the responsibility of the investigating local CPS. If removal is seen as necessary, notification to the placing agency is to be given immediately so that an alternative placement may be found.

When an FPP 310A, Preliminary Report of Alleged Institutional Child Abuse or Neglect is received indicating that abuse or neglect has occurred in or involves a foster family home, it is to be forwarded immediately to the child protection service (CPS) staff person designated to receive such reports. The person designated shall then immediately notify the CPS supervisor or the person designated to serve in that capacity, such as a team leader or the county office director, that a report alleging abuse or neglect of a child in foster care has been received. The appropriate licensing worker is to be notified also.

210.472 Deciding Whether to Remove a Child

Whenever a report of institutional child abuse or neglect involving a foster family home is received, serious consideration is to be given to the removal or continued placement of all foster children in the home. This decision can be made either at the point of intake based solely upon the allegations in the intake report or at any point in the investigation process based upon the information thus far obtained. For example, if:

- (1) sexual abuse allegations have been made against a foster parent or another permanent resident of the foster family home; and
- (2) there are other children placed in the home who are the same sex and age as the alleged victim and who have similar backgrounds,

consideration is to be given to removing these children prior to completion of the investigation. Record checks may reveal that the foster children were removed from their own homes due to allegations of sexual abuse. Sexually abused children

may prove to be more vulnerable to sexual advances from a trusted adult. Removal of the children can also provide protection for the foster family in cases in which all children are of the same sex and age range. See subsection 205.47 for further information on high and low risk factors that are to be considered when contemplating the removal of any child from a home.

In addition to the risk factors listed in subsection 205.47, special factors to consider in deciding whether to remove a child from a home include:

- (1) the length of time that the child has resided in the current placement;
- (2) the number of prior moves and the impact of those moves on the child's life and emotional well-being as related to the assessment of the child's ability to re-bond in another home;
- (3) the child's adjustment to the extended foster or adoptive family environment, including the daily routine, friends, school, and organizations; the proximity of the home to the legal family and the degree of cooperation on the part of the foster family with the legal family;
- (4) the child's concept of the child's family (i.e., the family to which the child may be psychologically or emotionally bonded), the child's sense of history, and the child's expressed wishes.

Although legally a local CPS may remove a foster child with or without the foster parent's consent, it is advisable that the FCM make every effort to secure the cooperation of that foster parent. If the foster parent attempts to physically prevent a child's removal, the FCM is to request the assistance of an appropriate law enforcement agency, or obtain a court order, if necessary.

210.473 Investigation

The investigation of alleged child abuse in a foster family home, which is the responsibility of the appropriate local CPS (see subsection 210.471), is to begin within 24 hours of receipt of the report. The CPS investigation of alleged child neglect in a foster home is to begin within 48 hours. However, as in any other investigation, if the immediate safety or well-being of a child appears to be endangered, or the facts otherwise warrant, the investigation is to begin immediately regardless of the time of day. Although immediate protection and the best interest of the child(ren) are the main concerns, thought is to be given to who is to be involved in the investigation.

In some cases, the CPS FCM and the CPS supervisor may deem it necessary to request that an on-going services FCM or licensing FCM actively participate in the investigation. Should the foster family home be licensed by an LCPA, contacting the LCPA to request assistance from that facility's licensing representative may be appropriate as long as the assistance requested is not deemed to pose a conflict of interest. The role of the on-going or licensing FCM may include interviewing multiple children, supporting the foster family, supporting the foster children during the investigation, etc. Appropriate situations for a joint investigation may include a child fatality investigation in a foster family home or in a home in which multiple children are placed.

210.474 Post Investigation

Within five (5) working days following completion of the CPS investigation, the COFC administrative and supervisory staff must review the investigative report with input from legal staff. Elements to be considered in the review include:

- (1) the appropriateness of the investigation;
- (2) the appropriateness of the status determination; and
- (3) the plan for follow-up which should emphasize remedial action. This discussion would include developing a recommendation regarding the question of whether to continue or revoke licensure. In some cases, foster parents will voluntarily elect to withdraw from the foster care program. If this is not the case and the recommendation is to close the home, revocation of the license is in order. See Section 6 regarding these procedures. If the recommendation is to continue licensure, such issues as:
 - (a) provision of services to the foster family home to alleviate the problem(s) that led to the reported situation;
 - (b) temporary placement of the foster children away from the foster family home;
 - (c) return of the foster children to the foster family home;
 - (d) development of a corrective action plan, etc.,need to be considered.

Within five (5) working days following completion of a review by COFC staff as described above, appropriate COFC staff must draft a letter to the foster parent(s) concerning whom the

child abuse or neglect complaint was made. See subsection 210.46 for information concerning letter content. See also Appendix W to this section for a sample format for such letters.

When a child has been removed from the foster family home and the allegations have been unsubstantiated, consideration may be given to returning the child to the foster family home unless the investigation has revealed violations of licensing rules of sufficient magnitude to preclude return. In cases involving LCPAs, consultation with a representative of the LCPA is to take place prior to returning the children to the foster family home. Since the LCPA is an agency having the authority to care for, treat, or supervise a child who is the subject of a report of abuse or neglect, the LCPA is allowed by IC 31-33-18-2 to have access to the report of the investigation.

If the CPS case is substantiated, or if there are violations of licensing rules, the COFC shall make a decision regarding a recommendation to Central Office relative to the status of the license. The development of a corrective action plan is required if the home is to continue to be recommended for licensure, since a substantiated abuse or neglect investigation is sufficient grounds for revocation of a license. Corrective action can consist of, but is not limited to:

- (1) additional training prior to the children being placed in the home again;
- (2) issuance of a provisional license;
- (3) reduction in the number of children for whom the home is licensed to provide care.

Continued follow-up in terms of appropriate monitoring and support for the foster family home that has been investigated is extremely important if the foster family home is to be used again in a constructive, useful manner. Follow-up by the licensing FCM is to be provided to any foster family home for which a corrective action plan is developed. If follow-up by the licensing FCM is not appropriate or applicable (the CPS FCM and licensing FCM may be the same person), these services may be obtained via contracts with a local mental health agency or similar health care facility. Upon written request, the LCPA can obtain a copy of the FPP 310. Follow-up with a foster family home licensed by an LCPA is the responsibility of the LCPA. The local CPS that conducted an investigation relative to the home is to request written feedback from the LCPA regarding the home's progress relative to any corrective action, especially if the home may be used for children under the care and supervision of the COFC..

Local CPS staff is encouraged to develop and expand upon this protocol. However, it is essential that the above be included in any protocol developed for licensed child-placing agencies.

210.5 Intercounty or Interstate Reports and Investigations

Special procedures are required regarding CPS reports and investigations that overlap between counties and states.

210.51 When Abuse or Neglect Occurs in Another County or State Where Family Resides

If CPS receives a report of a child who was allegedly abused or neglected and who resides with the family in another county or state, CPS is to notify the CPS in the other county or state by one or more of the following methods:

- (1) By telephone, if the report indicates that the child may be in danger because of alleged conditions.
- (2) In writing, giving information received from the reporting source (If another Indiana county is involved, send a copy of the completed FPP 310.).
- (3) By advising the reporting source to contact the other county or state with any further information that may be available.

Reports of possible child abuse or neglect that involve another state are to be sent directly to the CPS in the other state and are not to be sent through Central Office.

210.52 When Abuse or Neglect Occurs in One County and Child and Family Reside in Another County or State

The investigation in this situation is the responsibility of the CPS in the county in which the abuse or neglect occurred. CPS will need to request the assistance of the county or state in which the child and family reside in completing the information needed for the investigation. All county offices must cooperate in complying with such a request. The report of the completed investigation is to be shared with the other county or state where the child and family reside. See subsection 210.47 for investigation procedures involving foster family homes.

For purposes of ICWIS, the county in which the abuse or neglect took place (County A) enters the report and creates the investigation. County A then telephones or sends an e-mail to County B to request a courtesy interview. County B enters the information on the person to be interviewed and chooses "replace client" in the screening process since this is the same person entered first by County A. The decision is Service Request with Courtesy Interview as the type of service requested.

210.53 Special Circumstances Warranting An Intercounty Investigation

When a local CPS is responsible for investigating a report of child abuse or neglect and a CPS FCM is:

- (1) a member of the alleged victim's family or
- (2) a member of the alleged perpetrator's family,

it is necessary for the COFC administrative staff to arrange for CPS from another county to investigate. Such reports and investigations are restricted in ICWIS (IC 31-33-20-4) and must be noted as such under special reports on the Intake Decision screen. If the investigation involves a COFC administrative staff member, Central Office must be contacted.

210.54 County and Court Jurisdiction for Investigation Involving Alleged Abuse or Neglect in One County and Hospitalized Child(ren) Requiring Detention in Another County

The following information delineates county and court jurisdiction relative to the investigation of situations in which child abuse or neglect is alleged to have occurred in one county and the alleged victim is hospitalized and requires detention in another county:

210.541 County Jurisdiction

If County A's CPS staff receives a report of alleged child abuse or neglect involving a family in their county and the child victim requires hospitalization in County B due to the abuse or neglect, County A's CPS staff should proceed with the investigation as follows:

- (1) If County A and County B adjoin and the investigation would not involve extraordinary travel, County A should conduct the investigation.
- (2) If County A and County B do not adjoin, County A's CPS staff will request a courtesy investigation by County B's CPS staff. A hospital may not release the child until the hospital has received authorization from CPS or a court order. Therefore, County B must cooperate fully in getting necessary information to County A as soon as possible in order for County A to give authorization for the child's release or to seek court action regarding the release of the child.

210.542 Court Jurisdiction

Pursuant to IC 31-32-7, court jurisdiction over the child and the child's family may be initiated in either the county of the child's residence or the county where the act of abuse or neglect occurred or the condition exists. If a CHINS or probation case regarding the child already exists, the court in which the case is pending retains jurisdiction over the child. The court may, on its own initiative or upon motion of a party, transfer the case to a court in

the county of the child's residence, at any time before the dispositional hearing. The court may also assign supervision of the child to a court in the county of residence.

In the event that abuse or neglect is alleged to have occurred in County A, the family resides in County B, and the child is hospitalized in County C, all three counties need to coordinate CPS efforts for an investigation and any subsequent court proceedings or services provided to the family.

210.55 County and Court Jurisdiction for Providing Services Beyond Investigation

When an investigation results in the establishment of a CHINS, an informal adjustment (IA), a services referral agreement (SRA), etc., in County A where the abuse or neglect occurred and the child and family resides in County B, the individual circumstances of the case will dictate which county office (COFC) will be responsible for the case. Practicality plays a role in decisions regarding jurisdiction. If County A is sufficiently close to County B, it would be practical and preferable, under most circumstances, for County A to continue to supervise the case. If distance or other considerations make it impractical for County A to supervise the case, courtesy supervision could be requested from County B, or an IA or CHINS case could be formally transferred from County A to County B from court to court.

APPENDIX - SECTION 2

- A. Criminal Law Citations Relative to Sexual Offenses
- B. FPP Form 660A, Request for Approval of Child Protection Plan
- C. Sample Protocol Between a County Office of the Division of Family and Children and a Local Law Enforcement Agency Concerning the Report of Child Abuse or Neglect Fatalities
- D. Sample Paragraphs To Be Included in Hospital Protocol
- E. SF 114/FPP 0310, Preliminary Report of Alleged Child Abuse or Neglect and Related Instructions
SF 49549/FPP 0310A, Preliminary Report of Alleged Institutional Child Abuse or Neglect and Related Instructions
SF 49548/FPP 0310SR, Service Request
- F. Consent to Background Information and Release
- G. SF 113/FPP 0311, Investigation of Alleged Child Abuse or Neglect and Related Instructions
- H. SF 49545/FPP 0033, Informal Adjustment Agreement: Notice of Data to Be Entered into the Indiana State Central Registry
- I. Program of Informal Adjustment
- J. SF 49546/FPP 0034, Progress Report on Informal Adjustment Program
- K. SF 49544/FPP 0032, Services Referral Agreement
- L. SF 49543/FPP 0031, Notice of Data Entry into Indiana State Central Registry
- M. SF 49547/FPP 0035 Services Referral Agreement: Notice of Appeal Rights/Time Frames
- N. SF 49214/FPP 0005, Request by a Person or Organization for a Search of the State Central Registry
- O. SF 49215/FPP 0004, Request from a Potential Employer for Release of Information Contained in the State Central Registry
- P. SF 48201/FPP 0024, Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect
- Q. SF 45003/FPP 0320, Acknowledgment of Appointment to Child Protection Team
- R. SF 44869/FPP 3307A, Child Protection Team Certificate
- S. Sample Confidentiality Agreement
- T. Sample Director's Response to Child Protection Service Complaint
- U. SF 49212/FPP 0007, Notice of Review by Child Protection Team
- V. Sample Cover Letter for Report of Investigation, Per IC 31-33-7-8
- W. Sample Letter to Child-Caring Institution Administrator/Foster Parent Regarding Outcome of Child Abuse or Neglect Investigation
- X. Sample Coroner Protocol
- Y. Child Fatality Review Report and Related Guide to Effective Child Fatality Reviews
- Z. SF 116/FPP 0321, Application for Child Abuse Research
- AA. Child Fatality Data Review Sheet
- BB. SF 51128/ FPP 0045, Consent to Release of Mental Health and Addiction Records
- CC. Assessment Forms
- DD. Sample Safety Plan
- EE. Direct County Child Protection Service Telephone Numbers for Reporting Child Abuse and Neglect

Indiana Criminal Law Citations Relative to Sexual Offenses

The Indiana Juvenile Code uses the term “child in need of services” (CHINS). This term applies to children who are neglected, abused, or dependent; and the complete CHINS definition can be found in subsection 201.2 in the narrative above. IC 31-34-1-1 through IC 31-34-1-5, IC 31-34-1-10 and IC 31-34-1-11 constitute that portion of the CHINS definition that defines the abused/neglected child. The legal cites that constitute the CHINS definition and include criminal law citations related to sexual offenses is printed below. See IC 31-34-1-5, IC 31-34-1-6, IC 31-34-1-8, and IC 31-34-1-10 through IC 31-34-1-13 for a complete CHINS definition. Also see IC 31-9-2-20, IC 31-9-2-31 (b), IC 31-9-2-87, IC 31-34-1-9, IC 31-34-1-14, and IC 31-34-1-15 for qualifying language concerning the types of situations that must be reported as child abuse or neglect.

IC 31-34-1-3 A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child is a victim of a sex offense under:
 - (A) IC 35-42-4-1 (Rape);
 - (B) IC 35-42-4-2 (Criminal Deviate Conduct);
 - (C) IC 35-42-4-3 (Child Molesting);
 - (D) IC 35-42-4-4 (Child Exploitation/Pornography);
 - (E) IC 35-42-4-7 (Child Seduction);
 - (F) IC 35-42-4-9 (Sexual Misconduct with a Minor);
 - (G) IC 35-45-4-1 (Public Indecency/Indecent Exposure);
 - (H) IC 35-45-4-2 (Prostitution); or
 - (I) IC 35-46-1-3 (Incest); and
- (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

NOTE: A child who is alleged to be a victim of a sexual offense under IC 35-42-4-3 and, therefore, a CHINS is not considered abused or neglected and, therefore, is not subject to the mandatory reporting law unless the offense involves the fondling or touching of the buttocks, genitals or female breasts.

IC 31-34-1-4 A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's parent, guardian, or custodian allows the child to participate in an obscene performance as defined by IC 35-49-2-2 (Matter or Performance Harmful to Minors) or IC 35-49-3-2 (Obscene Performance); and
- (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; and

APPENDIX A

- (B) is unlikely to be provided or accepted without the coercive intervention of the court.

IC 31-34-1-5 A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's parent, guardian, or custodian allows the child to commit a sex offense prohibited by IC 35-45-4; and
- (2) the child needs care, treatment, or rehabilitation that the child:
 - (A) is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

The following is the complete text of those Indiana criminal law cites relative to sexual offenses as listed in the above-noted cites that constitute a portion of the CHINS definition.

CRIMINAL LAW CITATIONS

IC 35-42-4-1 Rape

- Sec. 1 (a) Except as provided in subsection (b), a person who knowingly or intentionally has sexual intercourse with a member of the opposite sex when:
- (1) the other person is compelled by force or imminent threat of force;
 - (2) the other person is unaware that the sexual intercourse is occurring; or
 - (3) the other person is so mentally disabled or deficient that consent to sexual intercourse cannot be given;
- commits rape, a Class B felony.
- (b) An offense described in subsection (a) is a Class A felony if:
- (1) it is committed by using or threatening the use of deadly force;
 - (2) it is committed while armed with a deadly weapon;
 - (3) it results in serious bodily injury to a person other than a defendant; or
 - (4) the commission of the crime is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-32-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.

IC 35-42-4-2 Criminal Deviate Conduct¹

Sec. 2 (a) A person who knowingly or intentionally causes another person to perform or submit to deviate sexual conduct when:

- (1) the other person is compelled by force or imminent threat of force;
- (2) the other person is unaware that the conduct is occurring; or
- (3) the other person is so mentally disabled or deficient that consent to the conduct cannot be given;

commits criminal deviate conduct, a Class B felony.

(b) An offense described in subsection (a) is a Class A felony if:

- (1) it is committed by using or threatening the use of deadly force;
- (2) it is committed while armed with a deadly weapon;
- (3) it results in serious bodily injury to any person other than a defendant; or
- (4) the commission of the crime is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-32-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.

IC 35-42-4-3 Child Molesting

(a) A person who, with a child under fourteen (14) years of age, performs or submits to sexual intercourse or deviate sexual conduct commits child molesting, a Class B felony. However, the offense is a Class A felony if:

- (1) it is committed by using or threatening the use of deadly force;
- (2) while armed with a deadly weapon;
- (3) if it results in serious bodily injury; or
- (4) the commission of the crime is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-32-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.

¹Indiana Code 35-41-1-9 defines "Deviate sexual conduct" as an act involving: (1) a sex organ of one person and the mouth or anus of another person; or (2) the penetration of the sex organ or anus of a person by an object.

APPENDIX A

- (b) A person who, with a child under fourteen (14) years of age, performs or submits to any fondling or touching, of either the child or the older person, with intent to arouse or to satisfy the sexual desires of either the child or the older person, commits child molesting, a Class C felony. However, the offense is a Class A felony if:
 - (1) it is committed by using or threatening the use of deadly force;
 - (2) it is committed while armed with a deadly weapon; or
 - (3) the commission of the crime is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-32-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.
- (c) It is a defense that the accused person reasonably believed that the child was sixteen (16) years of age or older at the time of the conduct.

IC 35-42-4-4 Child Exploitation; Child Pornography; exceptions

Sec. 4 (a) As used in this section:

"Disseminate" means to transfer possession for free or for a consideration.

"Matter" has the same meaning as in IC 35-49-1-3.

"Performance" has the same meaning as in IC 35-49-1-7.

"Sexual conduct" means sexual intercourse, deviate sexual conduct, exhibition of the uncovered genitals intended to satisfy or arouse the sexual desires of any person, sado-masochistic abuse, sexual intercourse or deviate sexual conduct with an animal, or any fondling or touching of a child by another person or of another person by a child intended to arouse or satisfy desires of either the child or the other person.

- (b) A person who knowingly or intentionally:
 - (1) manages, produces, sponsors, presents, exhibits, photographs, films, videotapes, or creates a digitalized image of any performance or incident that includes sexual conduct by a child under eighteen (18) years of age; or
 - (2) disseminates, exhibits to another person, offers to disseminate or exhibit to another person, or sends or brings into Indiana for dissemination or exhibition matter that depicts or describes sexual conduct by a child under eighteen (18) years of age; or
 - (3) 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 less than eighteen (18) years of age.

APPENDIX A

commits child exploitation, a Class C felony.

- (c) A person who knowingly or intentionally possesses:
 - (1) a picture;
 - (2) a drawing;
 - (3) a photograph;
 - (4) a negative image;
 - (5) undeveloped film;
 - (6) a motion picture;
 - (7) a videotape;
 - (8) a digitalized image; or
 - (9) any pictorial representation;

that depicts or describes sexual conduct by a child who is less than sixteen (16) years of age, or appears to be less than sixteen (16) years of age, and that lacks serious literary, artistic, political or scientific value commits possession of child pornography, a Class D felony.

- (d) Subsections (b) and (c) do not apply to a bona fide school, museum, or public library that qualifies for certain property tax exemptions under IC 6-1.1-10, or to an employee of such a school, museum, or public library acting within the scope of the employee's employment when the possession of the listed materials are for legitimate scientific or educational purposes.

IC 35-42-4-7 Child Seduction

- (a) As used in this section, "adoptive parent" has the meaning set forth in IC 31-9-2-6.
- (b) As used in this section, "adoptive grandparent" means the parent of an adoptive parent.
- (c) As used in this section, "child care worker" means a person who:
 - (1) provides care, supervision, or instruction to a child within the scope of the person's employment in a shelter care facility; or
 - (2) is employed by a:
 - (A) school corporation; or
 - (B) nonpublic school;

attended by a child who is the victim of a crime under this chapter.

APPENDIX A

- (d) As used in this section, "custodian" means any person who resides with a child and is responsible for the child's welfare.
- (e) As used in this section, "nonpublic school" has the meaning set forth in IC 20-10.1-1-3.
- (f) As used in this section, "school corporation" has the meaning set forth in IC 20-10.1-1-1.
- (g) As used in this section, "stepparent" means an individual who is married to a child's custodial or noncustodial parent and is not the child's adoptive parent.
- (h) If a person who is:
 - (1) at least eighteen (18) years of age; and
 - (2) the:
 - (A) guardian, adoptive parent, adoptive grandparent, custodian, or stepparent of; or
 - (B) child care worker for;
 - a child at least (16) years of age but less than eighteen (18) years of age;
 - engages with the child in sexual intercourse, deviate sexual conduct (as defined in IC 35-41-1-9), or any fondling or touching with the intent to arouse or satisfy the sexual desires of either the child or the adult, the person commits child seduction, a Class D felony.

IC 35-42-4-9 Sexual Misconduct with a Minor

- (a) A person at least eighteen (18) years of age who, with a child at least fourteen (14) years of age but less than sixteen (16) years of age, performs or submits to sexual intercourse or deviate sexual conduct commits sexual misconduct with a minor, a Class C felony. However, the offense is:
 - (1) a Class B felony if it is committed by a person at least twenty-one (21) years of age; and
 - (2) a Class A felony if it is committed by using or threatening the use of deadly force, if it is committed while armed with a deadly weapon, if it results in serious bodily injury, or if the commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.
- (b) A person at least eighteen (18) years of age who, with a child at least fourteen (14) years of age but less than sixteen (16) years of age, performs or submits to any fondling or touching, of either the child or the older person, with intent to arouse or satisfy the sexual desires of either the child or the older person, commits sexual misconduct with a minor, a Class D felony. However, the offense is:

APPENDIX A

- (1) a Class C felony if it is committed by a person at least twenty-one (21) years of age; and
 - (2) a Class B felony if it is committed by using or threatening the use of deadly force, while armed with a deadly weapon, or if the commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with a drug or controlled substance without the victim's knowledge.
- (c) It is a defense that the accused person reasonably believed that the child was at least sixteen (16) years of age at the time of the conduct. However, this subsection does not apply to an offense described in subsection (a)(2) or (b)(2).
- (d) It is a defense that the child is or has ever been married. However, this subsection does not apply to an offense described in subsection (a)(2) or (b)(2).

IC 35-45-4-1 Public Indecency; Indecent Exposure

- (a) A person who knowingly or intentionally, in a public place:
- (1) engages in sexual intercourse;
 - (2) engages in deviate sexual conduct;
 - (3) appears in a state of nudity; or
 - (4) fondles the genitals of himself or another person;
- commits public indecency, a Class A misdemeanor.
- (b) "Nudity" means the showing of the human male or female genitals, pubic area, or buttocks with less than a fully opaque covering, the showing of the female breast with less than a fully opaque covering of any part of the nipple, or the showing of covered male genitals in a discernibly turgid state.
- (c) 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:
- (1) engages in sexual intercourse;
 - (2) engages in deviate sexual conduct; or
 - (3) fondles the genitals of himself or another person;
- where he can be seen by persons other than invitees and occupants of that place commits indecent exposure, a Class C misdemeanor.

IC 35-45-4-2 Prostitution

A person who knowingly or intentionally:

APPENDIX A

- (1) performs, or offers or agrees to perform, sexual intercourse or deviate sexual conduct; or
- (2) fondles, or offers or agrees to fondle, the genitals of another person;
for money or other property commits prostitution, a Class A misdemeanor. However, the offense is a Class D felony if the person has two (2) prior convictions under this section.

IC 35-46-1-3 Incest

- (a) A person eighteen (18) years of age or older who engages in sexual intercourse or deviate sexual conduct with another person, when the person knows that the other person is related to the person biologically as a parent, child, grandparent, grandchild, sibling, aunt, uncle, niece, or nephew, commits incest, a Class C felony. However, the offense is a Class B felony if the other person is less than sixteen (16) years of age.
- (b) It is a defense that the accused person's otherwise incestuous relation with the other person was based on their marriage, if it was valid where entered into.

IC 35-49-2-2 Matter or Performance Harmful to Minors

A matter or performance is harmful to minors for purposes of this article if:

- (1) it describes or represents, in any form, nudity, sexual conduct, sexual excitement, or sado-masochistic abuse;
- (2) considered as a whole, it appeals to the prurient interest in sex of minors;
- (3) it is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable matter for or performance before minors; and
- (4) considered as a whole, it lacks serious literary, artistic, political, or scientific value for minors.

IC 35-49-3-2 Obscene Performance

A person who knowingly or intentionally engages in, participates in, manages, produces, sponsors, presents, exhibits, photographs, films, or videotapes any obscene performance commits a Class A misdemeanor. However, the offense is a Class D felony if the obscene performance depicts or describes sexual conduct involving any person who is or appears to be under sixteen (16) years of age.

IC 35-45-4 consists of:

IC 35-45-4-1 Public indecency; indecent exposure (printed on page 8);

IC 35-45-4-2 Prostitution (printed on page 8);

IC 35-45-4-3 Patronizing a prostitute

A person who knowingly or intentionally pays, or offers or agrees to pay, money or other property to another person:

APPENDIX A

- (1) for having engaged in, or on the understanding that the other person will engage in, sexual intercourse or deviate sexual conduct with the person or with any other person; or
- (2) for having fondled, or on the understanding that the other person will fondle, the genitals of the person or any other person;

commits patronizing a prostitute, a Class A misdemeanor. However, the offense is a Class D felony if the person has two (2) prior convictions under this section.

IC 35-45-4-4 Promoting Prostitution

A person who:

- (1) knowingly or intentionally entices or compels another person to become a prostitute;
- (2) knowingly or intentionally procures, or offers or agrees to procure, a person for another person for the purpose of prostitution;
- (3) having control over the use of a place, knowingly or intentionally permits another person to use the place for prostitution;
- (4) receives money or other property from a prostitute, without lawful consideration, knowing it was earned in whole or in part from prostitution; or
- (5) knowingly or intentionally conducts or directs another person to a place for the purpose of prostitution;

commits promoting prostitution, a Class C felony. However, the offense is a Class B felony under subdivision (1) if the person enticed or compelled is under eighteen (18) years of age.

IC 35-45-4-5 Voyeurism: "peep" defined

(a) A person who:

- (1) peeps; or
- (2) goes upon the land of another with the intent to peep;

into an occupied dwelling of another person commits voyeurism, a Class B misdemeanor. However, the offense is a Class D felony if it is knowingly or intentionally committed by means of a camera, a video camera, or any other type of video recording device.

(b) "Peep" means any looking of a clandestine, surreptitious, prying, or secretive nature.

REQUEST FOR APPROVAL OF CHILD PROTECTION PLAN

- I. Name and code of County Office of Family and Children :
- A. _____
Code numbers(s) 1-92
- B. _____
County name(s)
- II. Type of County Child Protection Plan. (Please check only one)
- A. Separate child protection services (CPS) organizational unit (counties with a population of 100,000 or more).
- B. ___ Single county child protection plan.
- C. ___ Joint county child protection plan.
- D. ___ Multi-county child protection plan. (Also includes crosscounty investigations.)
- E. ___ Child protection services purchased by County Office of Family and Children from a public or private agency.
- III. Planning and Community Involvement. **(Please attach a copy of the notice(s) of the hearings on the county child protection plan. Also attach a copy of the publisher's statement if one is required. All hearing(s) are to be held prior to November 15, 2002.)**
- A. Was the notice of the public hearing posted or published at least 48 hours in advance of the hearing (excluding weekends and holidays)?
1. Yes _____ No ___ (Please explain)
- B. Was the procedure for notice of hearing according to IC 5-14-1.5-5 (attached) followed in detail? (Please check all that apply.)
1. ___ Public Notice was given by the Local Director.
2. ___ Notice was posted at the building where the hearing occurred and/or at the County Office of Family and Children. (required)
3. ___ The following news media were notified that a public hearing was to be held (Required if a written request for notification of 2002 meetings was received before January 1, 2003; recommended for public relations purposes.):

4. Media Relations

Explain which media will participate in disseminating public information regarding prevention of child abuse and neglect and how.

Public Information and Education

Explain how information will be distributed in the community about prevention. Attach monthly calendars of events.

- C. Give the date(s) and location(s) of the public hearings and attach a copy of the notice posted as well as a copy of the newspaper notice including publisher's statement.
- D. Attach the sign-in sheet(s) for the public hearing(s) and a copy of any written testimony presented.

IV. The Staffing and Organization of the Local Child Protection Service

A. Describe the number of staff and organization of the local child protection service including any specialized unit or use of back-up personnel. **NOTE: The term CPS refers only to the reporting and investigation of child abuse and neglect.**

- 1. ___ Number of Family Case Managers investigating AB/NE reports full time
- 2. ___ Number of Family Case Manager IIs with dual responsibilities; e.g., 50% CPS investigations and 50% ongoing services or 20% CPS and 80% ongoing services
- 3. ___ Number of Family Case Manager Supervisor IVs supervising CPS work only
- 4. ___ Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services; e.g., 50% CPS and 50% CHINS work
- 5. ___ Number of clerical staff with only CPS support responsibilities

APPENDIX B

6. ___ Number of clerical staff with other responsibilities in addition to CPS support

7. Does the Local Director serve as line supervisor for CPS?

 Yes___ No___

B. Describe the manner in which suspected child abuse or neglect reports are received.

1. Is the 24-hour Child Abuse Hotline **(1-800-800-5556)** listed in your local directory(ies) with the emergency numbers as required by law?

 Yes___ No___

 List below any additional Child Abuse Hotline telephone directory listings.

2. Since the 800 number crosses county lines, other counties may take reports that will need to be passed on to your county. List the **local** 24-hour CPS telephone number(s) for receipt of child abuse or neglect reports during:

a. Working hours: __a.m. to __p.m.
 Telephone number: (___) _____

b. Non-working hours: __p.m. to __a.m.
 Telephone number: (___) _____

3. What agency personnel will be answering the after-hours child abuse hotlines? **(Please check only the primary agency responsible for initially receiving complaints.)**

a. ___ After-hours CPS personnel

b. ___ Sheriff's Department

c. ___ Local Police Department

d. ___ Indiana State Police Department

e. ___ Hospital

f. ___ Other (Please specify.)

4. Please indicate the manner in which the non-COFC personnel receiving after-hours calls will refer those reports to on-call CPS staff for investigation.

a. ___ Beeper/pager is used.

b. ___ Report is telephoned to on-call worker.

c. ___ Law enforcement agency will investigate

APPENDIX B

d. Not applicable (Please explain.)

C. **Describe your current system of screening calls reporting allegations of child abuse and neglect.** Refer to Child Welfare Manual subsection 204.3 (Attach any tools you presently use if helpful.)

D. Describe the procedure for investigating suspected child abuse or neglect reports:

1. Please indicate when abuse investigations will be initiated.

a. Within 24 hours of complaint receipt.

Yes___ No___

b. Immediately, if the child is in imminent danger of serious bodily harm

Yes___ No___

2. Please indicate who will investigate abuse complaints received during working hours. (Check all that apply.)

a. CPS

b. CPS and Law Enforcement Agency (LEA)

c. LEA only

3. Please indicate who will investigate abuse complaints received **after** working hours. (Check all that apply.)

a. CPS only

b. CPS and LEA

c. LEA only

4. Please indicate when neglect investigations will be initiated.

a. Immediately, if the safety or well-being of the child appears to be endangered

Yes___ No___

b. Within a reasonably prompt time (5 calendar days).

Yes___ No___

APPENDIX B

- 5. Please indicate who will investigate neglect complaints received during working hours. (Check all that apply.)
 - a. CPS only
 - b. CPS and LEA
 - c. LEA only

- 6. Please indicate who will investigate neglect complaints received **after** working hours. (Check all that apply.)
 - a. CPS only
 - b. CPS and LEA
 - c. LEA only

E. Describe the manner in which unsubstantiated child abuse or neglect reports are expunged. Refer to Child Welfare Manual subsection 205.55.

Please indicate if you have received and are following the "Record Retention Guidelines."

Yes No

F. Describe the policy and procedure you follow when receiving complaints of institutional child abuse/neglect regarding:

a. County investigations: **Please describe procedures for investigating and reporting foster family homes, child care homes, and schools. Refer to Child Welfare Manual subsection 210.4)**

b. State investigations: **(Please describe procedures for reporting allegations in state institutions and facilities. Refer to Child Welfare Manual subsection 210.4)**

County investigations: IC 31-9-2-0.5 **Please describe procedures for taking custody of an "abandoned infant" ,for purposes of IC 31-34-21-5.6 as added by P.L..35-1998, Sec.2, and amended byP.L.133-2000, SEC.1.**

APPENDIX B

G. Describe the manner in which medical neglect of disabled infants is handled.

1. Briefly describe the procedures related to the reporting and investigation of suspected medical neglect of disabled infants. Refer to IC 31-34-1-9 of the Juvenile Code and Child Welfare Manual subsection 210.3.
2. Please duplicate a copy of the attached form entitled "Hospital Liaison Information" for each health care facility in your area that you utilize. Complete a form for each facility, and attach a copy of any hospital policies or guidelines obtained.

H. Describe the inter-agency relations and protocols in existence regarding the provision of child protection service. Refer to Child Welfare Manual subsection 202.311. **NOTE: Since the state central registry has now been established, all required protocols must include an agreement on procedures for registry entry, access to registry information, and advisement of registry entry to parents and alleged perpetrators.**

Please indicate the types of agencies with whom child protection services has established a specific **written** inter-agency working agreement. **These agreements must be attached to the Plan.** We strongly recommend putting all interagency agreements in writing. (Enter number of all that apply; e.g., 3 - schools, 1 - prosecuting attorney.)

1. ___ Community Mental Health
2. ___ Private Social Services Agencies
3. ___ Law Enforcement Agency (**required**)
4. ___ School(s)
5. ___ Prosecuting Attorney (**required**)
6. ___ Hospital(s)
7. ___ Military Installation
8. ___ Other (Please specify.)

I. Describe the procedures that you follow upon receiving and referring child abuse or neglect reports to another county or state where family resides or where abuse or neglect occurs. (Refer to child welfare manual subsections 210.51 and 210.52)

J. Describe special circumstances warranting an intercounty investigation. (Refer to child welfare manual subsection 210.53)

K. Describe the manner in which the confidentiality of records is preserved. (Refer to Child Welfare Manual subsection 205.54)

APPENDIX B

Does your county have written policies regarding confidentiality of reports in addition to those in IC-31-33-18?

Yes___ No____

If yes, please attach a copy.

L. Describe the follow-up provided relative to specific investigations:

Are 30-/90-day follow-up reports specified in IC 31-33-7-8, (to physicians, psychologists, dentists, community mental health centers, managed care providers, hospitals, or schools) sent within required time frame?

Yes___ No____

If no, please attach policy in use at this time.

M. Describe GAL/CASA appointments in your county.

Are guardians ad litem or court appointed special advocates appointed in your county?

Yes___ No____

If yes, in what percentage of CHINS cases? ____%

V. Community Child Protection Team

A. Have confidentiality forms been signed by all team members?

Yes___ No____

B. How often are CPT meetings scheduled at the present time? Include the date of the last meeting.

- 1. ___weekly
- 2. ___monthly
- 3. ___by telephone
- 4. ___as necessary, but at least

Date of last meeting_____.

C. How many meetings were held in:

- 1. 2001 _____
- 2. 2002 _____

D. Are emergency CPT meetings held?

Yes___ No____

APPENDIX B

If yes, how many:

a. in 2001? _____

b. in 2002? _____

E. What was the average attendance for the CPT meetings:

1. in 2001? _____

2. in 2002? _____

F. What was the number of reports reviewed by the CPT:

1. in 2001? _____

2. in 2002? _____

G. What was the number of complaints reviewed by the CPT:

1. in 2001? _____

2. in 2002? _____

H. Please list **names, addresses, and telephone numbers of CPT members** (refer to IC 31-33-3) and **circle the name of the coordinator**:

1. Director of local CPS or director's designee

2. Two (2) designees of juvenile court judge

3.

4. County prosecutor or prosecutor's designee

5. County sheriff or sheriff's designee

6. **Either** president of county executive or president's designee **or** executive of consolidated city or executive's designee

7. Director of CASA or GAL program or director's designee (*See note after #11.)

APPENDIX B

- 8. **Either** public school superintendent or superintendent's designee **or** director of local special education cooperative or director's designee.
 - 9. Two (2) persons, each of whom is a physician or nurse experienced in pediatrics or family practice.
 - 10.
 - 11. One (1) citizen of the community
- * **Note:** If #7 was left blank because your county does not yet have a CASA or GAL program, add another citizen of the community in the space below to make your number of team members total 11 as specified by IC 31-33-3-1.
-

VI. County Child Protection Service Data Sheet

- A. List the cost of the following services for CPS only: **(Please do not include items which were purchased with Title IV-B or other federal monies.)**

	2001	2002
1. List items and costs purchased for the Child Protection Team and costs		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
2. Estimated costs of		
a. X-Rays	_____	_____
b. Medical examinations	_____	_____
c. Photographs	_____	_____
Total costs of #1 and #2	_____	_____

- B. Please provide the annual salary for the following positions and total the salaries for each of the classifications listed below: (Please include all staff with dual responsibilities and estimate and indicate percentage of salary for CPS time only. For example, if a Family Case Manager works 40% CPS and 60% ongoing child welfare services, use 40% of the salary, the CPS portion. Also, if the Local Director acts as line

APPENDIX B

supervisor for CPS, include the proper percentage of salary on the line for Family Case Manager Supervisors. **Attach a separate sheet showing your computations.**)

a.	Family Case Manager IIs	_____	_____
b.	Family Case Manager Supervisors (or Local Director)	_____	_____
c.	Clerical Support Staff	_____	_____
	Total Costs of Salaries	_____	_____
C.	Grand Total of VI. (Total Costs of Services #1 through #2 <u>plus</u> Total Costs of Salaries)	_____	_____

APPENDIX C

State of Indiana
Family and Social Services Administration
Division of Family and Children

**SAMPLE PROTOCOL BETWEEN A COUNTY OFFICE
OF THE DIVISION OF FAMILY AND CHILDREN AND
A LOCAL LAW ENFORCEMENT AGENCY,
CONCERNING THE REPORT OF
CHILD ABUSE OR NEGLECT FATALITIES**

Whenever a suspicious child fatality occurs, the officer in charge of the investigation will make immediate contact with the County Office of the Division of Family & Children to assure that the office is aware of the death. The County Office will complete a written report, SF114/FPP0310 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the law enforcement agency (LEA). The County Office and the LEA will discuss whether or not the County Office needs to be involved in the investigation to assist in some interviews, to assess risk to surviving siblings, or to help evaluate elements related to possible abuse or neglect. When the investigation is complete, LEA will forward a copy of the investigation report to the County Office. The County Office's written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, will be made available to LEA.

Suspicious child fatalities include, but are not limited to the following:

- homicide with an alleged perpetrator in a caregiver role;
- accidental death where questions of caregiver negligence are raised;
- natural death (including SIDS) where the condition of the body or autopsy suggests abuse or neglect;
- suicide, if abuse or neglect may be a contributing factor;
- death from undetermined or no definite cause; and
- death of a child being supervised by the Division, either as a Child in Need of Services or by Informal Adjustment or by a Services Referral Agreement.

Entered into this _____ day of _____, _____, between the _____
County Office of Family & Children and _____.

County Director

Law Enforcement Official

State of Indiana
Family and Social Services Administration
Division of Family and Children

SAMPLE PARAGRAPHS TO BE INCLUDED IN HOSPITAL PROTOCOL

Whenever a child is a patient in the hospital, is subject to a CPS investigation for reported child abuse or neglect, and the hospital reported or has been informed of the report and investigation, we will respond as follows:

- (1) The hospital should immediately contact the local CPS unit to make the CPS unit aware of the current medical situation of the child.
- (2) The local CPS unit shall request access to any written or verbal medical records or reports from any hospital staff in order to assist in making a determination regarding continued detention to ensure the safety of the child.
- (3) The CPS unit staff shall immediately follow their procedure for emergency detention and for obtaining appropriate court intervention or agency services for the continued safety of the child.
- (4) The hospital is to cooperate fully with whomever the CPS unit deems appropriate to have visitation or any other contact with the child. Approval must be given by the CPS unit for interaction to take place.
- (5) The hospital will continue to cooperate with the local CPS unit in furnishing all records and information necessary to complete the ongoing investigation even after the child is hospitalized or released to the designated caregiver as stated.
- (6) The hospital shall obtain information regarding insurance or third party payor.
- (7) The CPS unit shall furnish the county attorney with this information for use at a hearing to be held to re-coup expenses should the local office have to pay for the hospital stay.
- (8) The Division of Family and Children recommends that the COFC develop a system for ear-marking such situations in order to have adequate appropriations to cover expenses when there is no insurance or no family resources to cover the hospital stay.

APPENDIX E

**Instructions for Completing SF 114/FPP 0310 (FPP 310)
Preliminary Report of Alleged Child Abuse or Neglect (Paper)**

Element

Action

Note: The numbers in the Element Column refer to the circled numbers shown on FPP 310, Preliminary Report of Alleged Child Abuse or Neglect.

- | | |
|--|---|
| 1. Identifying Information Regarding the Report | <p><u>Family Surname:</u> Enter the last name of the family with whom the involved children reside. If the last name of the parent/guardian/caregiver and the involved child(ren) differ, enter the last name that most easily identifies the case.</p> <p><u>Name of County:</u> Enter the name of the county in which the suspected child abuse or neglect occurred.</p> <p><u>Date of complaint:</u> Enter the month, day and year when the complaint was received.</p> <p><u>Time:</u> Enter the hour that the complaint was received.</p> |
| 2. Identifying Information Regarding the Complainant | <p><u>Name of Complainant:</u> Enter as complete a name as possible for the referral source. If the referral source wishes to remain anonymous, enter the word “anonymous” in this space. If the referral source has a title and/or agency affiliation, include it in this space. Enter in the appropriate spaces the relationship of the referral source to the child and the current address and telephone number of the referral source.</p> |
| 3. Parent/Guardian Information | <p>Enter all requested information regarding the parent/guardian/caregiver in the appropriate spaces. Race codes appear on the back of the form. A step/parent living in the household should be listed here as opposed to a natural parent not living in the household. If the parent/guardian/caregiver has a boyfriend/girlfriend living in the home, that person should be listed under “Alleged Perpetrator,” if appropriate. If the boyfriend/girlfriend in residence is not the alleged perpetrator, the boyfriend/girlfriend should be listed under “Other Person Responsible”. In either case, the column for address should read “Same as Child”.</p> |
| 4. Children’s Information | <p>List all known children in the household under the age of 18, placing children involved in the complaint first. Complete the columns for age and sex, if known, and give the current location for each if it is other than residence of the parent/guardian/ caregiver.</p> |

APPENDIX E

Element	Action
5. Alleged Perpetrator Information	Enter the name, current address, including county of residence, telephone number and relationship to child of the alleged perpetrator(s).
6. Other Person Responsible for Child(ren)	Enter the name, current address, including county of residence, telephone number and relationship to child of any person other than the parent/guardian/caregiver who is or might be responsible for the child. Entries could include a boyfriend/girlfriend of the parent/guardian/caregiver who is not the alleged perpetrator; a natural parent or other relative with whom the child does not reside, but who assumes some responsibility for the child; a baby-sitter, etc.
7. Nature of Complaint	Enter the allegation, and be sure to identify which children are involved in the complaint specifying what happened to each. Include any other pertinent information which would prove helpful to the person(s) investigating the family complaint, such as directions to the family residence or to the current location of the child(ren); names, addresses, and telephone numbers of collateral contacts, etc. Indicate in the appropriate box whether it is believed that the child's life is in danger, and state why if the question is answered in the affirmative. Include as much information as possible concerning when and where abuse occurred, the nature and extent of injuries specifying parts of the body traumatized, and the nature and extent of neglect.
8. Sign-Off Data	Enter in the appropriate spaces the typed or printed name of the person completing the form, the title and signature of that person, the County Office of Family and Children (COFC) or other agency by which the person is employed, and the month, day, and year that the report was completed.
Distribution:	Copies of this form are to be distributed as follows: <ul style="list-style-type: none">• white copy-maintain in local office files.• yellow and pink copies for local office use as an extra copy to be sent to a judge, prosecuting attorney, etc.

STATE OF INDIANA

C-3.05

_____ COURT

In The Matter Of _____ CASE NO. _____

A Child Alleged to be a Child in Need of Services

CONSENT TO BACKGROUND INVESTIGATION AND RELEASE

The above-named child's (parent) (guardian)(custodian) hereby give consent to the _____
_____ County (Office of Family and Children) (Prosecutor) to make a complete and detailed
investigation of the child's conduct and progress in school, the child's physical, medical and mental
condition and history, the nature of the child's home and family, and other matters concerning the child's
background in order to help the County Office of Family and Children and Court decide what is necessary
to help the child.

We hereby authorize any person, agency or school corporation having such information to
release all records and information to:

- [] _____ Office of Family and Children.
[] _____ Prosecuting Attorney.

A photocopy of this consent and release shall be as valid as the original.

Date: _____
(Parent)(Guardian)(Custodian)

Witness: _____

STATE OF INDIANA
COURT

In the Matter Of _____ CASE NO. _____

A Child Alleged to be a Child in Need of Services

PROGRAM OF INFORMAL ADJUSTMENT

Written information indicating that the above named child, _____, date of birth _____, is a child in need of services was submitted to the undersigned Intake Officer, and the undersigned made a preliminary inquiry and determined there is probable cause to believe that said child is a child in need of services.

The undersigned Intake Officer concluded that a program of informal adjustment should be undertaken for a period of _____ months, subject to the consent of said child, the child's parent, guardian, custodian or attorney, and subject to the approval of the Court. Said child shall be under the supervision of _____, (optional) and pay a monthly user's fee of \$ _____, and the program shall consist of the following:

Dated: _____
Intake Officer

I have read the program for informal adjustment, and I consent and agree to it. I further understand that if I do not follow this program, this matter may be referred to the County Office of Family and Children or the Prosecutor for formal court proceedings.

(Parent) (Guardian) (Custodian) Child

(Parent) (Guardian) (Custodian) Attorney

This program of informal adjustment is approved by the court for a period of six (6) months absent further order of this court.

Dated: _____
Judge

Indiana Family and Social Services Administration
Division of Family and Children

State Form 49543 (1-00) / FPP 0031

NOTICE OF DATA ENTRY INTO INDIANA STATE CENTRAL REGISTRY

TO: _____ Report Number _____
Name

Street Address

City/State/Zip

In accordance with IC 31-33-17-8, you are advised that the above-noted substantiated child abuse/neglect report has been entered into the Indiana State Central Registry for the following reason(s):

- _____ An arrest was made
- _____ Criminal charges were filed in connection with the report.
- _____ The report resulted in the establishment of an informal adjustment agreement.
- _____ The report resulted in the establishment of a services referral agreement with which you, as a person accused of child abuse or neglect (alleged perpetrator), have failed to substantially comply.

Only persons who have failed to substantially comply with a services referral agreement may appeal for an administrative hearing. If you are entitled to appeal, information concerning that process has been included with this notice.

In accordance with IC 31-33-17-10, if you are a person accused of child abuse or neglect (alleged perpetrator), you must notify the Division of Family and Children within ten (10) business days of a court grants you a name change. The notice must include a certified copy of the court decree granting the name change. An intentional violation of IC-31-33-17-10 is punishable as a Class B. misdemeanor. (IC-31-33-22-4)

This notice was distributed by:

_____ County Office of Family and Children

Family Case Manager

Street Address

City/State/Zip

SAMPLE CONFIDENTIALITY AGREEMENT

I, the undersigned, agree to maintain the confidentiality of any information officially released to me or otherwise received in accordance with federal and state law and rule pertaining to such information.

Date

Name

Title

Agency

SAMPLE DIRECTOR'S RESPONSE TO CHILD PROTECTION SERVICE COMPLAINT

Date: _____

Re: _____

Dear _____,

I have reviewed your concerns involving the above referenced matter and have made the following decision:

If you have questions, please feel free to call. Please understand that confidentiality laws may prevent the office from discussing certain issues. If you do not feel that this reply adequately addresses your concerns, you may request a review by the Child Protection Team by following the instructions listed on the attached protocol.

Sincerely,

Director

County Office of Family and Children

NOTE: This format or something similar should be sent out on County Office letterhead only.

SAMPLE COVER LETTER FOR REPORT OF INVESTIGATION, PER IC 31-33-7-8

CONFIDENTIAL

Date: _____

REPORT OF INVESTIGATION
(per IC 31-33-7-8)

TO: _____)
_____)
_____)
_____)

- Report to be sent only to:
- administrator of hospital
 - community mental health center
 - managed care provider
 - referring physician
 - dentist
 - licensed psychologist
 - principal of school
 - appointed designee of above

FROM: _____
_____ County Office of Family and Children

RE: _____
(Name of Child (ren))

(Date referred to CPS)

Attached is a copy of SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect or other written report in compliance with the requirement to report results of investigations of child abuse and neglect, per IC 31-33-7-8, as specified below:

- 30-day report - investigation completed; no further report to be sent.
- 30-day report - investigation not completed; further report to be sent within 90 days of date of initial referral to CPS.
- 90-day report - investigation completed.
- 90-day report- investigation not completed.

Unable to complete investigation because _____

Per IC 31-33-7-8, a report made under this section is CONFIDENTIAL, and may be available only to persons or agencies listed under this section.

**SAMPLE LETTER TO CHILD-CARING INSTITUTION/FOSTER PARENT REGARDING
OUTCOME OF CHILD ABUSE OR NEGLECT INVESTIGATION**

Date:

Name of Administrator/Foster Parent
Address of Facility

Re: Subject child's name
D.O.B.
IN-97-00000

Dear _____:

On (date) _____, our agency received a report alleging that the above-named child was an alleged victim of institutional child (abuse/neglect). The specific allegation was:

The child protection service investigator conducted interviews with all appropriate parties and witnesses and has now concluded the investigation. The investigative findings are as follows:

Based upon the preceding investigative findings, the report of institutional child (abuse/neglect) has been (substantiated/unsubstantiated).

(To be included if report has been substantiated)

As a result of the above status determination, this referral has been sent to the appropriate licensing agent. This agent will contact you regarding the incident to discuss the status of your license and to develop a plan relative to that status.

Sincerely,

Director

County Office of Family and Children

State of Indiana
Family and Social Services Administration
Division of Family & Children

**SAMPLE PROTOCOL BETWEEN A COUNTY OFFICE
OF THE DIVISION OF FAMILY & CHILDREN AND
THE COUNTY CORONER, CONCERNING THE REPORT OF A
CHILD ABUSE OR NEGLECT FATALITY**

Whenever a suspicious child fatality occurs, the County Coroner and the County Office of the Division of Family and Children will make immediate telephone contact to assure that both agencies are aware of the death. The county office will complete a written report, SF114/FPP0310 (FPP 310) Preliminary Report of Alleged Child Abuse or Neglect, and will make a copy available to the coroner. After an investigation, the coroner will submit any findings to the appropriate law enforcement agency, the prosecutor, the local office, and to a hospital, if the hospital made the referral. The county office's written report of the investigation, SF113/FPP0311 (FPP 311) Investigation of Alleged Child Abuse or Neglect, will be made available to the coroner.

Suspicious child fatalities include, but are not limited to the following:

- homicide with an alleged perpetrator in a caregiver role;
- accidental death where questions of caregiver negligence are raised;
- natural death (including SIDS) where the condition of the body or the autopsy suggests abuse or neglect;
- suicide, if abuse or neglect may be a contributing cause;
- death from undetermined or no definite cause; and
- death of a child being supervised by the Division, either as a Child in Need of Services or by Informal Adjustment or by a Services Referral Agreement.

Entered into this _____ day of _____, _____, between the _____ County Office of Family and Children and _____.

County Director

County Coroner

APPENDIX Y

State of Indiana
Family and Social Services Administration

State Form 49213(R/11-01) / FPP 0006

CHILD FATALITY REVIEW REPORT

In compliance with Indiana Public Law 276, IC 31-33-18, the information provided on this form must be treated as a **CONFIDENTIAL RECORD**.

County _____ Review # _____
A. IDENTIFICATION OF THE CHILD

1. DATE OF BIRTH ____ _ mm dd yy	2. DATE OF DEATH ____ _ mm dd yy Time of Death am/pm	3. RACE a. <input type="checkbox"/> Amer. Indian/Alaskan Native b. <input type="checkbox"/> Asian c. <input type="checkbox"/> Black/African American d. <input type="checkbox"/> Native Hawaiian/Other Pac Is e. <input type="checkbox"/> White f. <input type="checkbox"/> Not Able to Determ.	4. SEX a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female
5. TIME OF INCIDENT RESULTING IN DEATH: _____ am/pm		7. COUNTY WHERE DEATH OCCURRED	8. 911 CALL a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No By whom? _____
6. RESIDENCE (City/Township and County)		9. PLACE OF DEATH. a. <input type="checkbox"/> Child's Home e. <input type="checkbox"/> Public Drive b. <input type="checkbox"/> Other Home f. <input type="checkbox"/> Street c. <input type="checkbox"/> Rural Road g. <input type="checkbox"/> Private Drive d. <input type="checkbox"/> Highway h. <input type="checkbox"/> Farm i. <input type="checkbox"/> Other Private Property j. <input type="checkbox"/> Licensed Child Care Facility k. <input type="checkbox"/> Unlicensed Child Care Fac. l. <input type="checkbox"/> Child Care Residential Fac.. m. <input type="checkbox"/> Park or Oth. Recreational Area n. <input type="checkbox"/> Body of Water o. <input type="checkbox"/> Hospital p. <input type="checkbox"/> Work Place q. <input type="checkbox"/> Other _____	
10. SUPERVISION a. Was Child in the Presence of an Adult, and Being Supervised at Time of Injury/Event: a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No Was Child in the Presence of Another Child or Teenager? If so, age _____		11. WITNESSES Was injury/event witnessed by anyone? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	

B. INVESTIGATION

1. CORONER CASE a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	2. AUTOPSY PERFORMED a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	3. DEATH CERTIFICATE COMPLETED a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
4. DEATH SCENE INVESTIGATION (mark all that apply) a. <input type="checkbox"/> by Coroner d. <input type="checkbox"/> by EMS b. <input type="checkbox"/> by Law Enforcement e. <input type="checkbox"/> by Other _____ c. <input type="checkbox"/> by Fire Investigator f. <input type="checkbox"/> Not Conducted	5. OTHER INVESTIGATION BY LAW ENFORCEMENT a. <input type="checkbox"/> Not Conducted Was there an arrest? b. <input type="checkbox"/> Conducted <input type="checkbox"/> Yes, for _____ c. <input type="checkbox"/> Pending <input type="checkbox"/> No	
6. REVIEW OF MEDICAL RECORDS a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	7. REVIEW OF RECORDS BY HEALTH DEPARTMENT a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
8. INVESTIGATION BY CPS a. <input type="checkbox"/> Not Conducted Was a case established? b. <input type="checkbox"/> Conducted <input type="checkbox"/> Yes c. <input type="checkbox"/> Other Children Removed <input type="checkbox"/> No	9. ACTION BY PROSECUTOR a. <input type="checkbox"/> No Action Were charges filed? b. <input type="checkbox"/> Pending or in Progress <input type="checkbox"/> Yes, for c. <input type="checkbox"/> Suspected Perpetrator _____ (as of _____)	
10. PRIOR CPS INVOLVEMENT (mark all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No a. <input type="checkbox"/> With Child b. <input type="checkbox"/> With Someone Else in Fam. c. <input type="checkbox"/> With Caregiver (Non-family)	11. CURRENT STATUS OF DEATH INVESTIGATION d. <input type="checkbox"/> Total Number of Prior Sub. CPS Invest. _____ e. When Was the Last Contact? _____ a. <input type="checkbox"/> Completed – Case Closed b. <input type="checkbox"/> Incomplete – Case Open c. <input type="checkbox"/> Incomplete – Case Reopened	

APPENDIX Y

C. SERVICES PROVIDED

1. LIST SERVICES PROVIDED BY AGENCIES AS A RESULT OF THE DEATH (mark all that apply)		
a. <input type="checkbox"/> Bereavement Counseling	d. <input type="checkbox"/> Emergency Shelter	g. <input type="checkbox"/> Health Care
b. <input type="checkbox"/> Economic Support	e. <input type="checkbox"/> Mental Health Services	h. <input type="checkbox"/> Legal Services
c. <input type="checkbox"/> Funeral Arrangements	f. <input type="checkbox"/> Foster Care	i. <input type="checkbox"/> Others (list):

D. CAUSE, MANNER, AND CIRCUMSTANCES OF DEATH

1. IF CORONER CASE, OFFICIAL CLASSIFICATION OF DEATH		e. <input type="checkbox"/> Pending Investigation	f. <input type="checkbox"/> Could Not Be Determined
a. <input type="checkbox"/> Natural b. <input type="checkbox"/> Accident c. <input type="checkbox"/> Suicide d. <input type="checkbox"/> Homicide			
2. <input type="checkbox"/> ILLNESS OR OTHER NATURAL DEATH (list immediate cause)		6. <input type="checkbox"/> VEHICULAR	
a. _____		a. Type of Vehicle In Which Child Was Occupant	
3. <input type="checkbox"/> INFANT DEATH DUE TO NATURAL CAUSE (including SIDS)		<input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Boat <input type="checkbox"/> Truck/RV <input type="checkbox"/> Riding Mower <input type="checkbox"/> All Terrain <input type="checkbox"/> Motorcycle <input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Other	
a. Age at Death		b. Position of Child	
<input type="checkbox"/> Fetal <input type="checkbox"/> 48 hrs. to 6 wks. <input type="checkbox"/> 0 to 24 hours after birth <input type="checkbox"/> 6 wks. to 6 mths <input type="checkbox"/> 24 to 48 hours <input type="checkbox"/> 6 mths to 1 year		<input type="checkbox"/> Driver <input type="checkbox"/> Front Seat Passenger <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian <input type="checkbox"/> Back Seat Passenger	
b. Gestational Age		c. Condition of Road	
<input type="checkbox"/> <22 weeks <input type="checkbox"/> 36 to 37 weeks <input type="checkbox"/> 22 to 35 weeks <input type="checkbox"/> >37 weeks		<input type="checkbox"/> Normal <input type="checkbox"/> Wet <input type="checkbox"/> Fog <input type="checkbox"/> Ice or Snow <input type="checkbox"/> Loose Gravel <input type="checkbox"/> Does Not Apply	
c. Birth Weight in Grams		d. Type of Restraint That Is Appropriate	
<input type="checkbox"/> <750 <input type="checkbox"/> 1,500 to 2,499 <input type="checkbox"/> 750 to 1,499 <input type="checkbox"/> >2,500		<input type="checkbox"/> Seatbelt <input type="checkbox"/> Toddler Seat <input type="checkbox"/> Not Needed <input type="checkbox"/> Infant Seat <input type="checkbox"/> Airbag	
d. Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		e. Restraint Used	
e. Total Number of Prenatal Visits		<input type="checkbox"/> Present, Not Used <input type="checkbox"/> Used Correctly <input type="checkbox"/> None in Vehicle <input type="checkbox"/> Used Incorrectly	
<input type="checkbox"/> None <input type="checkbox"/> 4 to 6 <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 7 to 10		f. Helmet Use	
f. First Prenatal Visit Occurred During		<input type="checkbox"/> Helmet Worn <input type="checkbox"/> Does Not Apply <input type="checkbox"/> Helmet Not Worn	
<input type="checkbox"/> First Trimester <input type="checkbox"/> Second Trimester <input type="checkbox"/> Third Trimester		g. Alcohol and/ or Other Drug Use	
g. Age of Mother _____		<input type="checkbox"/> Child Impaired <input type="checkbox"/> Driver of Child's Vehicle Impaired <input type="checkbox"/> Driver of Other Vehicle Impaired	
h. Medical Complications During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		h. Primary Cause of Incident	
i. Smoking During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Speeding <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Driver Error <input type="checkbox"/> Recklessness <input type="checkbox"/> Poor Weather <input type="checkbox"/> Other	
j. Drug Use During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		i. Age of Driver of Vehicle Which Caused Child's Death:	
k. Alcohol Use During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 16 to 18 <input type="checkbox"/> 25 to 35 <input type="checkbox"/> >60 <input type="checkbox"/> 19 to 24 <input type="checkbox"/> 36 to 59 <input type="checkbox"/> Does Not Apply	
l. Child Welfare Services During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. <input type="checkbox"/> SUDDEN INFANT DEATH SYNDROME (SIDS)		7. <input type="checkbox"/> BURNS FROM FIRE /OTHER SOURCES	
(also complete D3 above)		a. If Fire, the Source	
a. Position of Infant at Discovery		<input type="checkbox"/> Matches <input type="checkbox"/> Explosives <input type="checkbox"/> On Stomach, Face Down <input type="checkbox"/> On Back <input type="checkbox"/> On Stomach, Face Up <input type="checkbox"/> On Side	
b. Normal Sleeping Position		<input type="checkbox"/> Cigarette <input type="checkbox"/> Space Heater <input type="checkbox"/> Lighter <input type="checkbox"/> Faulty Wiring <input type="checkbox"/> Gas Explosion <input type="checkbox"/> Cooking Appliance	
<input type="checkbox"/> On Back <input type="checkbox"/> On Side <input type="checkbox"/> On Stomach <input type="checkbox"/> Varied		b. Smoke Alarm Present <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Location of Infant When Found		c. Smoke Alarm Functioning Properly <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Crib <input type="checkbox"/> Couch <input type="checkbox"/> Other <input type="checkbox"/> Playpen <input type="checkbox"/> Floor <input type="checkbox"/> Other Bed <input type="checkbox"/> Waterbed		d. Fire Started by: <input type="checkbox"/> Victim <input type="checkbox"/> Other <input type="checkbox"/> No One	
d. Infant Sleeping Alone <input type="checkbox"/> Yes <input type="checkbox"/> No		e. The Activity of the Person Starting the Fire	
e. Infant Healthy <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Playing <input type="checkbox"/> Cooking <input type="checkbox"/> Other _____ <input type="checkbox"/> Smoking <input type="checkbox"/> Suspected Arson	
f. Exposure to Cigarette Smoke <input type="checkbox"/> Yes <input type="checkbox"/> No		f. Construction of Fire Site	
5. <input type="checkbox"/> INADEQUATE CARE OR NEGLECT (check all that apply)		<input type="checkbox"/> Wood Frame Home <input type="checkbox"/> Trailer <input type="checkbox"/> Brick Home <input type="checkbox"/> Other _____	
a. <input type="checkbox"/> Apparent Lack of Supervision e. <input type="checkbox"/> Known Illness?		g. Multiple Fire Injuries or Deaths <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. <input type="checkbox"/> Apparent Lack of Medical Care <input type="checkbox"/> Yes <input type="checkbox"/> No		h. Had the Local Fire Marshal or Fire Dept. Ever Been to the Fatality Site Previously? If Yes, When and for What Reason?	
c. <input type="checkbox"/> Munchausen Syndrome by Proxy			
d. <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Malnutrition <input type="checkbox"/> Dehydration			

APPENDIX Y

<p>8. <input type="checkbox"/> SHAKEN BABY SYNDROME AND CHILD BEATING</p> <p>a. Prior History of Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Suspected Event Which Precipitated Abuse:</p> <p><input type="checkbox"/> Crying <input type="checkbox"/> Feeding Difficulty <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Disobedience <input type="checkbox"/> Toilet Training</p>	<p>(This column is continued from previous page.)</p> <p>i. For Building Fire, Where Was Child Found?</p> <p><input type="checkbox"/> Hiding <input type="checkbox"/> Stairway</p> <p><input type="checkbox"/> In Bed <input type="checkbox"/> Close to Exit</p> <p>j. Did Child Know of a Fire Escape Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>k. If Burn, the Source</p> <p><input type="checkbox"/> Hot Water <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chemicals</p> <p><input type="checkbox"/> Drainage Ditch</p> <p>l. If Burn, Was It Intentional? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. <input type="checkbox"/> DROWNING AND SUBMERSION</p> <p>a. Place of Drowning</p> <p><input type="checkbox"/> Lake, River, Pond, Gravel Pit <input type="checkbox"/> Appliance <input type="checkbox"/></p> <p><input type="checkbox"/> Bucket Heater</p> <p><input type="checkbox"/> Bathhtub</p> <p><input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool</p> <p><input type="checkbox"/> Well, Cistern, Septic Tank <input type="checkbox"/> Other _____</p> <p>b. Activity at Time of Drowning</p> <p><input type="checkbox"/> Boating <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Playing in/near Water <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Swimming</p> <p>c. Was Child Wearing a Flotation Device? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Was Source Defective?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Did Child Enter a Gate Unattended? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Was Gate Locked?</p> <p>f. If Swimming, Could Child Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Were Alcohol or Other Drugs a Factor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12. <input type="checkbox"/> ELECTROCUTION</p> <p>a. Source of Electricity</p> <p><input type="checkbox"/> Water Contact <input type="checkbox"/> Appliance</p> <p><input type="checkbox"/> Electrical Wire <input type="checkbox"/> Tool</p> <p><input type="checkbox"/> Electrical Outlet <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. <input type="checkbox"/> FALLS</p> <p>a. Child Fell From:</p> <p><input type="checkbox"/> Open Window <input type="checkbox"/> Stairs or Steps</p> <p><input type="checkbox"/> Furniture <input type="checkbox"/> Bridge</p> <p><input type="checkbox"/> A Natural Elevation <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Crib <input type="checkbox"/> Same Height</p> <p>b. Height of Fall _____</p> <p>c. Was Child in a Baby Walker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Was Child Thrown or Pushed Down? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Cabinet with Locks or Safety Latch</p>	<p>13. <input type="checkbox"/> POISONING</p> <p>a. Type of Poisoning</p> <p><input type="checkbox"/> Prescription Medicine (Name _____)</p> <p><input type="checkbox"/> Over the Counter Medicine (Name _____)</p> <p><input type="checkbox"/> Chemical (Name _____)</p> <p><input type="checkbox"/> Carbon Monoxide or Other Gas Inhalation</p> <p><input type="checkbox"/> Food Item</p> <p><input type="checkbox"/> Other: _____</p> <p>b. Was There a Safety Cap on Bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Location of Drug or Chemical</p> <p><input type="checkbox"/> In Cabinet without Locks or Safety Latch</p> <p><input type="checkbox"/> On Counter, Table, or Floor</p>
<p>11. <input type="checkbox"/> SUFFOCATION AND STRANGULATION</p> <p>a. Circumstances of Event</p> <p><input type="checkbox"/> Other Person Lying or Rolling on Child <input type="checkbox"/> Outside or in Garage</p> <p><input type="checkbox"/> Other Person Using Hands or Object to Suffocate/Strangle</p> <p><input type="checkbox"/> Child Rolling on or Covered by Object</p> <p><input type="checkbox"/> Child Choking on Object</p> <p>b. Object Causing Suffocation or Strangulation</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Plastic Bags <input type="checkbox"/> Balloon</p> <p><input type="checkbox"/> Rope or String <input type="checkbox"/> Body</p> <p><input type="checkbox"/> Bedding <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Toy <input type="checkbox"/> Unknown</p> <p>c. Location of Child at the Time</p> <p><input type="checkbox"/> In Crib <input type="checkbox"/> Being Held</p> <p><input type="checkbox"/> In Bed Alone <input type="checkbox"/> Playing</p> <p><input type="checkbox"/> In Bed with Others <input type="checkbox"/> Other _____</p> <p>d. If Bedding Was Involved:</p> <p>1. Was the Design of Bed Hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cleaning</p> <p>2. Was Child Placed on Soft Bedding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Was There Improper Use of Bedding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. If Suffocation, Was Child Confined? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Place of Confinement:</p> <p><input type="checkbox"/> Chest/Box/Foot Locker <input type="checkbox"/> Room/Building</p> <p><input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p>	<p>14. <input type="checkbox"/> FIREARMS AND WEAPONS</p> <p>a. Person Handling the Weapon</p> <p><input type="checkbox"/> Small Object</p> <p><input type="checkbox"/> Child <input type="checkbox"/> Acquaintance</p> <p><input type="checkbox"/> Family Member <input type="checkbox"/> Stranger</p> <p>b. Type of Weapon</p> <p><input type="checkbox"/> Handgun <input type="checkbox"/> Knife</p> <p><input type="checkbox"/> Rifle <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Shotgun <input type="checkbox"/> Other _____</p> <p>c. If Handgun, Was It Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Age of Person Handling Weapon _____ years old</p> <p>e. Use of Weapon at Time</p> <p><input type="checkbox"/> Intending to Harm <input type="checkbox"/> Demonstrating</p> <p><input type="checkbox"/> Hunting <input type="checkbox"/> Playing</p> <p><input type="checkbox"/> Loading <input type="checkbox"/></p> <p><input type="checkbox"/> Other _____</p> <p>f. Did Person Handling Firearm Attend Safety Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Was Firearm in Locked Cabinet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPENDIX Y

1. WAS THE INJURY INTENTIONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE INJURY ALCOHOL-/DRUG-RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. IF INTENTIONAL, WAS CHILD a. <input type="checkbox"/> Intended Victim? b. <input type="checkbox"/> Random Victim (e.g.; in the line of fire)	6. IF INTENTIONAL, STATUS OF PERPETRATOR a. <input type="checkbox"/> Perpetrator Arrested b. <input type="checkbox"/> Charges Filed c. <input type="checkbox"/> Perpetrator Has a Record for a Similar Offense d. <input type="checkbox"/> Perpetrator Was Under the Influence of Alcohol or Drugs e. <input type="checkbox"/> Perpetrator Was Receiving Preventive Services
3. PERSON(S) INFLECTING INJURY a. <input type="checkbox"/> Self b. <input type="checkbox"/> Mother c. <input type="checkbox"/> Father d. <input type="checkbox"/> Step Mother e. <input type="checkbox"/> Step Father f. <input type="checkbox"/> Mother's Boyfriend g. <input type="checkbox"/> Father's Girlfriend h. <input type="checkbox"/> Foster Parent i. <input type="checkbox"/> Other Relative j. <input type="checkbox"/> Acquaintance k. <input type="checkbox"/> Friend l. <input type="checkbox"/> Child Care Worker m. <input type="checkbox"/> Sibling n. <input type="checkbox"/> Other Child o. <input type="checkbox"/> Stranger p. <input type="checkbox"/> Unknown	7. IF SUICIDE (check all that apply) a. <input type="checkbox"/> Prior Attempts b. <input type="checkbox"/> Prior Mental Health Problems (Last Contact _____) c. <input type="checkbox"/> Had Previously Received Mental Health Services d. <input type="checkbox"/> Possible Cluster Suicide e. <input type="checkbox"/> Suicide Completely Unexpected
4. WAS THE INJURY GANG-RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. PREVENTION

1. TO WHAT DEGREE WAS THIS DEATH BELIEVED TO BE PREVENTABLE? a. <input type="checkbox"/> Not at all b. <input type="checkbox"/> Probably not c. <input type="checkbox"/> Probably d. <input type="checkbox"/> Definitely e. <input type="checkbox"/> Unsure	2. PRIMARY RISK FACTORS INVOLVED IN DEATH (check as many as apply) a. <input type="checkbox"/> Medical b. <input type="checkbox"/> Social c. <input type="checkbox"/> Economic d. <input type="checkbox"/> Behavioral e. <input type="checkbox"/> Environmental f. <input type="checkbox"/> Product Safety g. <input type="checkbox"/> Alcohol or Drugs h. <input type="checkbox"/> Other (list)	
3. WERE THESE RISK FACTORS IDENTIFIED IN YOUR COMMUNITY PRIOR TO THE DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. WAS ANY ACTION TAKEN IN YOUR COMMUNITY TO ADDRESS THE RISK FACTORS PRIOR TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. WAS FAMILY OR CHILD AWARE OF THESE RISK FACTORS AND THE ACTIONS THEY COULD HAVE TAKEN TO REDUCE THE RISKS? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. WAS THERE MISMANAGEMENT IN ADDRESSING THE RISKS IN YOUR COMMUNITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. WHAT PREVENTION ACTIVITIES HAVE BEEN PROPOSED SINCE THE DEATH? (check as many as apply) a. <input type="checkbox"/> Legislation, Law or Ordinance b. <input type="checkbox"/> Community Safety Project c. <input type="checkbox"/> Product Safety Action d. <input type="checkbox"/> Educational Activities in Schools e. <input type="checkbox"/> Educational Activities in the Media f. <input type="checkbox"/> Public Forums g. <input type="checkbox"/> New Services Parenting Services? <input type="checkbox"/> Yes <input type="checkbox"/> No h. <input type="checkbox"/> Changes in Agency Practice i. <input type="checkbox"/> Other Programs or Activities j. <input type="checkbox"/> None	8. WHAT PREVENTION ACTIVITIES HAVE OCCURRED SINCE THE DEATH? (check as many as apply) a. <input type="checkbox"/> Legislation, Law or Ordinance b. <input type="checkbox"/> Community Safety Project c. <input type="checkbox"/> Product Safety Action d. <input type="checkbox"/> Educational Activities in Schools e. <input type="checkbox"/> Educational Activities in the Media f. <input type="checkbox"/> Public Forums g. <input type="checkbox"/> New Services Parenting Services? <input type="checkbox"/> Yes <input type="checkbox"/> No h. <input type="checkbox"/> Changes in Agency Practice i. <input type="checkbox"/> Other Programs or Activities j. <input type="checkbox"/> None	
9. TARGET POPULATIONS FOR PREVENTION ACTIVITIES (check as many as apply) a. <input type="checkbox"/> Children b. <input type="checkbox"/> General Population c. <input type="checkbox"/> Parents and Other Caregivers d. <input type="checkbox"/> Professionals e. <input type="checkbox"/> Others _____	10. ESTIMATED COSTS FOR PREVENTION (\$) a. <input type="checkbox"/> <500 b. <input type="checkbox"/> 500-1000 c. <input type="checkbox"/> 1001-5000 d. <input type="checkbox"/> 5001-10,000 e. <input type="checkbox"/> >10,000	11. LEAD ORGANIZ. a. <input type="checkbox"/> Health Department b. <input type="checkbox"/> Social Services c. <input type="checkbox"/> Police, Sher., St. Pol. d. <input type="checkbox"/> Schools e. <input type="checkbox"/> Mental Health f. <input type="checkbox"/> Local Comm. Group g. <input type="checkbox"/> DFC h. <input type="checkbox"/> Other _____

APPENDIX Y

G. CHILD DEATH FATALITY TEAM FINDINGS

<p>1. DATE OF FIRST REVIEW (mm/dd/yy)</p> <p>2. TEAM MEMBERS PARTICIPATING FROM</p> <p>a. <input type="checkbox"/> Coroner b. <input type="checkbox"/> Law Enforcement c. <input type="checkbox"/> Prosecutor d. <input type="checkbox"/> Public Health e. <input type="checkbox"/> Medical Representative f. <input type="checkbox"/> GAL/CASA g. <input type="checkbox"/> Juvenile Court Representative h. <input type="checkbox"/> CPS Family Case Manager</p> <p>I. <input type="checkbox"/> County Commissioner/ Mayor Representative j. <input type="checkbox"/> Citizen of the Community k. <input type="checkbox"/> School Representative l. <input type="checkbox"/> Others (list here)</p>	<p>5. DID THE REVIEW LEAD TO ADD'L. INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. WAS THE DESIGNATION OF CAUSE AND MANNER CHANGED AFTER THE REVIEW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. DID ISSUES OF CONFIDENTIALITY PREVENT THE EXCHANGE OF INFORMATION? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. WERE ADDITIONAL SERVICES PROVIDED AS A RESULT OF THE REVIEW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. DID PANEL MEMBERS CONCUR ON THE CAUSE AND MANNER OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8. WERE CHANGES IN AGENCY POLICIES OR PRACTICE RECOMMENDED AS A RESULT OF THE REVIEW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>9. WERE PREVENTION ACTIVITIES INITIATED AS A RESULT OF THE REVIEW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>10. NUMBER OF REVIEW HEARINGS HELD ON THIS CASE: _____</p>

H. ADDITIONAL INFORMATION

<p>Provide any additional information that you feel may help to more completely describe issues related to the child's death, the delivery of services, prevention, or the review process. Describe the services provided to the family prior to the child's death by local agencies including schools, mental health/substance abuse providers, and other social service providers. Enumerate those elements of community intervention that were in place and functioning well.</p>		
<p>NAME AND TITLE/AGENCY OF PERSON COMPLETING FORM</p>	<p>DATE OF REVIEW</p>	<p>TELEPHONE NUMBER</p>

Adapted from State of Michigan Child Death Review Report

GUIDE TO EFFECTIVE CHILD FATALITY REVIEWS

The purpose of each child fatality case review is to 1) improve our understanding of how and why a child died through a comprehensive evaluation of the circumstances surrounding the child's death; 2) insure that all necessary services are provided to those impacted by the child's death; and 3) identify and implement necessary practices and policies leading to the prevention of other deaths and improvements in child health and safety.

Effective reviews require team members to assemble the most comprehensive set of information available on the child's death. Child fatality reviews should be scheduled as soon after the death as possible, so that even initial and preliminary information can facilitate a better, more timely outcome. Additional review may be necessary on certain cases.

INFORMATION GATHERING

Each team member makes a unique contribution to the review process. While all members may bring information to the review, each member provides and uses the information for different purposes in their individual professional roles including investigation, evaluation, service delivery, prosecution and/or prevention. The information each member may bring to the review include:

- Coroner
 - Death scene information and evidence
 - Body observations (marks, injuries, observable body changes)
 - Autopsy results
 - Preliminary autopsy report (initial findings minus toxicology and other tests)
 - Final autopsy report, when available, signed off with official cause of death

- Law Enforcement
 - Death scene information and evidence (scene processed, photographs taken, etc.)
 - Interviews (witnesses, family, caregivers, suspects, etc.)
 - Actions taken
 - Criminal justice history of family/caregivers, etc.

- Child Protection Services
 - Current or prior agency contact with victim or family
 - Previous child fatalities
 - Possible access to Medicaid information

- Public Health
 - Public health nurse involvement
 - Immunizations and other health histories
 - Mental Health involvement and assessments

APPENDIX Y

- Other Members
 - Sharing, defining and/or interpreting information related to the death, including but not limited to the status of the prosecutor's involvement, medical and other health care information from providers, juvenile court histories, and other involvement with the community.

AT THE REVIEW

REMINDERS

- The review team is not an investigative body.
- Individual case reviews are always closed to the public.
- All participants must sign an agreement on confidentiality.
- Written records with identifying information should not be created by the team.
- Individuals bring and leave with their own records.
- One person should represent the team as media spokesperson, and plans should be made for responding to the media in highly publicized cases.

CASE PRESENTATION

The chronology of the review usually addresses the following events:

- The death and the scene: description of the child and the death scene.
- The investigation and evaluation of circumstances: actions being taken and information gathered that helps us to understand the cause and manner of death.
- Interviews: with family members, witnesses, others.
- Prior histories: pertinent social, medical, and criminal backgrounds of the child, family, and others.
- Agency initiated actions that are being taken in the investigation, service delivery, and prevention.
- Review team initiated actions that should be taken by individual agencies and any collective response.
- Need for follow-up: additional meetings required.
- Child Fatality Review Report completed after review.

Generally this chronology is best obtained when the coordinator calls upon team members in the following order:

1. Coroner
2. Medical Providers
3. Law Enforcement
4. Child Protection Services
5. Public Health
6. Juvenile Court
7. Prosecuting Attorney
8. Other Members

Team members should give a verbal report reflecting the information they have collected. Written reports from the various members may be reviewed by the team. However, copies should not be made or distributed. Beyond the Child Fatality Review Report, teams are not required to maintain minutes or other meeting records.

FOLLOW-UP AND FOLLOW THROUGH

Continued communication between panel members through interoffice communication and/or additional review team meetings may be necessary. At the end of each review, the team should answer the following questions:

- Is the investigation complete and comprehensive? What more do we need to know?
- Are there services we should be providing to surviving family and community members?
- Does a potentially fatal risk still exist and how must we respond?
- Are there other children at immediate risk of harm?
- Was this death preventable and what actions should we take individually and collectively, in the short term and the long term, to prevent other similar deaths?

Adapted from the State of Michigan Child Death Review Team Guide to Effective Reviews

CHILD FATALITY DATA REVIEW SHEET

County _____

Date of Fatality _____

A. **Paperwork to be sent to State Office For All Death Investigations:** (per State Child Welfare Child Fatality Protocol, Child Welfare Manual (CWM) subsection 210.23)

1. Hospital report and date received _____
2. Law enforcement report and date received _____
3. Coroner/autopsy report and date received _____
4. Copies of Available newspaper clippings showing progress of investigation and the outcome of the arrest and trial and date received _____
5. Completed FPP 0310/0311 and date completed _____
6. Child Fatality Review Report (State Form 49212/FPP0006, if investigation is substantiated) and date completed _____

B. **SF 114/FPP 0310 and SF 113/FPP 0311** (per CWM subsection 210.23) must include the following:

1. Was "Death" or "Fatality" written in red at the top of the hardcopy of SF 113/FPP 0311?
Yes ___ No ___
2. Was the family's prior CPS history in the form of a list of dates and report statuses? Yes ___
No ___
3. Was there an indication noted in the conclusion concerning surviving siblings; and if so, was a statement included regarding risk to the siblings? Yes ___ No ___
4. If the abuse or neglect is substantiated, is Death marked on the FPP 0311 in either the abuse or neglect types of maltreatment? Yes ___ No ___
5. If substantiated, in addition to Death being marked, is the type of maltreatment also marked?
Yes ___ No ___
6. Are suspected caregiver stress factors identified? Yes ___ No ___

C. **Circumstances of Death**, (per CWM subsection 210.24) with goal of determining and reducing the number of preventable child deaths:

APPENDIX AA

1. Was the manner in which all involved agencies intervened and responded to the family appropriate? Yes ___ No ___ If no, explain _____

2. Were there any problems noted regarding the intervention or response? Yes ___ No ___ If yes, explain _____

3. Are there recommendations to correct any problems that were noted? Yes ___ No ___ If yes, explain _____

4. Was the report sent within 60 days of receipt of all necessary information? Yes ___ No ___ If no, why not? _____

Other comments:

Date reviewed by State Review Team _____
Signature of Supervisor/Director _____

SAMPLE SAFETY PLANS

Food, Clothing, Shelter, Educational, Medical Safety Plan

RE:

I understand that my child(ren) are my responsibility and their safety is crucial.

I understand the consequences of depriving child(ren) of necessary food, clothing, shelter, educational and medical/dental/psychiatric care.

I understand the living environment for my child(ren) is to be clean and sanitary.

I have been informed that parenting classes are available to address these issues and I understand how to access these classes within the community.

I have been informed of resources in the community that can assist in resolving problems and addressing the needs of my child(ren).

I understand how to access financial/medical assistance for my child(ren).

I will make arrangements to ensure that my child(ren's) basic needs of adequate food, clothing and shelter are met.

I will make arrangements for my child(ren) to receive an appropriate education. I will ensure that my child(ren) is(are) enrolled and attend(s) school regularly.

I will make arrangements for my child(ren) to receive appropriate medical/dental/psychiatric care as recommended by respective professionals.

Other:

Parent/Guardian/Custodian

Date

Parent/Guardian/Custodian

Date

Family Case Manager

Date

Unit

Supervision Safety Plan

RE:

_____ I understand that my child(ren) is/are my responsibility and his/her safety is crucial.

_____ I understand the consequences of children being left unsupervised even briefly and agree to supervise or provide supervision for my child(ren).

_____ I have been informed that parenting classes are available to address supervision and I understand how to access these classes within the community.

_____ I am willing to make adjustments in my home to prevent my child(ren) from exiting the home without my knowledge.

_____ I will educate my child(ren) on emergency procedures concerning being left alone or lost.

_____ I will make arrangements when my child(ren) is/are left with another caregiver so that I am available in emergencies and the caregiver is able to contact me.

_____ I will be aware of the whereabouts and activities of the child(ren) and whom the child(ren) is/are with at all times.

Parent/Guardian/Custodian

Date

Parent/Guardian/Custodian

Date

Family Case Manager

Date

Unit

Discipline Safety Plan

RE:

_____ I understand that my child(ren) is/are my responsibility and his/her safety is crucial.

_____ I understand that if the use of corporal punishment results in marks, bruises, cuts, etc. that I can be held responsible even if the physical marks are not intentional.

_____ I will not use food deprivation as a method of punishment.

_____ I agree to explore alternative methods of discipline to improve the behaviors of my child(ren) and avoid future harm.

_____ I have been informed that parenting classes are available to address discipline and I understand how to access these classes within the community.

_____ I understand that counseling may be necessary to address the child(ren's) behavior and my methods of discipline.

Parent/Guardian/Custodian

Date

Parent/Guardian/Custodian

Date

Family Case Manager

Date

Unit

Inappropriate Sexual Behavior Safety Plan

RE:

Based on a report and investigation of sexually inappropriate behaviors between children, _____ it is necessary to establish a safety plan for the parents, _____ . The plan must be adhered to strictly to ensure the safety of all children. If the children are left in the care of another person/custodian that individual must be informed of the safety plan and adhere to it as well.

_____ Children are not to play together unsupervised at any time.

_____ When children are in their rooms alone, all doors must remain open and an adult must monitor what activities the children are involved in.

_____ If other children are in the presence of the children, adult supervision of those activities is required. No unsupervised contact will occur with other children.

_____ Parents and all custodians will know the whereabouts of the children at all times.

_____ Children will be fully clothed when in a common area with other children, siblings or adults.

_____ Parents will seek initial assessment from a therapist/play therapist concerning the children's behaviors. Parents will cooperate with the therapist's recommendations.

By signing this safety plan the parents acknowledge the need and responsibility for the supervision of the children at all times to prevent further sexual perpetration or victimization.

Parent/Guardian/Custodian

Date

Parent/Guardian/Custodian

Date

Family Case Manager

Date

Unit

SAMPLE LETTER TO PARENTS REGARDING AVAILABLE RESOURCES

Date: _____

Dear _____,

We have received a report that you may be having difficulty managing the behaviors of your child, _____ . Child Protection Services has a statutory obligation to determine safety of children and help families establish a SAFETY PLAN for the care of their child that prevents harm to the child or harm to other members of the family or community. Below I have outlined some resources available that may be of assistance. It is the responsibility of the parent, guardian or custodian to access available services to provide for the specific needs of their child.

- If your child is assaulting another individual, endangering that person's safety-call the police.
- Acute care facilities can provide immediate care to children that are threatening to harm themselves or others. Each facility has its own admission criteria. Parents/guardians/custodians should make contact with a facility to determine exactly what is involved for admission for the child and to determine if acute (emergency) treatment is necessary.

The following facilities accept Medicaid payment for acute care:

Howard Com. Hospital Behavioral Health Services 3500 South Lafountain Kokomo, IN 46902 765-453-8545 (Emergency) 765-453-8555	Com. North Hospital 7150 Clearvista Drive Indianapolis, IN 46256 317-621-6262	Behavioral Healthcare 1800 North Oak Road Plymouth, IN 46563 1-800-795-6252
---	--	--

Other facilities may be available through private or employer insurance. You are encouraged to contact your local health network to determine the service provider that is accessible to you through that health insurance. If you do not have health insurance or your health insurance does not cover various mental health expenses please make an application for Medicaid at the Howard County Office of Family and Children, 101 West Superior Street, Kokomo, Indiana.

- Various home-based case management services may also be available to you in the community. They offer the following services: providing an alternative to institutional care, aiding in establishing a structured environment, and case planning for family safety. If your child has a mental health diagnosis and is on Medicaid, Howard Community Hospital Behavioral Health Services may be able to help you through their program. Please call (765) 453-8545 for further

APPENDIX DD

details. Howard Community Hospital Behavioral Health Services is designated as the local mental health agency to make referrals and assessments for state residential facilities. If your child is recommended for this type of in-patient care you may explore this option with Howard Community Hospital.

- If your child is participating in the Kokomo Area Special Education Cooperative (KASEC), educational placements may be available to you. Please follow-up with your school special services representative for recommendations and referrals by calling 765-455-8000.
- Numerous counseling services for families and children are present in Howard County. Many of these can be accessed through your private/employer insurance or through Medicaid services. For providers of mental health through Medicaid you may call the Family Help Line at 1-800-433-0746. Attached is a listing which includes Howard County counseling resources.
- If your child has a developmental disability and an assessment for community support, emergency services, or residential services is needed, contact the Division of Disability, Aging, and Rehabilitative Services (DDARS). The Bureau of Developmental Disabilities Services is in Indianapolis, Indiana. The phone number is (317) 254-2065. The regional office for Howard County is located in South Bend, Indiana and the phone number is (219) 232-1412.

DDARS will complete diagnostic evaluations as needed. These evaluations are to determine eligibility and to assess the needs of the child so that appropriate service recommendations can be made. Areas to be evaluated may include medical, psychological, developmental and/or social history; the need for physical, occupational or speech therapy; or other areas based on the special needs of each child. These evaluations are done at no cost to the family.

A DDARS Referral and Application form can also be obtained from the Howard County Office of Family and Children, 101 West Superior Street, Kokomo, Indiana. The phone number is (765) 457-8218.

- For additional information or further reporting of unsafe conditions with regards to a child please make a report to Child Protection Services at (765) 457-8218.

Sincerely,

Family Case Manager

Unit