

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: May 1, 2019
	Section 38: Assessment Initiation	Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will initiate every Child Abuse and/or Neglect (CA/N) assessment within the appropriate timeframe as determined by Indiana Law. In order to ensure the safety of a child and meet appropriate timeframes, assessments will be initiated regardless of the time of day or night, weekends, or holidays. **A CA/N assessment will be considered initiated upon face-to-face contact with all alleged child victims.** The parent, guardian, or custodian will be notified in person or by phone of the face-to-face contact with the alleged victim. See separate policies, [4.6 Exigent Circumstances](#) and [4.5 Consent to Interview Child](#) for additional information.

Note: There may be times when extenuating circumstances ([see Practice Guidance](#)) affect timely initiation. In these situations, contact with a person (other than the alleged perpetrator) who is able to provide information about the condition and safety of the alleged child victim should be attempted. **Face-to-face contact with the alleged child victim is still required to successfully initiate the assessment. Contact with any other individual will not be valid for timely initiation.**

DCS will measure the assessment response time from the time of local office notification of the intake report. Assessments will be initiated within the following timeframes: ([see Practice Guidance](#)):

1. Within one (1) hour if the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm;

Note: Law Enforcement Agency (LEA) assistance should be requested on all reports that require a one (1) hour response time ([see Practice Guidance](#)).

2. Within 24 hours if the allegations involve abuse, but the conditions in item one (1) above do not apply; or
3. Within five (5) days if the allegations involve neglect, and none of the conditions in items one (1) or two (2) above apply.

For reports involving alleged domestic violence:

1. DCS will initiate the assessment within 24 hours if the parent, guardian, custodian, or child calls to report alleged domestic violence and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm; or
2. DCS will initiate the assessment within 24 hours if the alleged domestic violence occurred in the past 48 hours (regardless of the report source) and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm.

DCS will respond within one (1) hour of receiving a report from a hospital when the alleged child victim is currently in the hospital and same-day release is anticipated. A one (1) hour report requesting Authorization for Hospital Release may not require LEA assistance. DCS will provide the requesting hospital with the [Hospital Release Authorization \(SF 54337\)](#).

When there are extenuating circumstances preventing DCS from initiating an assessment timely (e.g., dangerous weather conditions), LEA assistance will be requested to initiate one (1) hour assessments on behalf of DCS.

Note: In situations where LEA is on the scene and remains on the scene with an alleged child victims until DCS arrives, as part of a one (1) hour assessment, the assessment will be considered initiated timely.

DCS must conduct an assessment within 48 hours of receiving a report concerning a child who voluntarily enters an emergency shelter or a shelter care facility without the presence or consent of a parent, guardian, or custodian, unless the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm, requiring a one hour response. DCS must notify the parent, guardian or custodian that the child is at an emergency shelter or shelter care facility within 72 hours of the child entering the facility. However, if DCS has reason to believe that the child is a victim of CA/N, the child's parent, guardian, or custodian may not be informed of the specific shelter or facility the child has entered.

DCS will ensure new allegations of CA/N observed by or reported directly to a DCS employee who is on the scene and immediately initiates an assessment (by ensuring safety through face-to-face contact with all alleged child victims), are reported to the DCS Child Abuse Hotline (Hotline) within 24 hours of leaving the scene ([see Practice Guidance](#)).

Code References

1. [IC 31-33-8-1: Investigations by local child protection service; time of initiation](#)
2. [IC 31-33-8-6: Investigatory duties of local child protection service; purpose](#)
3. [IC 31-36-3-3: Homeless Children](#)
4. [IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

The assigned FCM will:

1. Consider all known information about the CA/N allegations;
2. Request LEA assistance on all reports that require a one (1) hour response time and document LEA's response in the Management Gateway for Indiana's Kids (MaGIK); and

Note: If LEA agrees to respond within one (1) hour with DCS, the FCM will make contact with the responding officer to advise of the allegations and obtain any information LEA may have regarding the child or family before attempting to make initial contact with the child or family. See separate policy, [4.28 Involuntary Removals](#) if a decision is made to remove the child.

3. Ensure the assessment has been initiated by making face-to-face contact with all alleged child victim(s);

Note: If an [extenuating circumstance](#) exists, make contact with a person (other than the alleged perpetrator) who is able to provide information about the condition and safety of the alleged victim(s). Document the [extenuating circumstance](#) in the Assessment Initiation Tracking Tool and make face-to-face contact with the alleged child victim(s) as soon as possible.

4. Notify the parent, guardian, or custodian of the face-to-face contact with the alleged victim(s). (See separate policies, [4.6 Exigent Circumstances](#) and [4.5 Consent to Interview Child](#) for additional information.);
5. Document the face-to-face contact with each alleged child victim and notification of the parent, guardian, or custodian in MaGIK; and
6. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Tracking Tool. See separate policy, [4.36 Linking CAN Reports](#) if any reports are linked to the assessment.

The FCM Supervisor will:

1. Discuss details of the assessment during safety staffing and [clinical supervision](#); and
2. Guide the FCM as necessary to ensure that all duties are completed.

PRACTICE GUIDANCE

Extenuating Circumstances

Extenuating circumstances are events that prevent the FCM from completing face-to-face contact with a child victim within the initiation timeframe. Extenuating circumstances which may be approved are:

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

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

In situations where LEA is on the scene and remains on the scene with all alleged child victims until DCS arrives, as part of a one (1) hour assessment, the assessment will be considered initiated timely. The presence of LEA should be documented in the contact.

Response and Initiation Timeframes

It is important to make the distinction between initiating an assessment and response times. If an FCM has responded in the appropriate timeframe, it does not necessarily mean that the assessment has been initiated. **When an FCM responds within the initiation timeframe, but**

is unsuccessful in making face-to-face contact with all alleged child victim(s) the assessment has not been initiated.

Response times are measured from the time of local office notification of the intake report. This means for one (1) hour assessments, the FCM must make face-to-face contact with all alleged child victim(s) within one (1) hour of notification. The parent, guardian, or custodian will be notified in person or via phone, of the face-to-face contact with the alleged victim.

A one (1) hour response time is assigned to a report when the allegations would cause a reasonable person to believe that the child is in imminent danger of serious bodily harm. These responses may include, but are not limited to, allegations regarding:

1. Child Fatality & Near Fatality;
2. Shaken infants;
3. A child who has suffered from serious physical injury to any part of the body due to suspected CA/N, such as fractures, broken bones, head injuries, extensive and serious bruising, or internal injuries;
4. A child is intentionally burned or scalded;
5. A child too young or disabled to ensure his or her own safety is actively unsupervised. Disabilities include but are not limited to sight or hearing impairments, limited mental capabilities, or other severe debilitating conditions;
6. A child who has been abandoned or deserted;
7. A child has failure to thrive resulting in immediate need for medical attention;
8. A child is sexually abused or human trafficking is suspected and the alleged perpetrator has access to the child;
9. A child, parent, guardian, or custodian is actively attempting suicide;
10. An active domestic violence situation in the home or a child has been injured as a result of domestic violence;
11. The presence of an active contaminating controlled substance; and/or
12. Specific allegations that a parent, guardian, or custodian is actively using illicit drugs or abusing prescription medications.

Note: FCMs should evaluate the case when there are allegations of drug use and staff with his/her supervisor determine whether LEA assistance should be requested or if the contact should be for the purpose of notification.

Twenty-four (24) hour responses may include, but are not limited to, allegations regarding:

1. Reported bruising, scratches, and/or welts;
2. Suspected inflicted injury to a child;
3. Serious injury is threatened; and/or
4. A child, parent, guardian, or custodian has previously attempted suicide.

Five (5) day responses may include, but are not limited to, allegations regarding:

1. Supervision concerns;
2. Insufficient food, shelter, or clothing;
3. Unsanitary living conditions; and/or
4. Educational Neglect.

Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to

the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with **all** alleged child victims.

Note: If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, [4.36 Linking Child Abuse and/or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of the additional [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed [310](#) form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The [310](#) or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

FORMS AND TOOLS

1. [Hospital Release Authorization \(SF 54337\)](#)
2. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF114\)](#)

RELATED INFORMATION

IC 31-36-3-3 Notification to department; investigation of a child; notification to parents

Sec. 3. (a) Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a shelter care facility, the shelter or facility shall notify the department, not later than twenty-four (24) hours after the child enters the shelter or facility, of the following:

- (1) The name of the child.
- (2) The location of the shelter or facility.
- (3) Whether the child alleges that the child is the subject of abuse or neglect.

(b) The department shall conduct an investigation concerning the child not later than forty-eight (48) hours after receiving notification from the emergency shelter or shelter care facility under subsection (a).

(c) The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than seventy-two (72) hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

(d) An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual. The focus of clinical supervision is on the practice that directly impacts outcomes for families.

Archived Legislation 6/30/19 (18)