



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 3: Hotline	
Section 02: Creating and Evaluating a Child Abuse and Neglect (CA/N) Intake Report	
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- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Allegations of Child Abuse and Neglect (CA/N) must be received by the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) for an intake report to be created. The quality and evaluation of information gathered by the Hotline impacts the ability of DCS to determine whether the intake report will be assigned for assessment.

[Back to Top](#)

PROCEDURE

- The Hotline will evaluate every intake report and make recommendations about:
1. Whether the allegations meet the statutory definition of Child Abuse and/or Neglect (CA/N) and should be recommended for assessment. See policy 3.08 Statutory Definition of Child Abuse and/or Neglect;

Note: DCS reserves the right to assess allegations of CA/N, no matter how long ago the alleged incidents occurred.
 2. Whether the intake report contains enough information to identify or locate the child and initiate an assessment; and
 3. The recommended response time.

The Hotline will accept CA/N allegations from persons who wish to remain anonymous; however, DCS will strongly encourage all reporters to provide their contact information so that follow-up may occur if more information is needed.

Audio recordings of reports made to the Hotline are confidential and may only be released by a court order. A prosecutor may request the recordings to investigate charges of false reporting. If a prosecutor requests a recording to investigate false reporting, the DCS Staff Attorney should be consulted. See policy 4.22 Making an Assessment Finding.

All intake reports involving a child who voluntarily enters an emergency shelter care or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be routed to the appropriate DCS local office for assessment. Intake reports for emancipated minors will not be recommended for assessment, unless CA/N is alleged. See policy 4.01 Reviewing Child Abuse and/or Neglect (CA/N) Allegations and Other Records.

All intake reports regarding a new child in the home of a parent, guardian, or custodian with an open DCS case will be routed to the county where the parent or caregiver resides (see policy 4.50 New Child in Household of a Parent or Custodian with an Open Case).

Note: A new child in the home may include a newborn infant or child that has moved into the home or regularly (or on a continual basis) visits the home.

During the reporter's call to the Hotline, the Hotline Intake Specialist (IS) will:

1. Gather and document as much information as possible in the case management system by thoroughly interviewing the reporter about:
 - a. The alleged incident,
 - b. The alleged child victim,
 - c. The alleged perpetrator, and
 - d. The alleged child victim's family.
2. Screen each intake report for the presence of domestic violence (DV) by utilizing the DV screening questions;

Note: Intake reports that allege a child witnessed or was present in the home during an incident of DV will be recommended to be sent to the DCS local office with the focus of the assessment being placed on the safety of the child. See policy 2.30 Domestic Violence (DV).

3. Review the information gathered from the reporter and ask any additional questions needed to clarify vague, confusing, or incomplete statements;
4. Advise the reporter that the reporter's identity will remain confidential unless the court orders the reporter's identity to be disclosed;
5. Follow all confidentiality policies and procedures (see policy 2.06 Sharing Confidential Information); and
6. Create an intake report in the case management system.

Note: If the intake report is not created during the initial call from the reporter, the intake report should be completed by the end of the shift following the conclusion of the initial call. Information received by email, United States (U.S.) mail, or fax should be triaged, and reports meeting legal sufficiency should be completed within 24 hours. Reports that are more urgent should be completed as soon as possible.

At the conclusion of the reporter's call to the Hotline, the IS will:

1. Determine if the allegations meet the statutory definition of CA/N;
2. Review history for any relevant connections to the intake report;
3. Complete the following if there are allegations of CA/N:
 - a. Recommend the intake report be routed to the DCS local office,
 - b. Recommend the assessment initiation time frame and determine if the response time needs to be advanced, and
 - c. Determine if the intake report should be marked for a Pediatric Evaluation and Diagnostic Services (PEDS) referral.

Note: A PEDS referral is mandatory for all reports involving a child less than six (6) years of age with allegations of suspected CA/N involving the head or neck (e.g., facial bruising, scratches, and red "marks" on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) or a child less

than three (3) years of age with allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns anywhere on the body.

4. Send the intake report to the Hotline Intake Supervisor for review.

The Hotline Intake Supervisor will review the intake report and send to the appropriate DCS local county office for final review and approval. See policy 3.05 Supervisory Review of CA/N Intake Reports.

Note: At the discretion of DCS Hotline management, the Hotline Intake Supervisor's review of any intake report may be bypassed.

The DCS local county office will review the intake report and make the final decision on how to proceed.

[Back to Top](#)

RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

- [PEDS Program Referral](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.30 Domestic Violence \(DV\)](#)
- [3.05 Supervisory Review of Child Abuse or Neglect \(CA/N\) Intake Reports](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#)
- [4.01 Reviewing Child Abuse and/or Neglect \(CA/N\) Allegations and Other Records](#)
- [4.22 Making an Assessment Finding](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)

[Back to Top](#)

LEGAL REFERENCES

- [IC 20-50: ARTICLE 50. HOMELESS CHILDREN AND FOSTER CARE CHILDREN](#)
- [IC 31-9-2: Chapter 2. Definitions](#)
- [IC 31-33-7-4: Written reports; contents](#)
- [IC 31-33-18-5: Confidentiality of recordings of calls to child abuse hotline](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)
- [IC 35-31.5-2-76: "Crime involving domestic or family violence"](#)

[Back to Top](#)

PRACTICE GUIDANCE- DCS POLICY 3.02

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

Pediatric Evaluation and Diagnostic Services (PEDS) Referrals

All intake reports with allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of "PEDS allegation is included in this Report". Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse.

[Back to Top](#)

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