

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: July 1, 2017
	Section 04: Initial Evaluation of Child Abuse and/or Neglect Intake Reports	Version: 9

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Hotline (Hotline) will evaluate every [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) it receives and make recommendations about:

1. Whether or not the allegations meet the statutory definition of Child Abuse and Neglect (CA/N) and should be recommended for assessment. See policy [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#);
2. Whether or not the report contains enough information to identify or locate the child and initiate an assessment; and
3. How quickly the assessment should be initiated.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with allegations of suspected abuse or neglect involving the head or neck and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the case management system so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week.

Intake reports that allege a child witnessed or was present in the home during an incident of domestic violence 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. Other domestic violence related calls that meet the statutory definition of CA/N will also be recommended to be sent to the DCS local office. See [Practice Guidance](#) and policy [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#) for additional information.

The Hotline Intake Specialist (IS) will relay the CA/N intake report to the Hotline Intake Supervisor for review following the conclusion of the initial call from the reporter. The Hotline Intake Supervisor will subsequently review the CA/N intake report upon receipt from the IS. See policy [3.05 Supervisory Review of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

All CA/N intake reports involving a child who voluntarily enters an emergency shelter or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be routed to the DCS local office for assessment. DCS must conduct an assessment concerning the child no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

Code References

1. [IC 31-9-2: Family Law and Juvenile Law, Definitions](#)
2. [IC 31-34-1: Juvenile Law, Child in Need of Services](#)
3. [IC 31-36-3: Homeless Children](#)
4. [IC 34-6-2-34.5: Domestic or Family Violence](#)
5. [IC 35-41-1-6.5: Crime Involving Domestic or Family Violence Defined](#)

PROCEDURE

At the conclusion of the reporter's initial call the IS will:

1. Complete the [310](#) in the case management system;
2. Screen thoroughly each individual named in the report in case management system;
3. Determine if the allegations meet the statutory definition of CA/N. See policy [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#);
4. Complete the following if the statutory definition of CA/N has been met:
 - a. Recommend that the report be routed to the DCS local office,
 - b. Recommend how quickly the assessment should be initiated and determine if response time is to be advanced.
 - c. Evaluate if the report should be marked for a PEDS referral.
5. Send the [310](#) to the Hotline Intake Supervisor to route for recommendation to the DCS local office;

Note: A Hotline Supervisor review on any report may be bypassed at DCS management discretion.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g. facial bruising, scratches and red "marks" on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. All intake reports with 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 should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://ota.medicine.iu.edu/ChildProtection_V2.

Records Search

The case management system may reveal pertinent information about the subjects of a CA/N report. The IS should examine all information for "red flags" that would cause a reasonable

person to have concerns for the child's safety and well-being or worker safety. Pertinent facts should be briefly summarized in the allegations section of the CA/N intake report, such as dates and dispositions of previous DCS reports, assessments, and cases.

Domestic Violence

The Hotline will recommend for assessment, domestic violence related reports that meet any of the following criteria:

1. A child has witnessed a domestic violence incident and/or was present in the home when a domestic violence incident occurred;
2. The child has been physically injured because of intervening in or being present during a domestic violence incident;
3. There is reason to believe the child is intervening or will intervene in the domestic violence, placing him or her at risk of injury;
4. The child is likely to be injured during the domestic violence incident (e.g., being held during violence, physically restrained from leaving);
5. The alleged domestic violence offender has made threats of homicide or suicide and has access to weapons or firearms;
6. There are serious, recurring domestic violence incidents and/or domestic violence is occurring in combination with other significant risk factors (e.g., substance abuse);
7. The alleged domestic violence offender does not allow the non-offending parent and/or child(ren) access to basic needs impacting their health and safety;
8. The alleged domestic violence offender has killed, kidnapped, substantially harmed, or is making a believable threat to kill, kidnap, or substantially harm anyone in the family, including extended family members and pets;
9. Serious injury to the non-offending parent (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting, or severe malnourishment);
10. Violence increasing in either frequency or severity; and
11. Weapons were used or threatened.

The Hotline will also consider the following factors prior to making a recommendation whether or not to route domestic violence related reports for assessment:

1. Isolated victims with little support;
2. Stalking behaviors (patterns of behaviors that are intimidating to the other party);
3. Interaction with other risk factors including substance abuse or mental illness;
4. Previous reports to DCS or LEA with the same or other child or adult victims;
5. Previous convictions for crimes against persons or serious drug offenses;
6. Violations of restraining orders; and
7. Lack of other community responses or resources.

CA/N Reports with No Allegation of Child Abuse and/or Neglect

If the report regarding an unaccompanied homeless child is made by an emergency shelter, a shelter care facility, or a program that provides shelter to homeless individuals, the report must be assigned. Assessment of all CA/N intake reports of this nature must be conducted within 48 hours of receiving notification from the emergency shelter or shelter care facility, even if abuse or neglect is not alleged. 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.

Homeless Unaccompanied Minor

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

Emancipated Minors

Shelters are not required to report providing shelter to emancipated minors to DCS. Reports for emancipated minors will not be recommended for assessment.

Safe Haven

A child is considered to be eligible for consideration under the Safe Haven Act when he/she is, or appears to be, not more than 30 days of age and whose parent:

1. Has knowingly or intentionally left the child with an emergency medical services provider; or
2. In a newborn safety device; and
3. Did not express an intent to return for the child.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
2. PEDS Program Referral - Available at https://ota.medicine.iu.edu/ChildProtection_V2

RELATED INFORMATION

Allegations that Occurred in the Past

DCS reserves the right to assess allegations of CA/N, no matter how long ago the alleged incidents occurred. This is despite the statute of limitation relative to CA/N ([IC 35-41-4-2 Periods of Limitation](#)), which sets forth the time limits for the prosecution of CA/N. The offenses listed in the Child in Need of Services (CHINS) definitions 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 certain sexual offenses is extended, as detailed further in [IC 35-41-4-2](#).

Notification to department; investigation of a child; notification to parents

Per [IC 31-36-3-3](#):

1. 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 24 hours after the child enters the shelter or facility, of the following:
 - a. The name of the child,
 - b. The location of the shelter or facility, and
 - c. Whether the child alleges that the child is the subject of abuse or neglect.
2. The department shall conduct an investigation concerning the child not later than 48 hours after receiving notification from the emergency shelter or shelter care facility under subsection (a);
3. 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 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; and

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

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