

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 4:</b> Assessment	
	<b>Section 03:</b> Conducting the Assessment - Overview	
	<b>Effective Date:</b> December 19, 2025	<b>Version:</b> 16

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

### **POLICY OVERVIEW**

*For Institutional Investigations, see policy 4.30 Conducting Institutional Investigations by the Institutional Child Protection Services (ICPS) Unit.*

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

[Back to Top](#)

### **PROCEDURE**

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

When the safety or well-being of an alleged victim or any other child residing in a facility or licensed resource home is in question, DCS may contact the appropriate licensing unit and/or agency at any time during the assessment process to request an emergency closure of the facility or licensed resource home.

Upon receipt of a Preliminary Report of Alleged Child Abuse or Neglect (310) regarding a new child in the home of a parent, guardian, or custodian with an open DCS case, the DCS local office will assign the report as an individual assessment, not to be screened out or handled as part of the open DCS case (see policy 4.50 New Child in Household of a Parent or Custodian with an Open Case).

**Note:** A new child residing 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.

#### **When Assessment is Assigned/Prior to Assessment Initiation**

The Family Case Manager (FCM) will:

1. Review the Preliminary Report of Alleged Child Abuse or Neglect (310) when assigned;
2. Request law enforcement agency (LEA) assistance on all reports that require a two (2) hour response time and on additional reports, as needed. Document LEA's response to the request in the case management system (see policy 4.38 Assessment Initiation);
3. Conduct a search of MyCase and Child Protective Services (CPS) checks on alleged perpetrators who are 18 years of age and older, or request completion of the checks by the designated local office staff;

4. Locate the subjects named on the 310 (e.g., alleged child victim; victim's parent, guardian, or custodian; and alleged perpetrator) (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants), and
5. Notify the parent, guardian, or custodian (including incarcerated parents) of the allegation, and request consent to interview the child unless exigent circumstances exist (see policies 4.05 Consent to Interview Child and 4.06 Exigent Circumstances for Interviewing Alleged Child Victims).

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

### **During the Assessment**

The FCM will:

1. Follow all established local office reporting and check-in procedures. Activate the AlertMedia app prior to face-to-face interactions with clients and utilize the AlertMedia app throughout each interaction, as necessary (see policy HR-3-8 Worker Safety);
2. Show proper identification at the onset of each interview;
3. Follow appropriate procedures for gaining entry into the home or facility (see policy 4.08 Entry into Home or Facility);
4. Conduct an assessment of the home environment, if appropriate (see policy 4.13 Assessing and Documenting the Home and Living Conditions);
5. Conduct all required interviews and any additional interviews necessary to support the assessment outcome and establish the current safety of the child (see policy 4.04 Required Interviews);
6. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Ask the parent, guardian, or custodian to sign the Release for Use of Photographs form, and if the signature is obtained, take photographs of all children in the home. Photograph visible trauma found on any child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA (see policy 4.14 Examining and Photographing a Child and/or Trauma);
7. Arrange for necessary medical and/or psychological examinations (see policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations);

**Note:** Ensure a Pediatric Evaluation and Diagnostic Service (PEDS) referral is completed for all reports involving:

- a. A child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches, and red "marks" on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck);
  - b. A child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body; or
  - c. Any skin injury on a child under 12 months of age.
8. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Application (see Practice Guidance and policy 4.38 Assessment Initiation);
  9. Complete the Initial Safety Assessment, and if appropriate, a Safety Plan and/or Plan of Safe Care and seek the FCM Supervisor's approval of the documents (see policies 4.18

Establishing Initial Child Safety, 4.19 Safety Planning, and 4.42 Plan of Safe Care);

**Note:** The FCM will complete a Subsequent Safety Assessment in the case management system when updated information related to the child's safety becomes known.

10. Gather additional demographic information that is not already included on the 310 (e.g., place of employment, military status, and/or tribal origin);
11. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator (including minor perpetrators and their parent, guardian, or custodian) with the Notice of Availability of Completed Reports and Information (NOA) form and document in the Assessment of Alleged Child Abuse or Neglect (311), and

**Note:** If the parent is a minor, provide the notice to the minor parent and the minor parent's parent, guardian, or custodian.

11. Provide the NOA form to the alleged minor perpetrator and the alleged minor perpetrator's parent, guardian, or custodian and document it in the 311.

**Note:** The FCM should attempt to have face-to-face contact prior to mailing the NOA form. However, it is acceptable to have the form mailed if the parent, guardian, or custodian and/or the alleged perpetrator either lives outside of the jurisdiction of the DCS local office or has given verbal permission.

### **Allegations Were Found to Have Occurred in an Institutional Setting**

During the assessment, if the allegations were found to have occurred in an institutional setting as opposed to a home setting, the FCM will:

1. Call the DCS Child Abuse Hotline (Hotline) and file a report;
2. Coordinate a joint staffing with the FCM Supervisor, the assigned Institutional Child Protection Services (ICPS) FCM, the ICPS Supervisor, and any other members of the management team (if necessary);
3. Staff the following items with the team:
  - a. Status of the existing assessment,
  - b. Assessment items that have been completed,
  - c. Current barriers,
  - d. Identify assessment items still needing completed, and
  - e. Assign who will be completing the identified tasks.
4. Document the staffing in the case management system.

### **Worker Safety Risks are Present**

The FCM will:

1. Exit the home immediately without alarming the adults and/or child and call 911 if at any point during the interview, suspicions arise that a contaminating controlled substance is present. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol for further guidance;
2. Activate the AlertMedia app, discontinue the interview, and leave the premises if at any point concerns for the FCM's safety arise (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home); and
3. Seek supervisory input to make alternate arrangements to complete the assessment

(see Tool HR-3-A Worker Safety Protocol and policy HR-3-8 Worker Safety).

### **Assessments Regarding DCS Staff**

The FCM will notify the employee's work unit manager, and the DCS Human Resources (HR) Director (see policies 2.04 Substantiation of a DCS Employee and 4.45 Assessment of DCS Staff Alleged Perpetrators).

### **Concluding the Assessment**

The FCM will:

1. Document all information gathered during the assessment in the case management system;
2. Seek supervisory input throughout the assessment during case staffing (see policy 4.18 Establishing Initial Child Safety);
3. Document good faith efforts if unable to complete any element of the assessment, and seek supervisory guidance for additional instructions (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);
4. Send the Forty-five (45) Day Report of Assessment to the administrator of the facility that made the CA/N report, if applicable (see policy 4.21 Forty-Five [45] Day Report of Assessment);
5. Arrive at a finding of substantiated or unsubstantiated for each allegation (see policy 4.22 Making an Assessment Finding);
6. Complete an Initial Family Risk Assessment to determine the likelihood of future maltreatment, if necessary (see policy 4.23 Initial Family Risk Assessment);
7. Take additional actions, if necessary, to ensure the child's safety, including implementing child and family services (see policies 4.26 Determining Service Levels and Transitioning to Permanency Services and 5.07 Child and Family Team [CFT] Meetings);
8. Complete the 311 (see policy 4.25 Completing the Assessment Report); and
9. Send the Notification of Substantiation and Right to Request an Administrative Hearing form to the alleged perpetrator regarding the right to an appeal of the decision if the allegations are substantiated. If the perpetrator is a child, send the Notification of Substantiation and Right to Request an Administrative Hearing to the child perpetrator and the child perpetrator's parent, guardian, or custodian (see policies 2.01 Notice of Assessment Outcome and 2.05 Administration Appeal Hearings).

The FCM Supervisor will:

1. Discuss details of the assessment with the FCM during regular case staffing;
2. Approve the initial Safety Assessment, the Safety Plan, and/or the Plan of Safe Care,
3. Attend a joint staffing with the FCM, ICPS FCM, and ICPS Supervisor, if applicable, and;
4. Guide the FCM, as necessary, to ensure all duties are completed.

[Back to Top](#)

## **RELEVANT INFORMATION**

### **Definitions**

#### **Alleged Father**

An alleged father is a person who has asserted or claims to be the father of a child, or the person who the mother identifies as the father but has not been established by law as the legal father of the child.

### Case Staffing

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

### Perpetrator

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

### Safety Plan

A Safety Plan is a voluntary, non-legally binding written agreement with the family, which identifies interventions to address the safety of the child and specifies family supports and/or community services that will be utilized.

### Substantiated

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

### **Forms and Tools**

- Assessment of Alleged Child Abuse or Neglect Report (SF 113) (311) - available in the case management system
- [Assessment Staffing Guide \(SF 56567\)](#)
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- [Incarcerated Parent Letter - Assessment](#)
- [Incarcerated Parent Demographics \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)
- Initial Family Risk Assessment - available in the case management system
- Initial Safety Assessment - available in the case management system
- [mycase.IN.gov](#) - MyCase webpage
- [Notice of Availability of Completed Reports and Information \(SF 48201\) \(English version\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 51886\) \(Spanish version\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 54536\) \(Burmese version\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 53113\) \(Amharic version\)](#)
- [Notification of Substantiation and Right to Request an Administrative Hearing \(SF 53068\)](#)
- [PEDS Program Referral](#)
- Plan of Safe Care – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- [Release for Use of Photographs \(SF 54968\)](#)
- [Safety Plan \(SF 53243\)](#)
- [Tool HR-3-A Worker Safety Protocol](#)

## Related Policies

- [HR-3-8 Worker Safety](#)
- [2.01 Notice of Assessment Outcome](#)
- [2.05 Administration Appeal Hearings](#)
- [2.30 Domestic Violence \(DV\)](#)
- [4.04 Required Interviews](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.08 Entry into Home or Facility](#)
- [4.13 Assessing and Documenting the Home and Living Conditions](#)
- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations](#)
- [4.18 Establishing Initial Child Safety](#)
- [4.19 Safety Planning](#)
- [4.21 Forty-five \(45\) Day Report of Assessment](#)
- [4.22 Making an Assessment Finding](#)
- [4.23 Initial Family Risk Assessment](#)
- [4.25 Completing the Assessment Report](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [4.45 Assessment of DCS Staff Alleged Perpetrators](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

[Back to Top](#)

## LEGAL REFERENCES

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

[Back to Top](#)

## PRACTICE GUIDANCE- DCS POLICY 4.03

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

### **Extenuating Circumstances for Assessment Initiation**

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

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

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

### **Observing All Homes of the Child**

If a child spends time in multiple homes, it is best to visit every home the child goes to regularly, including the home of any parent, guardian, or custodian of that child. This will allow an observation of safe sleep practices, utilities, home conditions, and food (see the Assessment Staffing Guide [ASG]).

### **Pediatric Evaluation and Diagnostic Service (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](#)