

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 13: Assessing and Documenting the Home and Living Conditions	
	Effective Date: April 1, 2023	Version: 7

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POLICY OVERVIEW

Assessing the home and living conditions of an alleged child victim of Child Abuse and/or Neglect (CA/N) is completed by the Indiana Department of Child Services (DCS) to determine if any conditions exist that support CA/N allegations and/or raise additional concerns about the safety and well-being of the child. Documenting the home and living conditions is a critical step in the assessment to portray evidence of the living conditions.

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PROCEDURE

DCS will conduct an assessment (announced or unannounced) of the home and living conditions of an alleged child victim if:

1. The alleged CA/N occurred in the child's home;
2. Concerns about the condition of the home and its impact on child safety and well-being are identified during the course of the assessment.

The Family Case Manager (FCM) will:

1. Determine whether an announced or unannounced visit to the home should be conducted based on the nature of the allegations and the need to protect the child;

Note: If there are CA/N allegations concerning the conditions of the home, it would be appropriate for the FCM to make an unannounced home visit. Unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, safe sleep practices, and maintaining an adequate food supply. However, announced home visits continue to be a valuable method of engaging and maintaining contact with families.

2. Consider any risks associated with visiting the home;

Note: Law Enforcement Agency (LEA) assistance should be requested when any risk factors are identified that could threaten the safety of the child, FCM, and/or other responders (see Practice Guidance for examples).

3. Seek permission to enter the home from an adult living in the home. See policy 4.08 Entry into Home or Facility for guidance when permission is denied;

Note: Any adult who lives in the home may deny permission to enter the home. If one (1) adult who lives in the home gives permission to enter, and another adult who lives in the home objects, DCS will not enter the home and will contact the DCS Staff Attorney regarding seeking a court order.

4. Exit the home immediately and without alarming the persons inside if at any time the FCM suspects the home may contain a contaminating controlled substance;
5. Discontinue the interview if at any point concerns arise for one's own safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home);

Note: The FCM should seek supervisory input to make alternate arrangements to complete the assessment.

6. Examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe;

Note: If the assessment is open while the child is admitted for treatment in a residential facility and the assessment is not an institutional assessment, the FCM should:

- a. Complete a face-to-face interview with the child alone, unless the child is identified as being an alleged perpetrator (see policy 4.11 Interviewing the Alleged Perpetrator),
 - b. Complete a visual inspection of the child's living quarters (e.g., sleeping area, bathroom, dining area) to ensure the child has safe and hazard free living conditions and the child's basic needs are being met (i.e., appropriate bedding, clothing, shoes, hygiene supplies), and
 - c. Contact an FCM Supervisor and the DCS Residential Licensing Unit (RLU) immediately if a concern is identified regarding the conditions or supervision observed at the residential facility or if access to any of these areas is denied.
7. Discuss safe sleep practices with all parents, guardians, and custodians for all children in the home, paying particular attention to any child under the age of one (1) and document the discussion and any concerns in the case management system (see Practice Guidance for safe sleep practices);

Note: If the sleeping arrangements do not meet safe sleep guidelines, the FCM should assist the parent, guardian, or custodian to meet these guidelines at the time of the home visit.

8. Using a state issued device, take clear photographs of the home and living conditions to document all appropriate and/or adverse conditions, upon consent from the parent, guardian, or custodian (see Practice Guidance). Photographs should include, but are not limited to:
 - a. Sleeping arrangements for each child,
 - b. Food/water or access to food/water, and
 - c. Utilities or access to utilities (e.g., electricity, gas, air conditioning).
9. Using a state issued device, take clear photographs of evidence to support or deny the allegations included in the Preliminary Report of Alleged Child Abuse or Neglect (310), and any safety concerns and/or risk factors observed (see 4.F Tool: Tips for Photographing Child Abuse and/or Neglect [CA/N]);

10. Immediately address any safety concerns and complete a Safety Plan and/or Plan of Safe Care, if applicable. The Safety Plan and/or Plan of Safe Care should be reviewed during each home visit and revised, as needed (see policies 4.19 Safety Planning and 4.42 Plan of Safe Care);
11. Complete an emergency removal of the child from the home if conditions are found that warrant such action (see policy 4.28 Removals from Parents, Guardians, or Custodians);
12. Report any new CA/N allegations noted during the assessment of the home environment to the DCS Child Abuse and Neglect Hotline (Hotline). See policy 4.38 Assessment Initiation for additional information regarding reporting allegations which are immediately initiated while in the field;
13. Ensure all household members are documented in the case management system;
14. Upload all clear photographs in the case management system within three (3) business days of the observation. Each photograph should be identified by the date the photograph was taken. Additional information regarding the content of a photograph may be documented in the case management system.

Note: All photographs taken or obtained during the assessment should be protected by handling and storing in a secure manner.

15. Document all observations (including the conditions of the home) and actions taken in the case management system.

The FCM Supervisor will:

1. Discuss the conditions of the home and actions taken with the FCM during regular case staffing; and
2. Guide the FCM in planning for safety and next steps, including a Safety Plan and/or Plan of Safe Care, if applicable.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [4.F Tool: Tips for Photographing Child Abuse and/or Neglect \(CA/N\)](#)
- [Assessment Staffing Guide \(SF 56567\)](#)
- [DCS Safe Sleep website](#)
- [Healthy Children Safe Sleep website](#)
- [Indiana Safe Sleep Program website](#)
- Plan of Safe Care (SF 56565) - available in the case management system
- Residential Licensing Unit email - residential.licensing@dcsln.gov
- [Riley Children's Health Safe Sleep Resources](#)
- [Safety Plan \(SF 53243\)](#)
- [The American Academy of Pediatrics website](#)
- [The National Institute of Health website](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.08 Entry into Home or Facility](#)

- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.19 Safety Planning](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-42-3.5: Chapter 3.5. Human and Sexual Trafficking](#)

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PRACTICE GUIDANCE- DCS POLICY 4.13

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.

Announced and Unannounced Visits

The determination of whether an announced or unannounced visit is appropriate for the home assessment should be based on the nature of the allegations and the need to protect the child. If there are CA/N allegations concerning the conditions of the home, it would be appropriate for the FCM to make an unannounced home visit. Unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, safe sleep practices, and maintaining an adequate food supply. However, announced home visits continue to be a valuable method of engaging and maintaining contact with families.

Assessment of Risk

Risk factors that may pose a danger to a child, FCM, and/or other responder include, but are not limited to the following:

1. History of domestic violence (see policy 2.30 Domestic Violence [DV]);
2. Locations where high crime is known and/or suspected or locations that are remote;
3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home;
6. Family members that are criminal suspects and have outstanding arrest warrants;
7. Indications of human trafficking; and/or
8. Dangerous pets or other animals.

Observing All Homes of the Child

If a child spends time in numerous 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, occupants, and food (see the Assessment Staffing Guide [ASG]).

Safe Sleep Guidelines

The following safe sleep guidelines should be discussed with all parents, guardians, or custodians:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest. Keep other caregivers informed of these safe sleep guidelines;
2. Drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised) have been banned from further manufacture and are not permitted for children under DCS care and supervision;
3. Place babies on a firm, sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleeping area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleeping area. A sleep sack is appropriate to keep the baby warm;

5. Keep the baby's sleeping area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. Babies may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is supervising. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby, as babies who are around cigarette smoke have a higher risk of sleep-related deaths.

Additional information regarding safe sleep is available via the following websites:

- DCS Safe Sleep;
- Healthy Children;
- Indiana Safe Sleep Program;
- The American Academy of Pediatrics; and
- The National Institute of Health.

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