

COMMUNITY CHILD PROTECTION TEAMS

A MANUAL FOR TEAM MEMBERS

Revised by
Prevent Child Abuse Indiana
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and The Indiana Department of Child Services

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INTRODUCTION

The Community Child Protection Team: A Manual for Team Members

Child abuse and neglect is a problem which has been recognized for many years, and both the emotional and fiscal consequences of maltreatment continue to have a tremendous impact on our society. Each year, tens of thousands of children are victims of physical and sexual abuse, neglect, and emotional maltreatment. Child abuse and neglect is a tragedy for the children who are victimized, the families who are torn apart by guilt, and the community which loses the benefits of healthy families and children. Further, unless there is education, intervention, and prevention, the cycle of child maltreatment may begin again when victims of childhood abuse and neglect become parents themselves.

How can the cycle be broken? Department of Child Services (DCS) was created to protect the life and health of children and to provide services and referrals for treatment to assist children and families to overcome the devastating effects of child abuse. A problem created by and affecting all of society cannot be relegated to a small group to solve. Community concern and action is required. Those who work in the field of child welfare need (1) professional consultation with specialists, (2) feedback on community standards, (3) information on treatment resources, (4) support and advocacy for their efforts, and (5) advocacy to effect change.

The Child Protection Team is an effective method to focus multi-disciplinary resources. This concept takes on many forms and functions throughout the country. There are teams which are organized as a group of treatment experts who collaborate about the diagnosis and treatment of children and their families. Hospital and agency-based teams are usually organized in this manner. A second type of Child Protection Team is the case consultation team. This model involves a multi-disciplinary group of experts who provide advice and opinions on child abuse and neglect cases to the legally mandated child protection services unit. A third model is a group of concerned citizens, agency representatives, and /or child advocates who meet together to address issues of child abuse and neglect in their community.

In 1979, a statewide system of case consultation teams, the Community Child Protection Teams, was created in Indiana. These Child Protection Teams, located in each county of the state, have given countless hours of consultation, support, and advocacy to the Department of Child Services' staff at the county level. Because of the importance of what they provide, Child Protection Teams need to receive the most current and relevant information regarding laws, policies, child maltreatment indicators and risk factors, as well as research pertaining to best practice methods. We recognize the importance of timely and evidenced based training so that those who are charged with helping to protect our children and support our workers, can do so in the most ethical and knowledgeable manner. In order to insure that current information is being provided in an effective and fiscally responsible manner, a method of training has been created that includes a comprehensive online handbook that can be updated as necessary, as

well as an initial in-person presentation for members of the Child Protection Teams. This manual is intended to provide new and experienced Community Child Protection Team members with: 1. An understanding of the role and process of the Child Protection Team; 2. Legislation and policies pertaining to child abuse and neglect cases; 3. Understanding of the entire process of a Child in Need of Services (CHINS) case and 4. Guidelines for effective and productive meetings. It is also our goal to record live trainings and download them onto the internet for new team members to access. Those trainings can also be changed and updated as necessary.

To better understand the process and evolution of Indiana's child welfare legislation and policies, it is important to reflect on some of the important events that impacted their development.

The first legislative code related to children was established in 1903 and was only slightly revised until 1979. In 1971, the reporting law (IC-12-3-4.1-2):

1. required any person who had "reason to believe" that a child has had a physical injury inflicted upon the child by a parent or other person responsible for the child's care other than by accidental means to report to the County Office of Family and Children or law enforcement agency (LEA).
2. required reporters who were licensed to administer medical assistance to include the nature and extent of injuries to children, including evidence of previous injuries and any other information which might help to establish the cause of injuries or the identity of the perpetrator.
3. charged those who failed to report with a misdemeanor with a penalty of a fine (not more than \$100) and/or imprisonment (not to exceed 30 days).

A twenty-four member commission was formed in 1977 to develop the Juvenile Code when the rules promulgated by the Indiana State Supreme Court were rescinded. The Juvenile Code was introduced in the 1978 Legislature. Effective January 1, 1979, the new law, P.L. 135, amended Title 31 (Family Law) by adding Article 5.5, a section on child abuse. An additional change effective October 1, 1979, as P.L. 276 reorganized P.L. 135 by repealing Article 5.5 and incorporating it into the new Juvenile Code as Chapter 11. A few changes were made in the 1992 legislative session, including the addition of IC 31-33-11-1 concerning a hospitalized child who is the subject of an abuse or neglect investigation. Also, requirements for guardian ad litem and court appointed special advocate participation were added to various sections of the law.

In 1992, the Indiana General Assembly passed P.L. 154-1992, creating the Commission on Abused and Neglected Children and Their Families. The twenty-four member commission was charged with making recommendations for a continuum of services to abused and neglected children and their families. In September 1992, the Commission submitted a comprehensive report and sixteen specific recommendations to the Governor and the Legislative Council. As a result of the Commission's work, the General Assembly unanimously passed P.L. 142-1993, which enacted a series of reforms in Indiana's child welfare system. These changes included authorization to establish a central registry and automated child protection system as well as

new definitions of substantiated and unsubstantiated, new time frames for initiating investigations, services referral agreements, reports to the court on informal adjustments, and new configurations and duties for community child protection teams. Other changes dealt with false reporting, the removal of the alleged perpetrator by law enforcement, placing children with appropriate family members, and the child abuse hotline 800-number.

The 1994 legislative session changed the law on child molesting (IC 35-42-4-3) and added to the list of persons entitled to receive 30- and 90-day follow-up reports and those authorized to have information gathered during the investigation of an abuse or neglect report. It should be noted that the 90 day follow-up report requirement was eliminated in 2011.

In 2004, the Indiana General Assembly again created a Commission on Abused and Neglected Children and their Families. This Commission made several recommendations regarding Indiana's Child Welfare system, but three significant pieces of legislation have resulted. One involved the creation of the Indiana Department of Child Services (2005); the other piece included the hiring of 800 new Case Managers over a three year period of time (2005-2008), and in 2009, the Office of the Ombudsman was created to help resolve complaints against the Department of Child Services.

Provisions of Current Family Law (Title 31), Juvenile Law (Article 33), Child Abuse (Chapter 1):

Purpose

1. To encourage effective reporting of suspected or known incidents of child abuse or neglect,
2. To provide each county with an effective child protection service,
3. To provide children with protection from further abuse or neglect,
4. To provide children and families with rehabilitative services, and
5. To establish a centralized statewide child abuse registry and an automated child protection system.

For the detailed Indiana Juvenile Code, please see Appendix D

Chapter 1
Child Welfare Manual
Synopsis

Department of Child Services:
Intake Through
Permanency Planning

Intake through filing Child in Need of Services (CHINS)-Section 1

Federal Statute emphasize:

1. prevention of unnecessary separation of children from parents;
2. improvement in quality of care and services to children and families;
3. permanency for children through 1) reunification with parents, 2) adoption or other permanent plan, 3) guardianship, 4) placement with a fit and willing relative, 5) Another Planned Permanent Living Arrangement (APPLA)

Receiving Reports of Child Abuse and Neglect

DCS operates a **toll-free hotline (1-800-800-5556)** for people to call and report suspected cases of child maltreatment. Although reports can be made in person or in writing, most child maltreatment reports are made by telephone. ***DCS receives and initiates assessments of child maltreatment 24 hours a day, seven days a week. The hotline employs trained Family Case Managers (FCM), also known as Intake Specialists (IS), who receive the reports. The unit is referred to as the Centralized Intake Unit (CIU)***

A written report (State Form 114 (R9/ 1-06) / CW 0310) must be completed within forty-eight (48) hours based on information obtained from the complainant. The report should include the following (**if known**):

1. Names and addresses of the child and the child's parent(s), guardian or custodian, or other person responsible for the child's care;
 2. Child's age and gender;
 3. Nature and apparent extent of the child's injuries, abuse or neglect, including any evidence of present or prior injuries or alleged abuse or neglect to the child or the child's siblings;
 4. Name of the person allegedly responsible for causing the injury, abuse, or neglect;
 5. Source of the report;
 6. Name of the complainant and where the complainant can be reached;
 7. Any actions taken by the complainant, such as photographs, x-rays, removal or keeping of the child, or notifying the coroner; and
 8. Any other information the IS may require or the complainant may believe helpful.
- The IS will evaluate every Preliminary Report of Alleged Child Abuse or Neglect it receives by using the Structured Decision Making tool (SDM).

CIU makes *recommendations* to assess or screen out and makes determinations about:

1. Whether or not the allegations meet the statutory definition of Child Abuse and Neglect (CA/N) and should be assigned for assessment
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 must be initiated (three time frames). Intake reports involving a suspected injury to the head or neck of any child under the age of 18 should be considered for a referral to the Pediatric Evaluation and Diagnostic Service (PEDS) Program. This program is available 24 hours a day, seven (7) days a week. Intake reports that allege that a child witnessed or was present in the home during an incident of domestic violence will be assigned for assessment if appropriate with the focus of the assessment being placed on the safety of the child. The Hotline will also recommend for assessment other domestic violence related calls that meet the statutory definition of CA/N. The Hotline Intake Specialist (IS) will relay the intake report to the Hotline Intake Supervisor for review following the conclusion of the initial call from

the reporter. Supervisors may review intakes before sending to local offices for fatalities, new workers, screen-outs and other targeted types, but other reports will be routed directly to the local office supervisor by the Intake Specialist with the recommendation to either assess the report or screen it out, but the local office supervisor or designee makes the actual decision about whether to assign the report to a local FCM or not. The local office can also override the initiation timeframe. When not following the CIU recommendation, the local office should document the reason.

In Summary:

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

1. Complete the Preliminary Report of Alleged Child Abuse or Neglect
2. Screen thoroughly each individual named in the report prior to sending to the Hotline Intake Supervisor;
3. Determine if the allegations meet the statutory definition of CA/N.
4. If indicated, send the Preliminary Report of Alleged Child Abuse or Neglect to the Hotline Intake Supervisor to review for fatalities, new workers, screen-outs, and other targeted types. Other reports will be routed to the DCS local office. Each county is responsible to make sure reports are assigned in a timely manner.
5. Complete the following if the statutory definition of CA/N has been met:
 - a. Insure that the report is routed to the DCS local office and recommend for assessment or screen out and
 - b. Recommend how quickly the assessment must be initiated and determine if response time is to be advanced.

All 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.

Local CPTs may review screen-outs.

Reports That Are Not Assigned for Assessment

Due to Indiana Law, DCS will not assign for assessment reports that **do not**:

1. Meet the statutory definition of Child Abuse and/or Neglect or
2. Contain sufficient information to either identify or locate the child and/or family and initiate an assessment.

Intake reports that are not assigned for assessment are referred to as "screen outs"

The Intake Specialist will:

1. Recommend an intake report for screen-out if:
 - a. The statutory definition of CA/N **has not** been met, and/or
 - b. There is not enough information in the CA/N intake report to either identify or locate the child and/or family to initiate an assessment.DCS will consider potential current and future risk to the child(ren) prior to recommending a CA/N intake report that involves domestic violence for screen-out.
2. Document the specific reason for the screen-out in the notes section of the intake report (i.e., "The allegations don't meet the statutory definition of CA/N because the person who allegedly beat the child was not the child's parent, guardian or custodian");
3. Recommend the report be referred to law enforcement if the allegations are of a criminal nature;
4. Forward the CA/N intake report and records search information to a Supervisor for review and approval of the recommendation to screen it out. This may be done electronically or in hard copy;

Time Limit

When reports of child neglect are received, the assessment must be initiated within a "reasonably prompt time," but not later than five (5) days; the primary consideration should be the well-being of the child who is the subject of the report. If the report alleges a child may be a victim of child abuse, the assessment shall be initiated immediately, but not later than twenty-four (24) hours after receipt of the report. If there is reason to believe the child is in imminent danger of serious bodily harm, DCS must initiate within one (1) hour an immediate, onsite assessment. If the immediate safety or well-being of a child appears to be in danger or the facts otherwise warrant, an assessment must be initiated regardless of the time of day.

DCS must contact the law enforcement agency in the appropriate jurisdiction; and the law enforcement agency, along with DCS, must conduct an immediate, onsite assessment if there is reason to believe an offense has been committed. If a report alleges abuse or neglect and involves a child care ministry that is exempt from licensure under IC 12-17.2-6, the department and the appropriate law enforcement agency to jointly conduct an investigation.

Factors to be considered during assessment

The department's assessment, to the extent that is reasonably possible, may include the following:

- (1) The nature, extent, and cause of the known or suspected child abuse or neglect.
- (2) The identity of the person allegedly responsible for the child abuse or neglect.
- (3) The names and conditions of other children in the home.
- (4) An evaluation of the parent, guardian, custodian or person responsible for the care of the child.
- (5) The home environment and the relationship of the child to the parent, guardian, or custodian or other persons responsible for the child's care.
- (6) All other data considered pertinent.
- (a) The assessment may include the following:
 - (1) A visit to the child's home.
 - (2) An interview with the subject child.
 - (3) A physical, psychological, or psychiatric examination of any child in the home.
- (b) If:
 - (1) admission to the home, the school, or any other place that the child may be; DCS will make a reasonable number of attempts and employ creative problem-solving techniques in an effort to complete each assessment component and to do so within the required time frame;
 - (2) When extenuating circumstances prevent completion of a component within the deadline or altogether, document the circumstances in the assessment file;
 - (3) Seek supervisory input whenever a deadline cannot be met and/or a component cannot be completed; and
 - (4) Document the reasoning if, with supervisory approval, the decision is made to reach a finding based on the available evidence and close the assessment without completion of one (1) or more required components.

The Supervisor will:

1. Review the documentation and discuss the circumstances with the FCM to make a final determination about whether good faith efforts have been made;
2. Assist the FCM with creative problem-solving techniques if it is determined that good faith efforts have not been made and additional efforts should be made to complete a particular assessment component; and

3. Advise the FCM to recommend a finding based on the available evidence if the Supervisor determines that good faith efforts have been made and the incomplete assessment will be closed

Assessment Activities may include the following based on circumstances

Assessment activities include:

1. Making contact with or interviewing the child, parent, guardian, or custodian
2. Obtaining photographs and/or X-rays;
3. Making a home visit;
4. Obtaining a physical, psychological and/or psychiatric examination;
5. Making collateral contacts with such entities as relatives, neighbors, school personnel, law enforcement or other community agencies and
6. Drug screening

Assessment of Potential Risk to Child

Factors to be considered are:

1. Age\development of child;
2. Location of the injury and severity or frequency of the injury or neglect;
3. Prior history of abuse or neglect;
4. Family members' potential for change, and
5. Degree of access of the alleged perpetrator to the child and ability of parent, guardian, custodian, or person responsible for the child to protect the child.

Determination of Case Status

Substantiated DCS finds enough facts to prove that there is a preponderance of the evidence (over 51%) that child abuse and neglect has occurred.

Unsubstantiated –DCS is unable to find facts to provide credible evidence that child abuse or neglect has occurred.

Reports of Assessment

The Indiana Department of Child Services (DCS) shall send the Report of Assessment or Investigation no later than 30 days after receiving the Preliminary Report of Alleged Child Abuse or Neglect from a:

1. Hospital;
2. Community mental health center;
3. Managed care provider (as defined in IC 12-7-2-127(b));
4. Referring physician;
5. Dentist;
6. Licensed psychologist;
7. School;
8. A licensed Child caring institution;
9. A licensed group home;
10. Secure private facility; or
11. Child placing agency as defined in IC 31-9-2-17.5.

DCS shall send the Report of Assessment or Investigation to:

1. The administrator of the hospital;
2. The community mental health center;

3. The managed care provider;
4. The referring physician;
5. The dentist;
6. The principal of the school;
7. A licensed psychologist;
8. A licensed child caring institution;
9. A licensed group home;
10. A secure private facility; or
11. A child placing agency

Note: The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

The Report of Assessment or Investigation must contain these items that are known at the time the report is sent:

1. The name of the alleged victim of CA/N;
2. The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim;
3. Whether the assessment is closed;
4. Whether the department has made an assessment of the case and has not taken any further action;
5. The Family Case Manager's name and telephone number;
6. The date the report is prepared;
7. Other information that DCS may prescribe.

The Report of Assessment or Investigation is confidential and may be made available only to the agencies named above and the personal and agencies listed in IC 31-33-18-2.

Confidentiality

Please refer to the Indiana Juvenile Code Synopsis, IC 31-33-18-2, of this manual for those authorized to have access to reports of alleged child abuse and neglect. A Confidentiality Agreement will be signed annually by CPT members.

Further Services and Court Involvement : Informal Adjustment

The Indiana Department of Child Services (DCS) will initiate a Program of Informal Adjustment (IA) when:

1. A Child Abuse and/or Neglect (CA/N) allegation is substantiated;
2. Voluntary participation in family and/or rehabilitative services is the most appropriate course of action to protect the safety and well-being of the child;
3. The parent, guardian, or custodian consents to an IA; and
4. Juvenile court approval is requested and obtained.

The duration of the IA will be no longer than six (6) months. An IA extension may be requested for no longer than three (3) months. If the court does not approve or deny the IA or set a hearing within 10 business days of filing, the IA is deemed approved. If the hearing is set within 10 business days but not held and action is not taken to approve or deny the IA within 30 business days of submission to the court, the IA is deemed approved. See Related Information for further details. DCS will utilize the Progress Report on Program of Informal Adjustment (IA) to:

1. Notify the court that DCS will be filing a subsequent report (DCS will file a CHINS petition or is still determining the best courses of action);
2. Extend the IA past the initial 6 months (an IA can have one 3 month extension);

3. Dismiss the IA (DCS has already filed a CHINS petition or the family has not complied with the terms of the IA and DCS is not requesting an extension); or
4. Discharge the IA (if the family has complied with the terms of the IA).

The Progress Report on Program of Informal Adjustment must be submitted to the court no later than five (5) months after the implementation of the IA. DCS will file a petition for compliance if a parent, guardian, or custodian fails to comply with the services outlined in the IA agreement. DCS will consider filing a Child in Need of Services (CHINS) petition if the parent, guardian, or custodian does not comply with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.

Outline of CHINS Procedure

The Indiana Department of Child Services (DCS) will initiate a Child in Need of Services (CHINS) petition when there is sufficient reason(s) to believe that a child is a victim of abuse and neglect or the child has a CHINS condition such as experiencing physical or emotional maltreatment, neglect, or other conditions, such as abandonment.

The Family Case Manager (FCM) will:

1. Ensure that Indiana Assessment Matrix supports the filing of a CHINS.
2. Conduct a diligent search if either of a child's parents are unable to be located or provide an update as to the progress toward completion of the Affidavit of Diligent Inquiry (ADI) to the court at the time of the Detention/Initial Hearing.
3. Ensure that the CHINS petition includes a request for the court to make findings of Best Interests/Contrary to the Welfare, Reasonable Efforts to Prevent Removal, and Placement and Care responsibility to DCS if the recommendation is that the child continue to remain out-of-home, or be removed from the home and placed in substitute care;
4. Ensure the following forms are completed:
 - a. Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances if the child was removed without a court order
 - b. Preliminary Report of Alleged Child Abuse or Neglect
 - c. Assessment of Alleged Child Abuse or Neglect (if the assessment is completed)
 - d. Intake Officer's Report of Preliminary Inquiry and Assessment
 - e. Any other forms or notices that are required.

Note: In cases where domestic violence has been identified, the FCM will ensure that proper redaction of a-e above occurs. All redactions should be completed in conjunction with the DCS Local office Attorney.

5. Work with the DCS Local office Attorney to complete and file all documents necessary for court proceedings.
6. Request separate hearings be held for a parent who is an alleged victim of domestic violence and alleged domestic violence offender, when appropriate; and
7. Staff with Supervisor to determine next steps if request for separate hearings is denied.

The Supervisor will:

1. Assist the FCM, whenever necessary, to complete the required CHINS documents;
2. Ensure the CHINS petition is filed in a timely manner; and
3. Assist the FCM if the request to hold separate hearings is denied for the non-offending parent and alleged domestic violence offender, when appropriate

Taking Custody and Detention

A child may be taken into custody by a law enforcement officer, probation officer, or caseworker acting with probable cause to believe the child is a child in need of services if:

- (1) it appears that the child's physical or mental condition will be seriously impaired or seriously endangered if the child is not immediately taken into custody;
- (2) there is not a reasonable opportunity to obtain an order of the court; and
- (3) consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child.

(b) A probation officer or caseworker may take a child into custody only if the circumstances make it impracticable to obtain assistance from a law enforcement officer. If a person takes a child into custody under this section, the person shall make written documentation not more than twenty-four (24) hours after the child is taken into custody. The safety of the child must preclude services to prevent removal; a court order must be sought, if possible; and the parents must be notified that a child has been detained, with or without a court order. Parents must also be notified of their legal rights during this process. When a child is removed from the home of the parent, guardian, or custodian, a combined Detention/Initial Hearing will be held no later than 48 hours after the removal, excluding Saturdays, Sundays, and certain legal holidays, to determine if (DCS) has continued authority to detain the child. The combined Detention/Initial Hearing will take place after a removal when there was no prior court approval. The Detention/Initial hearing will always be combined unless DCS requests a Detention Hearing to obtain a court order prior to taking custody of a child.

If the combined Detention/Initial Hearing is not held within 48 hours after the removal, DCS will return the child to his or her parent, guardian, or custodian. In addition, all parents, guardians, and custodians must be notified during a DCS assessment of the availability of the assessment report. The purpose of the hearing is to show that removal was necessary as is continued placement, if applicable. The order or transcript from the court must show reasonable efforts have been made by DCS to prevent removal or to reunite the family; that it is in the child's best interest to be removed from the home and that remaining in the home environment would be contrary to the health and welfare of the child; that reasonable efforts were made or were not required to prevent or eliminate the removal, and that DCS has responsibility for the placement and care of the child.

Filing a CHINS Petition

DCS will initiate a Child in Need of Services (CHINS) petition when there is sufficient reason(s) to believe that a child is a victim of abuse and neglect or the child has a CHINS condition such as experiencing physical or emotional maltreatment, neglect, or other conditions, such as abandonment. The situation must meet one or more of the CHINS definitions as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-11, and DCS must show that coercive intervention of the court is necessary to protect the child, and that services are necessary.

When the court has not received and accepted a parent/guardian/custodian's admission that there is a factual basis to establish that the child(ren) has a CHINS condition, and the parent/guardian/custodian desires to contest the facts alleged in the DCS CHINS petition, the parent/guardian/custodian(s) is entitled to a CHINS fact-finding hearing on whether the child has a CHINS condition.

CHINS Hearings

Initial hearing. Summonses are sent to the parent(s) or guardian and subpoenas to witnesses. The purpose of the hearing is to inform parents of the allegations, of the effects if the child is adjudicated a CHINS, and to determine if the parent(s) or guardian admit or deny the allegations. A guardian ad litem (GAL) or court appointed special advocate (CASA) may be appointed by the court.

Fact-finding Hearing.

The Fact-Finding hearing is the setting in which DCS must prove that the child has a condition as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-11; DCS must show that the situation meets one or more of the Child In Need of Services (CHINS) definitions as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-11, and DCS must show that coercive intervention of the court is necessary to protect the child. The Fact-Finding Hearing will be held within 60 calendar days from the date the CHINS petition was filed. If the allegations of a petition have been admitted, the juvenile court may hold a dispositional hearing immediately after the initial hearing.

Dispositional Hearing. The juvenile court shall complete a dispositional hearing not more than thirty (30) days after the date the court finds that a child is a child in need of services to consider the following:

- (1) Alternatives for the care, treatment, rehabilitation, or placement of the child.
- (2) The necessity, nature, and extent of the participation by a parent, a guardian, or a custodian in the program of care, treatment, or rehabilitation for the child.
- (3) The financial responsibility of the parent or guardian of the estate for services provided for the parent or guardian or the child.

If the dispositional hearing is not completed in the time set forth in subsection (a), upon a filing of a motion with the court, the court shall dismiss the case without prejudice. The selection of options available to the judge are:

1. Alternatives for the care, treatment, rehabilitation, or placement of the child;
2. The necessity, nature, and extent of the participation by a parent, guardian, or custodian in the program of care, treatment, or rehabilitation for the child;
3. The financial responsibility of the parent or guardian of the estate for services provided for the parent or guardian or the child; and
4. Legal settlement of the child for school attendance, if the child has been removed from the home.
5. Reasonable efforts have been made, if the child is a CHINS, to:
 - a. Prevent or eliminate the need for removal of the child, or reasonable efforts have been made to prevent or eliminate the need for removal of the child was not required because of the emergency nature of the situation.
6. Family services that were offered and provided to: a. A CHINS, or b. The child's parent, guardian, or custodian.
7. The court's reasons for the plan of care, treatment, rehabilitation, or placement of the child as ordered or approved by the court; and DCS is given responsibility for placement and care of the child.

The Indiana Department of Child Services (DCS) will prepare a Predispositional Report (PDR) at least 10 calendar days prior to the Dispositional Hearing for any child that a court adjudicates a Child in Need of Services (CHINS).

DCS will ensure the PDR contains the following:

1. Statement of the needs of the child for care, treatment, rehabilitation, or placement;
2. Recommendation for the care, treatment, rehabilitation, or placement of the child;
3. Financial Report on the parent(s) and child.
4. Nature and extent of appropriate participation by parent, guardian, or custodian;
5. Legal Settlement Information (i.e., city and state of current residence of custodial parent or other caretaker when applicable);
6. Information about Child and Family Team (CFT) Meetings or Case Plan Conferences held and their outcomes, including any information about a Concurrent Plan for the child.

The following individuals may prepare an alternative report for consideration by the court:

1. The child, based upon age and developmental level,
2. The child's: a. Parent, guardian, or custodian and/or
3. Court Appointed Special Advocate (CASA)/ Guardian ad Litem (GAL).

DCS will confer with appropriate individuals who have expertise in professional areas related to the child's needs. This may include representatives from the following:

1. DCS;
2. The child's school;
3. Probation Department;
4. A community mental health center (located in the child's county of residence);
5. A community mental retardation and other developmental disabilities center (located in the child's county of residence);
6. CFT;
7. Other persons as the court may direct.

The report should also include specific detail regarding the persons living in the household of the removed child. Details that should be included:

1. The relationship of these persons to the removed child;
2. Each parents place of residence;
3. Sources and amounts of income for each household member in the month the child was removed; and
4. Any diagnosed physical or mental illness of one or both of the parents

In-Home CHINS

It is determined that the child may safely remain at home, however the parents must still adhere to requirements outlined by DCS. It is used if the parents require coercive intervention to participate in services.

Child remains in the care of the parent during the CHINS proceeding.

The Family Case Manager will:

1. Refer the family for home-based services.
2. Develop the case plan; and
3. Convene the Child and Family Team Meeting.

Out of Home CHINS

It is determined that the child may not be safe if he/she remains in the home. Coercive intervention of the court is needed to ensure child receives care and services needed.

Minus exigent circumstances, DCS cannot remove a child from home without approval from the court.

A Detention Hearing is required within 48 hours

The code presumes that the child will be released to the parent unless the court makes specific written findings.

The child is placed out-of-home.

Case Reviews and Hearings

The Indiana Department of Child Services (DCS) will attend and participate in a Periodic Case Review Hearing:

1. At least once every three (3) months, after the date of the child's removal from the child's parent, guardian, or custodian; or
2. At least three (3) months after the date of the Dispositional Decree, whichever comes first.

DCS will provide notice at least 10 calendar days before the Periodic Case Review Hearing to the following:

1. The child;
2. The child's parent, guardian, or custodian;
3. An attorney who has entered an appearance on behalf of the child's parent, guardian, or custodian;
4. Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL);
5. Resource parent or long-term resource parent (a parent who has provided care and supervision for a child for at least 12 most recent months or 15 months of the most recent 22 months).
6. Witnesses for hearings

Permanency Plan-Section 2

DCS will identify and recommend to the court a Permanency Plan and a Concurrent or Alternative Plan for every child adjudicated as a Child in Need of Services. The Permanency Plan will be identified in the Case Plan no later than 45 days after the date the child is removed from the home or date of disposition, whichever comes first. DCS will make reasonable efforts to reunify the child with his or her family unless the court finds that reasonable efforts to reunify are not required. If the court determines no reasonable efforts are required, a Permanency Hearing must be held within 30 days of the finding. When reunification is not appropriate or possible, DCS will make and recommend to the court an alternate Permanency Plan in a timely manner. DCS will seek court approval of all Permanency Plans and subsequent changes. DCS will inform the child and document the child's views in the Permanency portion of the Progress Report. If the child is at least 16 years of age and the proposed Permanency Plan provides for the transition of the child from out-of-home placement to independent living, the court will:

- a. Require DCS to send notice of the Permanency Hearing to the child, and
- b. Provide the child an opportunity to be heard and to make recommendations to the court.

Permanency Hearing

The Indiana Department of Child Services (DCS) will attend and participate in a Permanency Hearing for a child:

1. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child's family are not required;
2. Every nine (9) months after the date of the original Dispositional Decree or the date the CHINS was removed from the child's parent/guardian/custodian, whichever comes first; and

3. More often if ordered by the court.

DCS may request that the court hold a Permanency Hearing at any time.

DCS will present the child's views in the Permanency Hearing Report, prepared for the Permanency Hearing.

The Family Case Manager (FCM) will:

1. Provide notice to all required parties.
2. Attend and participate in the Permanency Hearing for a child:
 - a. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child's family are not required,
 - b. Every nine (9) months after the date of the original Dispositional Decree or the date the Child in Need of Services (CHINS) was removed from the child's parent, guardian, or custodian, whichever comes first, and
 - c. More often if ordered by the court.

The FCM and Supervisor will ensure the child attends the hearing, unless the court has ordered otherwise. The Supervisor will review and approve the Case Plan and the Permanency Hearing Report prepared for the Permanency Hearing.

Factors that should be considered during the CFT meetings for the Permanency Hearing:

1. Identify objectives of the Dispositional Decree that have not been met,
2. Evaluate whether continuation of the decree with or without modification has a reasonable chance of success;
3. Determine whether it is in the child's best interest for the juvenile court to retain jurisdiction;
4. Determine whether responsibility for Placement and Care of the child should remain with DCS;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether an existing Permanency Plan will be modified, taking into account the recommendations of parties or other persons having a significant relationship with the child;
7. Determine whether DCS has made reasonable efforts to finalize the Permanency Plan that is in effect;
8. Determine the child's future status (e.g., whether the child is to return to the/their parent/guardian/custodian, continue in substitute care, be placed for adoption, be placed under another planned permanent living arrangement, with an appointed legal guardian, or placed with a fit and willing relative).

It should be noted that the same factors considered during the Periodic Case Reviews are also considered during the Permanency Hearing.

It is also important to speak with the child regarding his/her views on leaving his/her current home and how they feel about reunification, adoption, guardianship, another planned permanent living arrangement, or placement with a fit and willing relative. Present the child's views in the Permanency Plan to the court. Although the child's views may be contrary to the court's recommendation for permanency, it is necessary to present those views. The child's views may also be expressed by an attorney for the child, the FCM or the GAL/CASA at the Permanency Hearing. There must be an indication that the child's view on the permanent placement has been sought and reported to the Court at each Permanency Hearing.

*It should be noted that in certain situations DCS policy is stricter than what is written in the Indiana Code in terms of time frame for proceedings.

Permanency Round Tables:

DCS is committed to obtaining permanency for all Children In Need Of Services (CHINS) who are in care. DCS will ensure that providing appropriate care and finding permanent homes for these children remains a focus in case planning. In order to help facilitate permanency planning, DCS will utilize a Permanency Roundtable to review permanency options for children with uncertain permanency, including youth who have been in residential placement for longer than six (6) months. During the Roundtable, the team will develop an action plan to assist the child in attaining permanency.

*All participants in Roundtables must have attended a Permanency Roundtable Orientation. Roundtables will be scheduled quarterly for each region. The dates for Roundtables within each region are determined by Regional Managers (RMs) in conjunction with the Central Office Permanency Support Team.

Permanency Roundtable Core Teams must include:

1. Family Case Manager (FCM);
2. FCM Supervisor;
3. Facilitator;
4. Master Practitioner;
5. Regional Permanency Roundtable Liaison;
6. Permanency Experts;
7. Service Experts;
8. Scribe; and
9. Central Office Liaison.

Permanency Roundtable Core Teams may also include:

1. DCS Clinical Consultant;
2. DCS Local Office Attorney;
3. DCS Practice Development Supervising Attorney;
4. DCS Practice Consultant;
5. DCS Peer Coach;
6. DCS Peer Coach Consultant; and
7. Other Staff as needed and identified by the RM or Regional Permanency Roundtable Liaison.

*Once again, the law is less strict than the current policy .

Petition for Parental Participation

DCS may file a petition for parental participation in the case plan if the authority of the court is needed for the parents to agree to comply. The petition must allege the following:

- (1) That the respondent is the child's parent, guardian, or custodian.
- (2) That the child has been adjudicated a child in need of services.
- (3) That the parent, guardian, or custodian should:
 - (A) obtain assistance in fulfilling obligations as a parent, guardian, or custodian;
 - (B) provide specified care, treatment, or supervision for the child;
 - (C) work with a person providing care, treatment, or rehabilitation for the child; or
 - (D) refrain from direct or indirect contact with the child.

Protective Orders

The FCM may seek an injunction to:

1. control the conduct of any person in relation to the child;
2. provide a child with an examination or treatment;
3. prevent a child from leaving the county jurisdiction.
4. DCS may also file a Protective Order to require a parent to leave the home

Regional Service Councils

Because of the importance for service capacity delivery to children and families in neighborhoods, communities, counties and the state, the coordination of service availability and delivery is critical to protecting children and families. This process of service availability and delivery is best done at the local level. The process is made even more complicated since each individual case may present difficult and expensive needs or a changing variety of issues. These issues are even true with medium to large population counties. In order to address these issues, including the need for coordination within wider geographic and geopolitical boundaries, the Regional Services Councils were created. The make-up of the Regional Services Council will depend on the number of counties in the Region. If the Region consists of at least 3 counties, the Regional Services Councils are made up of the following voting members.

- 1) The Regional Manager, who shall serve as chair of the committee.
- 2) Three Judges having juvenile jurisdiction in the Region, or their designees
- 3) Three Local Directors in the Region
- 4) Two Family Case Manager Supervisors from the Region
- 5) Two Family Case Managers from the Region
- 6) Two licensed Foster Parents from the Region
- 7) One Guardian ad Litem/CASA from the Region
- 8) One Prosecuting Attorney in the Region or designee from the Region
- 9) One resident of the Region who is at least 16 years old and less than 25 years of age and who has received or is receiving services through funds provided, directly or indirectly, through the Department. This person will serve in a non-voting capacity.
- 10) The parent of a child who has received or is receiving services through funds provided, directly or indirectly, through the Department. This parent must be a resident of the Region and will serve in a non-voting capacity. [This is an optional member, not a required one.]

If the service region consists of one or two counties, the Regional Services Council must include at least the following members from the region:

- 1) Three employees from the Region, including the Regional Manager
- 2) One juvenile court judge having jurisdiction in the Region or judicial hearing officer from the Region
- 3) Two members who are designees of a juvenile court judge having juvenile jurisdiction in the Region
- 4) Two Family Case Manager Supervisors from the Region
- 5) Two Family Case Managers from the Region
- 6) One licensed Foster Parent from the Region
- 7) One Guardian ad Litem/CASA from the Region
- 8) One member who is a prosecuting attorney in the Region or the prosecuting attorney's designee from the Region
- 9) One resident of the Region who is at least 16 years old and less than 25 years of age and who has received or is receiving services through funds provided, directly or indirectly, through the Department. This person will serve in a non-voting capacity.
- 10) The parent of a child who has received or is receiving services through funds

provided, directly or indirectly, through the Department . Parent must be a resident of the Region and will serve in a non-voting capacity. [This is an optional member, not a required one.]

The Regional Services Council shall meet at least quarterly to implement a plan that identifies the following:

- (A) The manner in which prevention and early intervention services will be provided or improved;
- (B) How local collaboration will improve children's services; and
- (C) How different funds can be used to serve children and families more effectively.

Adoption Permanency Planning

The process of adoption planning for all children in out-of-home care with a permanency plan of adoption may be initiated:

1. When a court finds an exception to the requirement to make reasonable efforts to reunify the family exists;
2. When a child has been under a dispositional decree for at least six (6) months with no significant progress made towards a plan of reunification.
3. At the filing of a Termination of Parental Rights (TPR).
4. Voluntary Termination of Parental Rights

DCS will convene either a Child and Family Team (CFT) Meeting or Case Plan Conference to discuss adoption planning for the child and identify any needed services provided by a professional that specializes in adoption. In accordance with the federal law that addresses race and ethnicity in placements, Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP), DCS will not delay or deny the adoptive placement of a child based on the race, color, or national origin of the adoptive resource family or the child involved. If a Native American child is involved, the Indian Child Welfare Act (ICWA) applies.

DCS will ensure that all children in out-of-home care with a permanency plan of adoption receive age appropriate pre-adoptive services (e.g., individual counseling, home-based services, etc., that is offered by a service provider that specializes in adoption services) to prepare the child for the adoption process.

DCS will ensure that a diligent search is conducted to locate all possible family members to discuss adoption, followed by searching for a non-relative potential adoptive family for all children with a permanency plan of adoption.

SNAP

In 1989, Indiana established a program for hard to place children who are in the custody of the state. This program is federally mandated and referred to as the Special Needs Adoption Program

Chapter 2
Child Protection Team
Statutes and Duties

Child Protection Team Statutes

Legal Base

The following is the text of the legal mandate located in the Indiana Juvenile Code which establishes Child Protection Teams.

Information Maintained by the Office of Code Revision Indiana Legislative Services Agency

IC 31-33-3

Chapter 3. Community Child Protection Team

IC 31-33-3-1

Community child protection team established; members

Sec. 1. (a) A community child protection team is established in each county. The community child protection team is a countywide, multidisciplinary child protection team. The team must include the following thirteen (13) members who reside in, or provide services to residents of, the county in which the team is to be formed:

- (1) The director of the local office that provides child welfare services in the county or the local office director's designee.
 - (2) Two (2) designees of the juvenile court judge.
 - (3) The county prosecuting attorney or the prosecuting attorney's designee.
 - (4) The county sheriff or the sheriff's designee.
 - (5) Either:
 - (A) the president of the county executive in a county not containing a consolidated city or the president's designee; or
 - (B) the executive of a consolidated city in a county containing a consolidated city or the executive's designee.
 - (6) A director of a court appointed special advocate or guardian ad litem program or the director's designee in the county in which the team is to be formed.
 - (7) Either:
 - (A) a public school superintendent or the superintendent's designee; or
 - (B) a director of a local special education cooperative or the director's designee.
 - (8) Two (2) persons, each of whom is a physician or nurse, with experience in pediatrics or family practice.
 - (9) Two (2) residents of the county.
 - (10) The chief law enforcement officer of the largest law enforcement agency in the county (other than the county sheriff) or the chief law enforcement officer's designee.
- (b) The director of the local office serving the county shall appoint, subject to the approval of the director of the department, the members of the team under subsection (a)(7), (a)(8), and (a)(9).

As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.102; P.L.146-2008, SEC.574.

IC 31-33-3-2

Election of team coordinator

Sec. 2. The team shall elect a team coordinator from the team's membership.
As added by P.L.1-1997, SEC.16.

IC 31-33-3-3

Duties of team coordinator

Sec. 3. The team coordinator shall supply the community child protection team with the following:

(1) Copies of reports of child abuse or neglect under IC 31-33-7-1.

(2) Any other information or reports that the coordinator considers essential to the team's deliberations.

As added by P.L.1-1997, SEC.16.

IC 31-33-3-4

Meetings; agenda

Sec. 4. (a) The community child protection team shall meet:

(1) at least one (1) time each month; or

(2) at the times that the team's services are needed by the department.

(b) Meetings of the team shall be called by the majority vote of the members of the team.

(c) The team coordinator or at least two (2) other members of the team may determine the agenda.

(d) Notwithstanding IC 5-14-1.5, meetings of the team are open only to persons authorized to receive information under this article.

As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.103.

IC 31-33-3-5

Recommendation to the department of child services

Sec. 5. The community child protection team may recommend to the department that a petition be filed in the juvenile court on behalf of the subject child if the team believes this would best serve the interests of the child.

As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.104; P.L.162-2011, SEC.43.

IC 31-33-3-6

Review of child abuse and neglect cases and complaints

Sec. 6. The community child protection team may receive and review:

(1) any case that the department has been involved in within the county where the team presides; and

(2) complaints regarding child abuse and neglect cases that are brought to the team by a person or an agency.

As added by P.L.1-1997, SEC.16. Amended by P.L.234-2005, SEC.105.

IC 31-33-3-7

Periodic reports

Sec. 7. (a) The community child protection team shall prepare a periodic report regarding the child abuse and neglect reports and complaints that the team reviews under this chapter.

(b) The periodic report may include the following information:

(1) The number of complaints under section 6 of this chapter that the team receives and reviews each month.

(2) A description of the child abuse and neglect reports that the team reviews each month, including the following information:

(A) The scope and manner of the interviewing process during the child abuse or neglect assessment.

(B) The timeliness of the assessment.

(C) The number of children removed from the home.

(D) The types of services offered.

(E) The number of child abuse and neglect cases filed with a court.

(F) The reasons that certain child abuse and neglect cases are not filed with a court.

As added by P.L.1-1997, SEC.16. Amended by P.L.146-2008, SEC.575; P.L.131-2009, SEC.39.

IC 31-33-3-8

Confidentiality of matters reviewed

Sec. 8. The members of the community child protection team are bound by all applicable laws regarding the confidentiality of matters reviewed by the team.

As added by P.L.1-1997, SEC.16.

Child Protection Team Membership / Operations

Personal Qualifications of Team Members

Personal qualifications of team members may include:

1. an ability to function as a team member;
2. a willingness to give personal time, talent, and expertise;
3. professional expertise in a particular field of endeavor;
4. experience and/or knowledge in the field of services to children and families;
5. an ability to communicate clearly and concisely;
6. respect for the ideas and opinions of others, but also an ability to provide constructive criticism;
7. respect in the community; and
8. a willingness to constantly learn and improve.

Term of Membership

No term of membership is established, but individual membership on the team should be reviewed on a regular basis to determine continued availability and interest and regularity of attendance. Equal consideration should be given for continuing the appointment of current team members as for appointing new members. A good time for such a review may be during the

development of the biennial Child Protection Plan. Should a team member resign, the Director of the Local office should immediately seek a replacement and forward the information to the DCS director.

Mode of Operation

There must be thirteen members on the team. Although 13 is the required number for membership, there is the possibility of dividing the team into mini-teams. Smaller sub-groups of three (3) or four (4) team members could review a large selection of reports and either make recommendations themselves or bring the case before the larger team. In counties with a large number of reports, this procedure relieves the coordinator of the sole responsibility to decide which cases to select for review. The whole team can then review only the most problematic cases, yet a majority of the reports receive at least a mini-multi-disciplinary review.

The Team Coordinator

Each team is required to elect a coordinator from its membership. This could be done on a yearly basis to rotate the position among members. Although the job of coordinator is time-consuming and requires a close working relationship with the Director of the local office and staff, a **non-DCS** coordinator can bring a community perspective to the team leadership and help establish the team as a community group. DCS also completes an Assessment of Alleged Child Abuse or Neglect Report at the conclusion of every assessment. The Coordinator of the CPT receives a copy of every substantiated assessment report completed by DCS.

"The team coordinator shall supply the community child protection team with copies of reports of child abuse or neglect..." The coordinator decides which reports are to be reviewed by the team. As previously suggested, mini-teams may review reports and recommend cases to be reviewed by the entire team. The coordinator may also personally review reports and select those to be reviewed by the team. The following are situations which may be reviewed by the CPT:

1. severe physical or sexual abuse;
2. cases with a prior history of abuse or neglect;
3. child less than one (1) year old with any physical abuse;
4. parent suspected of being dangerous;
5. cases in which parents refuse to cooperate or take steps to thwart assessment or services;
6. cases requiring legal consultation; e.g., parents refuse treatment for life threatening disorder, there is a need for a legal interpretation of state laws, etc.;
7. CHINS cases;
8. cases in which foster care is being considered;
9. multi-problem family involving an unusual number of agencies;
12. conflictual recommendations made by treatment sources;

13. issues which would be of educational benefit to the team; and

14. cases involving death, although this piece is now primarily covered by the Child Fatality Review Teams.

The coordinator must also supply the team with any other information or reports the coordinator considers essential to the team's deliberations.

Team Meetings

"The child protection team shall meet at least once a month..." In order to establish an effective working team, it is important that meetings are held regularly and with sufficient frequency to accomplish the goals of the team. This could entail monthly or even bi-monthly meetings. Team members should vote on a standing day and time for meetings and establish a day and time for additional non-emergency meetings to allow for the possibility that all team business may not be completed in one meeting each month.

Emergency meetings may be called in rare instances when considered essential to the safety of the child. The team should reach a consensus at the first meeting regarding a procedure to call emergency meetings. This should include the individual responsible to call the meeting and the number of members who must be present to conduct the team's business. The Child Protection Team members may also make themselves available to FCMs for telephone consultation when specific professional advice is needed.

Note: Central Office should at all times have a current list of CPT members, mailing addresses and telephone numbers.

"Meetings are open only to those persons authorized to receive information..." IC 5-14-1.5 requires the meetings of public agencies (the CPT is considered a public agency under this section) to be open to the public, unless otherwise provided by statute IC 31-33-18-1. According to DCS policy, "meetings of the CPT are open only to persons authorized to receive information under this article".

Team Responsibilities

Each team member reviews reports of child abuse and neglect from the perspective of that member's professional discipline or life experience. This assures that all variables have been considered in assessment of the individuals and facts in each report and that all resources have been considered in treatment. In some cases they may recommend to the department that a petition be filed in the juvenile court on behalf of the child if the team believes this would serve the best interests of the child. Some specific factors that may be considered are:

1. seriousness of an injury or neglect,
2. degree of risk for re-abuse,
3. case plans for each family member,
5. amenability to treatment,
6. return of child from foster care/safety of the home,

7. appropriateness of the case plan on an on-going basis,
8. coordination of treatment sources, and
9. appropriate use of community resources.

The Child Protection Team acts in a purely advisory capacity. Recommendations are made on the best course of action, but DCS is not obligated or mandated to follow the recommendations of the Team. Decisions about child abuse and neglect cases rest solely with the DCS Local offices.

"The child protection team may receive and review..."

1. Any case the local DCS has been involved in within the county where the team presides; and
- (2) complaints regarding child abuse and neglect cases that are brought to the team by a person or an agency.
3. In addition to complaints received by the Ombudsman complaints regarding the DCS's responsibilities pertaining to child abuse and neglect cases. The recommended procedures for addressing complaints regarding existing cases is as follows:
 - a. The complaint is verbally presented to the FCM.
 - b. If not resolved, the complaint is verbally addressed to the FCM's supervisor.
 - c. If not resolved, the complaint is verbally addressed to the Director of the local office or designee, who will respond in writing to inform of the decision, the next steps in the complaint process and time frames.
 - d. If still not resolved, the complainant will prepare the complaint in writing for the CPT coordinator within sixty (60) days of date of aforementioned notices.
 - e. The CPT coordinator will present the case to the CPT members to determine if the complainant will be given a hearing.
 - f. The CPT coordinator will respond to the complainant in writing to indicate that 1) the review was denied, or 2) a date, time and place the hearing has been scheduled.
 - g. If a review is scheduled, team members should pre-determine the amount of time to be devoted to the hearing and the date by which a response will be made.
 - h. After the review hearing and deliberation, the response from the team should be in writing.
 - i. A copy of the written request for hearing and written response must be forwarded by the team coordinator to the LOCAL OFFICE director and regional manager.

The recommended procedure for addressing DCS concerns that are not case-specific is as follows: The complainant will contact the team coordinator in writing and the coordinator will decide on the merits of the complaint and schedule a review if deemed appropriate.

"The Child Protection Team's duties may also include..." The CPT's duties shall include preparation of a periodic report regarding the child abuse and neglect reports and complaints the team reviews. The periodic report may include:

1. the number of complaints the team receives and reviews each month.
2. a description of the child abuse and neglect reports the CPT reviews each month. The description should include the following information:
 - a. the scope and manner of the interviewing process during child abuse and neglect assessments;
 - b. the timeliness of the assessment;
 - c. the number of children removed from home;
 - d. the types of services offered;
 - e. the number of child abuse and neglect cases filed with a court;
 - f. the reasons certain child abuse and-neglect cases are not filed with a court.

Chapter 3

Role Expectations for Child Protection Team Members

Role Expectations for Child Protection Team Members

1. Coordinator. The coordinator is at the heart of an effective team. The enthusiastic, conscientious coordinator provides a sound framework for team functioning, a positive model for other team members, and a reliable interface between Child Protection Services and Child Protection Team. Responsibilities of the coordinator are:

1. to review all reports of child abuse or neglect,
2. to select cases to be presented at team meetings,
3. to develop an agenda for team meetings,
4. to notify all members of meeting times and dates (the agendas of which require public notice, as do the Executive Sessions)
5. to assure attendance of appropriate family case managers and presenters,
6. to chair the team meetings,
7. to keep the Director of the local office informed of team activities and developments, and
8. to assure the orientation of new members.
9. coordinate with DCS for distribution of public notices
10. receive copies of the Assessment reports

2. The Representative of the Department of Child Services. The responsibility of the DCS representative is to be the liaison between the local office and the Child Protection Team. This individual should help team members to understand the policies and procedures of DCS, provide background on specific cases or on relevant past decisions and keep the team members aware of the local office's relationship with the community.

3. The Juvenile Court Representatives. The responsibility of the Juvenile Court representatives is to provide opinion and information on cases from the court's point of view. These persons should assist the team and FCMs to understand the strengths and weaknesses of a case from an adjudicatory perspective as well as possible options through the court. The Juvenile Court representatives also serve as liaisons between the local office and various parts of the court system.

4. Law Enforcement. The sheriff or the sheriff's designee on the team is responsible to provide background data on any criminal aspects of specific cases. This individual should also be responsible for efforts to help team members understand the difference between child abuse as a crime and child abuse as a psychosocial problem, and to increase coordination efforts between law enforcement and the local office.

5. Prosecutor or Prosecutor's Designee. The prosecutor or the prosecutor's designee on the team is responsible to provide interpretation of legal issues on specific cases, including juvenile law and adult criminal law. The prosecutor or the prosecutor's designee serves to focus case discussion on the legal rights to which the child and family are entitled, not on services or

opportunities which would be considered helpful or morally right. This individual can provide information to the team concerning protocol and policy issues related to selection of cases for prosecution as well as provide assistance to DCS regarding appropriateness of investigative activities. The prosecutor or the prosecutor's designee can also serve as a legal resource to the team when it is considering policy questions or advocacy issues brought by the local office. The prosecutor or the prosecutor's designee is also expected to be the liaison between the local office and the legal community.

6. Medicine. The physician or nurse members of the team are responsible for reviewing and interpreting the medical data related to child abuse and neglect cases for team members. This could include interpretation of test and x-ray results, a description of the immediate impact as well as the potential for long-term residuals of specific injury and neglect situations, and the provision of information about normal child growth and development. These individuals can advise about possible future risks to child. The medical professionals are also expected to be the contact point between the local office and the local medical community such as other physicians, nurses, hospitals, and public health offices.

7. CASA or GAL. The CASA or GAL representative is responsible to comment on the proposed case plan or progress of an established case plan and to offer input into other services provided by DCS, offering alternatives when appropriate. This team member should be an advocate for the children involved in abuse and neglect cases, providing information to the team about appropriate services available in the community.

8. Education. The representative from the community schools is responsible to provide input to case discussion from an educator's viewpoint as well as to inform the FCM and team members of possible referral resources available within the school system. Educators have the unique opportunity to observe children over long periods of time and under various conditions and times of day, which allows them a frame of reference to normality which is a strong asset to the team's discussion. School personnel are closely involved with children and parents in the community. This relationship is important for a successful educational experience for children. When a report of child abuse or neglect is made, the communication between home and school often breaks down. The teacher's only information about the implication and effects of the abuse and the report of the abuse on the child may be through the FCM. The school representative is responsible to help identify and overcome communication barriers which may develop between the schools and the local office.

9. Local government. The local government representative is responsible to keep the team informed about any input received from individuals and the community as large about issues of child abuse and neglect.

10. Citizen member. The citizen member on the team may represent a business or community service group or may be a parent aide, a foster parent, a CASA volunteer, social worker, mental health worker or an individual active and interested in children's well-being. This team member is expected to provide input on cases brought to the team based on personal life experience as a parent and/ or community activist and to be responsible to keep the team aware of community concerns about child abuse and the local office.

Chapter 4
Options for Child Protection
Team Activity

The local offices are in large measure bound by the policies and procedures of the Indiana Department of Child Services and by state and federal legislation. How those policies are implemented within a specific county may depend to some extent on the decisions made by the local office with regard to the size of the county, the staff, resources, and community standards and cultures. The Child Protection team may be helpful because of their knowledge of community resources, as well as the variety of viewpoints within the community. Members should give expert opinion about community processes, systems and barriers. They should discuss creative solutions to help support families while they are involved with DCS. Members should share their expertise, their differing perspectives, and their discipline knowledge to help break down barriers for families and build up supports during and after involvement.

In addition to the legally mandated activities for which the Child Protection Team is responsible, there are other possibilities for CPT involvement. Some of these possibilities might include consultation, advocacy, training or public awareness activities. The extent to which the team becomes involved in any of these activities depends on the time commitment of individual team members, the willingness of individual members to give additional time to the team, the child abuse and neglect case load in the local office and the service and prevention needs of the county.

Child Protection Plan (660A). IC 31-33-4:

Each Indiana Regional Services Council (RSC) must hold a public hearing prior to the preparation of the local Child Protection Plan for the delivery of child protection services. The Child Protection Plan is required to be completed prior to February 2 of each even-numbered year.

Each RSC (after a public hearing) will:

1. Prepare a local plan for the provision of child protection services; and
2. Submit the plan to:
 - a. The Indiana Department of Child Services (DCS) Agency Director,
 - b. Each juvenile court within the region,
 - c. The community Child Protection Team (CPT), and
 - d. Appropriate public and voluntary agencies, including organizations for the prevention of Child Abuse and/or Neglect (CA/N).

The local Child Protection Plan must describe the implementation for the delivery of child protection services in the region by DCS, including:

1. Organization;
2. Staffing;
3. Mode of operations;
4. Financing of the child protection services; and
5. The provisions made for the purchase of service and interagency relations.

The DCS Agency Director will certify whether the local plan fulfills and meets the provision of child protection services no later than **60** days after receiving the Child Protection Plan.

If the DCS Agency Director certifies that the local plan does not fulfill the purposes and meet the provisions of child protection services, the DCS Agency Director will:

1. State the reasons for the decision;
2. Make revisions to the plan that the Director determines are necessary to meet the requirements and fulfills the purpose of child protection services; and
3. Approve and certify the revised plan as the local plan required in IC 31-33-4.

Advocacy. Individually and as a Team, members of the Child Protection Team can have considerable influence in the community on children's issues. The Team can use this influence to advocate for the rights of specific children as well as children in general.

Confidentiality concerns prevent public statements in the media about specific cases, but the Team can publicly advocate in the media for such issues as the need for adequate funding for prevention; for expanded treatment sources for children, families and offenders; for foster parent recruitment; and for protection of victims' privacy in the media. This is particularly true in sexual abuse cases.

On many issues, advocacy must extend beyond the local community and become a statewide or nationwide effort. The Child Protection Team may consider lending their unified support for issues which affect children across the state or country. This could be established by the developing partnerships among other youth serving entities.

Training. The Child Protection Team members have expertise in a variety of areas which can be utilized to assist DCS to provide protection and safety to children. It is to the advantage of the team members and local office staff to share this expertise through periodic training sessions by a Child Protection Team member for other Child Protection Team members or for local office staff. Occasionally, other community professionals might also be invited to provide training to the Child Protection Team members. Medical information; current developments in forensic investigation and prosecution of child abuse and neglect; innovations in treatment programs; programs on family relationships throughout the lifespan; families with multiple stressors, or the effects of abuse on a child in school are just a few of the possibilities for training which could be presented to the team or to FCMs. The Child Protection Team should consider devoting at least part of the team meeting to training two or three times each year. Teams should also insure that all members become familiar with the Community Child Protection Team Manual which is furnished in each region, as well as on-line.

Public Education. The energy and influence of the Child Protection Team members can be directed very productively toward public awareness and education efforts. The first step in prevention is widespread public awareness about the presence of and extent of the problem of child abuse and neglect in the community. People in the community need to know the forms of child abuse and neglect, the indicators of abuse and neglect, how to recognize it in children, how to report suspected abuse and neglect, and information about prevention and treatment.

Members' contacts with professional peers can serve as an excellent basis from which to approach community organizations and services about child abuse and neglect concerns. There are a variety of ways in which the Team can become involved in public awareness.

Possible projects include:

1. Development of a Speakers' Bureau in which Team members make themselves available to speak on child abuse and neglect to service organizations such as Exchange Clubs or the Rotary, parents' groups, professional associations, agency in-service training sessions, or targeted organizations such as schools or medical facilities.
2. Distribution of prevention and awareness material either upon request from organizations or by Team members' presence at health fairs, 4H fairs, shopping malls, and other high traffic areas.
3. Organization and moderation of a public forum on children's issues of concern in the community.

4. Sponsorship of a prevention program in the community aimed at parents or children.
5. Sponsorship' of workshops to educate professionals on recent child abuse and neglect research, treatment options, or prevention strategies.

As relatively objective observers of the operation of the local office, the Child Protection Team members can assume a public relations role for the local office. Formally or informally, the Team can help the public to understand the function of DCS and its limitations and resources. This role could be especially visible during Indiana Child Abuse and Neglect Prevention and Awareness Month (ICANPAM) in April of each year. During this time, the Child Protection Team should work to assure that the attention of the media and community is on the problem of child abuse and neglect. Considering the diversity of knowledge and opinion, focusing on issues from the local office's perspective can help align the community and local office on critical issues.

Chapter 5
Minimum Standards of Care

Guidelines used by
Family Case Managers

Minimum Standards of Care

The definition of physical child abuse or neglect is based on the child's not receiving the necessary food, clothing, shelter, medical care, education or supervision or the child's physical or mental health is seriously endangered due to injury or omission by the child's parent, guardian, or custodian. DCS will make a finding of "**substantiated**" when facts obtained during the assessment provide a **preponderance** of evidence that is sufficient to lead a reasonable person to believe that Child Abuse and/or Neglect (CA/N) has occurred or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim. In determining whether a case is substantiated as abuse or neglect, the DCS case manager must make a judgment decision about whether the facts of the case fit the legal description of abuse or neglect. The operant words in making this decision are "necessary" and "seriously".

DCS will make a finding of "**unsubstantiated**" when facts obtained during an assessment provide credible evidence that CA/N has **not** occurred. Case Managers will carefully review and weigh all evidence collected during the assessment and consider the credibility of each piece of evidence collected and place greater weight on those pieces of evidence that have greater credibility. They will further consult with a Supervisor as needed to arrive at an assessment finding, and document the finding and rationale in the assessment records

DCS will complete an Assessment of Alleged Child Abuse or Neglect Report at the conclusion of every assessment. They will then provide a copy of every substantiated assessment report to the Prosecuting Attorney and send a copy to the Coordinator of the Community Child Protection Team (CCPT). Upon request, DCS will also make available all "unsubstantiated" reports, prior to expungement. A copy of each "substantiated" report will be sent to the coordinator of the CCPT unless, due to the high number of these reports monthly, an agreement has been reached and is in writing between DCS and the CCPT that an alternate selection method will be used. Upon request, DCS will make available a copy of any Assessment of Alleged Abuse or Neglect Report (substantiated or unsubstantiated) to the appropriate Court and/or Law Enforcement Agency.

Family case managers receive training from DCS to help prepare them to make these types of judgment decisions. The training is based on the premise that a child's current life experiences reflect a continuum of care encompassing a variety of needs. Within this continuum, there are levels of adequacy, all of which may vary, but which must be considered as a whole in evaluating if a child's total needs are being met. A second premise is that minimum adequacy or a "minimum sufficient level of care" is the mandatory expectation of "necessary" and only below this expectation is the child's physical and mental health "seriously endangered". The determining factor of the level at which the care becomes inadequate or below the minimum sufficient level is community standards.

Both of these premises assume the child is living in the family home. If the child is living in a foster care home, it can be expected that the standards of care will exceed the minimum. Levels of adequacy can be differentiated by describing a continuum from survival to security to growth. Survival refers to staying alive; security includes safety and belonging. Once alive and secure, the child's physical, intellectual and emotional growth and development can occur. When placing a child in a licensed foster care home, the local office may expect the adequacy of the care given the child to approach the growth level on the continuum so the child may be given the opportunity to overcome previous harm.

DCS uses various assessment tools in its FCM training program. Please refer to Appendix B

One must also understand that every child develops differently, and that development is not the “stair step” process once believed to be the norm. Children can stop and start new skills; regress in previously mastered skills while learning new areas. They may take longer to learn a skill based on environment, nurturing, etc. Below are simply some general guidelines around development, and it is not all inclusive. However we hope it will aid in providing some broad information regarding the larger milestones. *

Developmental Needs: Physical/Motor Skills

Normal Development During First Six Months

Turns head toward sounds
 Begins to smile at people
 Can briefly calm himself
 (may bring hands to mouth to suck)
 Tries to look at parent
 Holds up head
 Rolls over
 Grasps toys
 Follows objects with eyes
 Lifts chest
 Begins to pass things from one
 hand to the other
 Rocks back and forth

Possible Indicators of Problems

Does not respond to sounds
 Flat affect: little to no crying or smiling
 Baby seems “floppy”, like a rag doll
 Cannot hold head up
 Does not make sounds
 General inertness/listlessness
 Does not attempt to roll over
 Does not watch things

During First to Second Year

Sits with propping
 Sits alone
 Creeps or crawls
 Stands alone
 Walks with help and eventually alone
 Reaches for objects
 Pincer grasp developed
 Stands, holding on
 Pulls self to stand
 Sways to music
 Uses fingers to point at things
 Puts out arm or leg to help with dressing
 Responds to simple spoken requests
 Says “mama” and “dada” and exclamations like “uh-oh!”
 Begins to drink from a cup
 Some coordination between looking, hearing, grasping

Severe delays in acquiring muscle
 coordination, in grasping objects,
 sitting, standing
 Flat affect
 Does not bear weight
 Does not look where you point
 May lose skills he/she once had

During Second Year

Walks alone
 Climbs up stairs
 Throws a ball
 Releases object in hand
 Uses spoon
 Kicks a ball

Severe delay in walking
 Very irregular patterns of eating, sleeping,
 eliminating.
 Cannot use pincer grasp
 Unaware of what familiar items are for

Begins to run
Makes or copies lines/circles

During Third Year

Climbs up and down
Throws and kicks a ball
Jumps with two feet
Rides a tricycle
Turns pages
Scribbles
Throws ball overhead
Moves in time to music
Dresses and undresses self
Becomes upset with routine changes
Will begin to use the potty

Crossed eyes
Rapid involuntary eye movements
Other eye problems: tilting head,
holding objects close, squinting.
Unsteady
Frequently falls down
Can't handle simple objects
Speech is unclear
Loses skills previously mastered

By Fifth Year

Draws, copies geometric figures
Can place pegs on board
Balances/hops on one foot
Jumps over obstacles
Runs, stops, starts, turns, hops
Has better balance
Enjoys playground activities
Should be using the potty
Exhibits three-point pencil grasp

Constant, continuous repetitive motions such as headbanging, rocking, twiddling fingers, robot-like walking, arm flapping
Severe clumsiness, disorientation, awkwardness
Walks on tiptoe excessively
Exhibits tics or similar signs of anxiety
Unable to brush teeth, wash hands or get undressed without help

Developmental Needs: Cognitive/Social Emotional Skills

Normal Development

Indicators of Problems

During First Six Months

Makes babbling sounds, coos
Pays attention to faces
Mimics sounds
May act "bored"
Responds to affection
Recognizes familiar faces from a distance
Likes to play
Shows curiosity and reaches for items
Responds to others' emotions
Likes looking into a mirror
Begins to make sounds...both vowels and consonants ("ah", "eh", "m", "b")

Does not coo or make sounds
Does not watch things
Does not smile
Flat affect
Does not reach for items

During First to Second Year

Distinguishes between shapes, sounds, people
Associates words with ideas, people, objects
Imitates movements observed in

Does not recognize people
Does not respond to name
Does not play
Does not say at least 6 words
Does not say simple/single words

own behavior
 Begins to focus on activities outside
 own body
 Uses familiar schemas in new situations
 Some stranger anxiety
 May have favorite toys
 Cries when a parent leaves
 Responds to spoken requests
 Uses simple gestures
 Begins simple language, e.g. "dada"
 Tone changes in sounds
 Explores by shaking, throwing, banging
 Finds hidden objects
 Plays games
 Shows fear in some situations
 Points to a body part
 Can obey one-step commands, e.g. "stand up"
 Points to an object he or she wants
 May play simple pretend games, e.g. feed doll
 Temper tantrums may begin
 Is willing to explore alone, but wants a parent near

Does not search for hidden items
 Does not recognize familiar items
 Does not notice (care) when parent leaves

During Second Year

Develops symbolic thought
 Points to named body parts
 Can solve simple problems
 Begins to understand concept of space
 Initiates new actions, repeats actions with
 variation
 Looks for objects where seen last, even
 prolonged search (hidden under 2 or 3 items)
 Can solve problems without visible trial and error
 First ability to pretend
 Follows directions
 Uses 2-4 word phrases
 Begins to include other children in play
 Points to things in a book
 May build block towers of 4 or more blocks
 Begins to sort shapes/colors
 Begins to challenge authority
 Completes sentences in familiar books
 Begins to follow 2-step instructions
 May begin to name items in a book

Actions do not vary – confined to
 basic reflexes without progressing
 in complexity
 Cannot follow simple directions
 Unaware of what to do with familiar items

During Third to Fourth Year

Thought is egocentric
 Recognizes numbers and letters
 Makes decisions on basis of perception
 not logic
 Considers all objects capable of feeling

Extreme difficulty in following directions
 Cannot focus on two features at the same
 time
 Withdrawn
 No eye contact

Moral judgments made on extent of damage
Says "I", "Me", "We", "You"
May have 2-3 sentence conversations
Plays make believe
May screw or unscrew a jar lid or door handle
Knows what "two" means
Can manipulate toys with moving parts
Takes turns
Shows a wide range of emotion
Can show empathy
Can separate from parent/caregiver
Dress/undress self

Does not pretend
Very unclear speech
Does not understand basic directions

By Fifth Year

Has better concepts of time, space,
direction, size, shape
Points to colors
Names shapes
Counts to 10 or more
Can print some numbers/letters
Recognizes own printed name
Increasing attention span
Speaks clearly
Can understand the future tense
Can draw a person with 6 body parts
Knows about "everyday" things, e.g. food, going some place
Knows his/her gender
Wants to please, especially friends
Can differentiate between real and pretend

Lack of interest in unfamiliar objects
Little variability in activity
Severe distractibility: uncontrollably
drawn to all stimuli
Lack of problem solving behaviors:
Tantrum response to any frustration
Cannot do simple tasks without help
Flat affect
Does not use tenses/plurals correctly
Cannot give first or last name

*Center for Disease Control and Prevention

Chapter 6

Child Protection Team Development

Community Child Protection Team Development

In any setting, a team comes into existence when one person cannot accomplish a job and several individuals must cooperate to assure the mission is accomplished. In order for the team to be effective, the members must coordinate their individual knowledge, skills and experiences to create a cooperative effort.

Effective teams share several characteristics. They have mutually agreed upon and fully understandable goals and objectives. The leader is one who is willing to take the responsibility, not just one who has a title. Effective teams make their own decisions about team process. Decisions are a team effort. Information is shared by the members. They are disciplined and set high standards for team performance. They appreciate and acknowledge each other.

Such teams do not just happen. Members must be continually attentive to group process and the needs of the team. Team development has a vital function in the success of the group. A successful team solves problems. Improving the way members interact will increase its problem solving ability. Better problem solving ability leads to increased efficiency that, in turn, boosts morale and productivity. Once established, a productive team is self-perpetuating. Four variables which a team should consider in the process of team development are goals, roles, procedures, and relationships.

Goals. The goals of the Community Child Protection Team are those outcomes which all members agree should be the focus of team activity, keeping in mind of course what is required by statute and policy, e.g. preparing a periodic report regarding the CA/N reports and complaints that they are charged to review. Other goals teams might consider can be developed from the needs of the community and the personal interests of individual members. Goals should be clear, measurable, objective, and acceptable to all members. In reviewing goals, certain components should be considered.

Case Reviewing

Objectives:

1. Review all documents according to required timeline.
2. Recommend case plan objectives to accommodate changing situations.
3. Utilize community resources effectively and appropriately.
4. Reduce interagency communication problems.

Community Interface

Objectives:

1. Advocate for children's issues.
2. Organized child abuse and neglect prevention and awareness campaigns.
3. Create positive public relations for the LOCAL OFFICE.
4. Provide DCS policy consultation.
5. Become training resources for the LOCAL OFFICE, CPT, and community.

Roles. Team members must know what others want and expect from them. Ambiguity in role expectations produces stress and hampers performance. Role clarity is a team responsibility as much as an individual responsibility. Clarity cannot be assumed. Expectations must be verified. It may be helpful for CPT members to consider their roles on a four-part matrix. A member's role as an individual and as part of the team is on one axis. A consultant to the LOCAL OFFICE and a community interface are the role descriptions on the other axis.

	Consultant to LOCAL OFFICE	Community Interface
Individual		
Team Member		

Team members must consider their individual role. Perhaps diagramming the role on this type of matrix and sharing the results with the team would be helpful. The results can be related to actual practice, allowing members to clarify their individual role with what the team may expect from them and to determine if these role assumptions fit with the goals adopted by the team. Role conflicts, work overload or continued role ambiguity must be discussed and resolved to allow the team to develop.

Procedures. All members must know how best to get the work accomplished. Decisions about meeting procedures should be established and agreed upon by the group (within statutory and policy guidelines). The procedures should be available in written format to provide a reliable basis for communication and problem solving. Some procedural decisions which must be made are:

1. **Day, time, and place of meetings** The meeting time should be one that is best suited for the majority of team members. Often early morning meetings (before members start work) are the most convenient. The meeting location should be easily accessible to all members, have sufficient parking, be comfortable and well lit, and offer access to refreshments. The most important logistical aspect of CPT meetings is that the day, time, and place of meetings remain constant from month to month. This allows team members to plan ahead to attend and eliminates confusion about where and when meetings will be held.
2. **Selection of Coordinator** The team must decide how the coordinator will be selected, how long the coordinator will serve, and what will be expected from the coordinator.
3. **Which cases are to be presented** Decisions must be made by the team regarding case selection for presentation: Every report or every substantiated case may be reviewed. When time constraints do not permit review of all cases, FCMs may choose specific cases. The coordinator and FCMs may jointly decide which cases are to be presented with the approval of the Local Office Director. Consideration must be given to the specific guidelines for case selection specified in statute or policy. The cases to be presented should be placed on the meeting agenda along with any other business to be considered by the team.

4. **Presentation format** Cases to be presented for discussion should be summarized in written form by the FCM and should be made available to team members at the start of the meeting (copies of State Form 114(R9-06)/FPP 0310 and State Form 113(R8/7-12)/FPP 0311 may substitute for a separate summary). The FCM should be present at the meeting and be prepared to formulate specific questions for team discussion and to answer any questions the team may have about the case. Formal presentation on any case should be limited to approximately five minutes.
5. **Discussion format** The coordinator is responsible to facilitate case review discussion, keeping the discussion focused on the decisions to be made. Several formats for discussion might be considered. A standardized discussion format that focuses on key questions could be utilized for each case, or each member could be asked to comment on any aspect of the case. The floor could be opened up for discussion on specific questions about individual cases.

An important consideration for any adopted format must be a built-in time limit for discussion. Some cases may require only a brief discussion, but even more complicated cases should be allotted no more than thirty minutes of discussion time.

6. **Recommendations** Recommendations made by the team should be documented in the minutes and in the appropriate case file.
7. **Feedback and re-review** One of the most effective ways to assure that the team members give sound, practical recommendations about cases is to provide feedback about past decisions. Time should be allotted during every meeting to discuss past recommendations and why they did or did not work. This task is an effective informal learning process for members as well as a reinforcement of their efforts. The team might decide all cases of a certain category; e.g., foster care, be re-reviewed; or members may request that individual cases be reassessed after a certain period of time.
8. **Attendance of members** An attendance policy must be established by team members. It is recognized that team members have pressing time commitments, but the Child Protection Team cannot function effectively without active participation from each team member. If a team member is unable to attend meetings on a regular basis, the member should be asked to resign to allow someone to be appointed who can commit the necessary time. A specific limit on the number of acceptable absences should be established, and peer pressure should be used to maintain those limits.
9. **Orientation of new members** There should be an agreed-upon process to introduce new members to the structure and process of the Child Protection Team. This process is usually the responsibility of the coordinator with assistance from the DCS Representative, but may be delegated to any "seasoned" member. Orientation activities should be individualized depending on the knowledge and expertise new members bring to the team. At a minimum, new members should have access to this manual and have someone available to answer their specific questions. All team members, but especially new team members, should be informed and encouraged to take advantage of workshops or seminars related to child abuse and neglect issues.

10. Visitors Visitors are generally not permitted to attend Child Protection Team meetings because of confidentiality requirements. After consultation with the Local Office's legal counsel, the team should decide under what, if any, circumstances an exception to this policy would be made.

11. Confidentiality Teams need to establish a policy to ensure the confidentiality of meetings. This policy should be done in consultation with the Local Office's legal counsel, and according to relevant statutes. All team members are required to sign an annual confidentiality statement. Further assurances of confidentiality may mean using initials to identify case clients or collecting all written materials at the conclusion of each meeting. Some teams have opted to create individual folders for members that remain at the Local Office and are distributed to members at each meeting.

12. Relationships Relationships among team members tend to fall into a natural harmonious pattern if the other three factors which affect team development are considered. Trust, communication, and mutual respect among members will be established if goals and objectives are clear, roles are understood, and procedures are written. It is important that all team members pay attention to team process on an on-going basis. Regular discussion should be held concerning what happens in meetings, allowing differences to be heard and resolved. Team members should support each other with regard to individual commitment to team effort.

Chapter 7

Self-Assessment Tool

Self-Assessment

Team development is based on the assumption that any group is able to work more effectively if members are prepared to confront questions such as: How can this collection of individuals work together more effectively as a team? How can the knowledge and resources each member brings to the team be better utilized? How can communication be more effective to improve decision-making? What are the obstacles to performance improvement?

The periodic review of a team's mode of operation, taking into consideration factors which are paramount to team development, is a simple and useful method to improve a team's effectiveness. The Team Effectiveness Critique, described below and developed by Mark Alexander, can be used by a Child Protection Team to measure their effectiveness. The critique should be completed by each team member. Each member can share the results with the entire group during a team meeting periodically held for this purpose. This exercise can be expanded to a consensus activity when the team is asked to reach a common assessment about each of the nine factors. Agreement about areas in which improvement is needed can lead to team action planning. This exercise is only an example of one self-assessment tool; there are other self-assessment and team-building exercises available that are also effective, so each team should explore what is most appropriate for their needs.

Factors to be assessed in evaluating team effectiveness:

Shared Goals and Objectives. An effective team must have stated goals and objectives to which all members are committed. The goals must include an understanding of the immediate task, the role of the group in relation to DCS and the social services system as a whole, the team's responsibilities, and the things the team wants to accomplish.

Utilization of resources. Team effectiveness is enhanced when each member has the opportunity to contribute and when all opinions are heard and considered. Each team members must be responsible for taking advantage of opportunities to contribute and creating a team atmosphere which fosters equal contribution by each member.

Trust and Conflict Resolution. Key factors in team development are the creation of a feeling of mutual trust, respect, and understanding, and the ability of the team to deal with inevitable conflicts that will arise within the group.

Shared Leadership. Although the coordinator has much of the responsibility to organize team process, the entire team must accept shared leadership for both task functions and maintenance functions. Task functions are those activities necessary to complete the job; maintenance functions are those activities necessary to keep the group together and interacting effectively. This may occur by rotating the position of coordinator and by various members assuming a leadership role in introducing issues for discussion during team meetings.

Control and Procedures. Team development and team member commitment is facilitated through maximum involvement in the establishment of procedures for team activity.

Effective Interpersonal Communication. Open and honest communication among team members is necessary to build trust needed to allow the team to effectively proceed with its work.

Approach to Problem Solving and Decision-making. There are a variety of methods to solve problems and to make decisions. An effective team must approach these two processes in a manner which is shared and supported by each team member.

Experimentation/Creativity. One reason individuals meet and work as a team is to stimulate experimentation and creativity in problem-solving. Techniques such as "brainstorming", which increases creativity, should be utilized periodically to generate new ideas to address issues.

Evaluation. The self-assessment suggested in this section should be used to assist the team to evaluate team goal achievement and what, if any, hindrances exist to team effectiveness.

The Team Effectiveness Critique

Instructions: Indicate on each scale your assessment about the manner in which your team functions by circling the number which you link is most descriptive of your team.

1. Goals and Objectives

There is a lack of commonly understood goals and objectives.

Team members understand and agree on goals and objectives.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. Utilization of Resources

All member resources are not recognized and/or utilized.

Member resources are fully recognized and utilized.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. Trust and Conflict

There is little trust among members, and conflict is evident.

There is a high degree of trust among members, and conflict is dealt with openly and worked through.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. Leadership

One person dominates, and leadership roles are not carried out or shared.

There is full participation in leadership roles are shared by members.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. Control and Procedures

There is little control, and there is

There are effective procedures to guide

a lack of procedures to guide team functioning.

team functioning; team members support Procedures and regulate themselves.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. Interpersonal Communication

Communications between members are closed and guarded.

Communications between members are open and interactive.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. Problem Solving/Decision-Making

The team has no consensus regarding approaches to problem solving and decision making.

The team has well-established approaches to problem solving and decision making, agreed upon by all team members

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. Experimentation/Creativity

The team is rigid and does not Experiment with how things are done.

The team experiments with different Ways of doing things and is creative in its approach.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9. Evaluation

The group never evaluates its functioning or process.

The group often evaluates its functioning and process.

1	2	3	4	5	6	7
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Appendix A

Bibliography and Resources

Bibliography and Resources

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6. American Humane Association Children's Division. 63 Inverness Drive East, Englewood, CO 80112 303-792-9900 (public education, research, information).
7. Child Welfare League of America. 440 First Street NW, Suite 310, Washington, DC 20001
8. Children's Defense Fund. 122 C Street NW, Washington, DC 20001 202-628-8787 (research, publications, public education).
9. Connect2Help 1-800-CHILDREN or 211
10. Darkness to Light: 7 Radcliffe Street, Suite 200 Charleston, SC 29403 National Helpline: **866.FOR.LIGHT** Administrative Office: **843.965.5444**
11. National Center on Child Abuse and Neglect (NCCAN) / National Clearinghouse on Child Abuse and Neglect Information. P.O. Box 1182, Washington, DC 20013-01182 800-394-3366 (research, information).
12. National Center on Shaken Infant Syndrome www.dontshake.org 1433 North 1075 West Suite 110 Farmington, UT 84025 801-447-9360 Office
13. **Prevent Child Abuse** America. 332 South Michigan Avenue #950, Chicago IL 60604 312-663-3520 (research, programs, printed materials).
14. **Prevent Child Abuse** Indiana. 3833 North Meridian Street, Ste 101, Indianapolis, IN 46208 317-775-6500 or 800-CHILDREN (speakers, training, information, brochures)

Appendix B

Glossary of Terms

Glossary of Terms

Abandonment: Act of a parent or caregiver leaving a child without adequate supervision or provision for the child's needs for an excessive period of time and with no intention of returning. The age of the child is an important factor. In legal terminology, "abandonment cases" are suits calling for a CHINS, or for the termination of parental rights.

Adjudication: Finding of the court which determines a child's legal status as a child in need of services, a delinquent, or a dependent child.

Administrative hearing: A hearing conducted by the Division at the request of an alleged perpetrator of a substantiated report of abuse or neglect to consider whether an entry in the child abuse registry should be amended or expunged. This applies only to failed services referral agreements.

Administrator: The person who manages and conducts the official business of the DCS local office. By statute, this is the local office director.

Advocacy: Interventive strategy in which a helping-person assumes an active role in assisting or supporting a specific child and/or family or a cause on behalf of children and/or families. The advocate uses his/her power to meet client needs or to promote causes.

Appropriate Family Member: Relative to relationship, this term is limited to the language in **IC 31-9-2-106.5** and **IC 31-9-2-107** which delineates blood and adoptive relatives. In keeping within the context, the blood or adoptive relative would also need to be deemed suitable and willing to take the child in question.

Assessments: An evaluation of a report of child abuse or neglect.

Automated Child Protection System: The computerized system which maintains a case history file and transmits information regarding substantiated cases to the Department. The system must be able to search within the county and within the child abuse and neglect registry maintained by the Department for related cases. The system that the state formerly used was the Indiana Child Welfare Information System (ICWIS). Indiana's system now being utilized is the Management Gateway for Indiana's Kids (MaGIK).

Battered Child Syndrome: Term introduced C. Henry Kempe, M.D., in the Journal of the American Medical Association, in an article describing a combination of physical and other signs indicating that a child's internal and/or external injuries result from acts committed by a parent or caregiver. Frequently this term is misused or misunderstood as the only type of child abuse and neglect.

CAN: Child Abuse and Neglect

Child and Adolescent Needs and Strengths (CANS): Assessment to document the intensity of behavioral health services needed by the child and family. The CANS will be the basis for planning individualized services for children. The CANS Assessment will also play a critical role in informed decision making regarding the type of placement a child needs once the decision to place has been made.

Child Family Team Meeting: It is a strengths-based approach to the initial and on-going assessment of children and families. It brings family members and other supportive people together to determine what led to the family's involvement with the Department of Child Services.

CASA: Court Appointed Special Advocate; community volunteers or an employee of a county program who is appointed by a court to represent and protect the best interests of a child by providing the child with services requested by the court, including:

- (A) researching;
- (B) examining;
- (C) advocating;
- (D) facilitating; and
- (E) monitoring the child's situation.

Case Plan: A written document which includes at least the following: A description of the type of home or institution in which a child is to be placed, including a discussion of the appropriateness of the placement and how the agency which is responsible for the child plans to carry out the judicial determination made with respect to the child...; and a plan for assuring that the child receives proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents' home, facilitate return of the child to the child's own home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

Child: A person who by reason of minority, is legally subject to parental, guardianship or similar control. A person may also be considered a "child" if they are up to age 20. This individual may still have an open CHINS case, or may be in Collaborative Care.

Child abuse or neglect: Refers to a child who is alleged to be a child in need of services as defined in IC 31-34-1-1 through IC 31-34-1-5. See definition for "child in need of services".

Child Development: Pattern of sequential stages of interrelated physical, psychological, and social development in the process of maturation from infancy and total dependence to adulthood and relative independence.

Child in Need of Services: A child is a child in need of services if before the child's eighteenth birthday as defined by **IC 31-34-1-1 - IC 31-34-1-11**

- (1) the child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision;
- (2) the child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian, or custodian. An omission is an occurrence in which the parent, guardian, or custodian allowed that person's child to receive any injury the parent, guardian, or custodian had a reasonable opportunity to prevent or mitigate;
- (3) the child is the victim of a sex offense under the criminal citations incorporated into the CHINS definition;

- (4) the child's parent, guardian, or custodian allows the child to participate in an obscene performance;
- (5) the child's parent, guardian, or custodian allows the child to commit a sex offense;
- (6) the child substantially endangers the child's own health or the health of another;
- (7) the child's parent, guardian, or custodian fails to participate in a disciplinary proceeding in connection with the student's improper behavior, where the behavior of the student has been repeatedly disruptive in the school;
- (8) the child is a missing child;
- (9) the child is born with fetal alcohol syndrome or with any amount, including a trace amount, of a controlled substance or a legend drug in the child's body; the child has an injury, an abnormal physical or psychological development; or is at a substantial risk of a life threatening condition that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy.

Child Protection Index: The centralized, computerized registry established and maintained by the Department to organize and access data regarding substantiated child abuse and neglect reports received from courts, law enforcement, and DCS from throughout the state. The child abuse registry will be contained in the Management Gateway for Indiana's Kids (MaGIK).

CHINS: Child in Need of Services

Concurrent Planning requires the FCM and CFT to plan and work towards both reunification and another permanency plan. The intent of Concurrent Planning is that both plans will be pursued simultaneously and aggressively.

Corporal Punishment: Any kind of punishment inflicted upon the body.

Court Appointed Special Advocate (CASA): A community volunteer who has: 1) completed a training program approved by the court; 2) has been appointed by a court to represent and to protect the interests of a child; and 3) may research, examine, advocate, facilitate, and monitor a child's situation.

Credible Evidence: Information deemed sufficiently trustworthy that it produces conviction in the mind as to the existence of a fact. Such information, if presented to individuals of similar background and training, would be accepted by those individuals as believable and indicative that a child was or was not abused or neglected.

Custodian: The caregiver with whom the child resides. This includes any person responsible for the child's welfare who is employed by a public or private residential school or foster care facility.

DCS Local offices: Department of Child Services' offices located in local counties

DD: Developmental Disability

Detention: Placement in a shelter care facility of a child who is, or appears to be, a child in need of services.

DHHS: United States Department of Health and Human Services

Disposition: The decision which a judge makes for a child's care, treatment, or rehabilitation.

Early Intervention: Programs and services focused on prevention by relieving family stress before child abuse and neglect occur. For example, Healthy Families, helplines, Head Start, home health visitors, early and periodic childhood screening, diagnosis and treatment (EPSDT), crisis nurseries, First Steps (Part H).

Emancipation: Release of child from parental control and responsibility.

EPSDT: Early and Periodic Screening, Diagnosis and Treatment. Program enacted in 1967, under Medicaid (Title 19 of the Social Security Act), with detection of potentially disabling conditions among all children in out-of-home care.

Exigent: Situations that would cause a reasonable person to believe that a timely interview with the child is necessary due to concerns for the child's well-being and safety and that seeking parental/guardian/custodian consent first may harm the child or place the child in greater danger. The parent, guardian, or custodian must be notified as soon as possible after the interview, but no later than the same day in which the interview occurred.

Expert Witness: Witnesses with various types of expertise who may testify in child abuse or neglect cases.

Expungement: Destruction of records.

Family Preservation Services: Short term, highly intensive services designed to protect, treat, and support 1) a family with a child at imminent risk of placement by enabling the family to remain intact and care for the child at home and 2) a family that adopts or plans to adopt an abused or a neglected child who is at imminent risk of placement or adoption disruption by assisting the family to achieve or maintain a stable, successful adoption of the child.

Family Services: Services provided to : (1) prevent a child from being removed from a parent, guardian, or custodian; (2) reunite the child with a parent, guardian, or custodian; or (3) implement a permanent plan of adoption, guardianship, or emancipation of a child.

Family Support Programs geared toward the common goal of increasing the ability of families to successfully nurture their children. These programs are designed to enhance the effective functioning within the family and to foster a sense of family self-sufficiency and empowerment.

FTT: Failure to thrive.

Guardian: A person appointed by a court to have the care and custody of a child, the child's estate, or both.

Guardian Ad Litem (GAL): a volunteer, an attorney, or an employee of a county program who is appointed by a court to represent and protect the best interests of a child by providing the child with services requested by the court, including:

- (A) researching;
- (B) examining;
- (C) advocating;
- (D) facilitating; and

(E) monitoring the child's situation.

Healthy Families Indiana: A voluntary home visitation program designed to promote healthy families and healthy children through a variety of services including child development, access to health care, and parent education. The services are home-based and intensive based upon a risk assessment completed at the time of birth (or within three months of birth).

IC: Indiana Code - a codification of Indiana legislation

ICANPAM: Indiana Child Abuse and Neglect Prevention and Awareness Month. Held in April each year.

Immediate: As it relates to investigation time frames, the term means:

1) within one (1) hour in situations when there is reason to believe that a child is in imminent danger of serious bodily harm; -

2) within twenty-four (24) hours in situations of alleged child abuse which do not call for a response within one (1) hour; or

3) within five (5) days in situations of alleged child neglect which do not call for a response within one (1) hour.

Imminent Danger: Unrestricted access to the victim by the alleged perpetrator resulting in the possibility of further abuse/neglect or an environmental condition which is life or health endangering. Conditions which place a child in imminent danger or which have resulted in bodily harm to a child.

Immunity: Immunity refers to the legal protection from civil or criminal liability provided to a complainant of a child abuse or neglect report.

Indiana Commission on Public Records: State Agency that is responsible for all public records that use a sequential numbering system based on month and year revised or created, or approved

Informal Adjustment: Informal Adjustments must be filed in Court. They are appropriate family and/or rehabilitative services that are offered to the family or child. DCS has no legal authority to require the family to accept such services without the intervention of the court. The FCM may petition the court or initiate a program of informal adjustment if it would serve the best interest of the child. Reasonable efforts must be made to provide family services designed to prevent removal of the child from the home unless the safety of the child precludes such efforts. DCS must coordinate, provide, or arrange for, and monitor all services offered to the family, as well as monitor the safety and well-being of the child(ren)

Institutional Abuse or Neglect: Institutional Child Protection Services (ICPS) for DCS assess allegations of abuse or neglect regarding children in an institutional setting when the alleged perpetrator is responsible for the child's care and safety. Reports are received through the statewide hotline and assessments are initiated within the assigned timeframe (1 hour, 24 hours, 5 days). After assessment, ICPS will make a determination of the allegations to be either substantiated or unsubstantiated. Further services, referrals, and safety plans may take place during or at the conclusion of the assessment to ensure the child's safety and reduce further risk. Further, referrals for prosecution of the perpetrators may be indicated (substantiated

cases). ICPS assessments are completed by the ICPS Unit, consisting of several Family Case Managers stationed throughout the State. ICPS will conduct assessments involving, but not limited to: Licensed Daycare Facilities, Daycare Ministries, Licensed Daycare Homes, Schools (public and private), Residential facilities, Department of Corrections, other situations involving a person who is professionally responsible for providing care and ensuring safety of children. ICPS will NOT conduct assessments involving Licensed Foster Homes through DCS, Licensed Foster Homes through a private agency, Fatality or near-fatality assessments regardless of allegations or where said allegations took place.

Intake Worker: A family case manager or probation officer who performs the intake, preliminary inquiry, or other functions specified by the juvenile court or the Juvenile Code.

Intensive Family Preservation:

The goal of this service is to remove the risk of harm to the child instead of removing the child. Families are given the opportunity to learn new behaviors, and help them make better choices for their children. Child safety is ensured through small caseloads, program intensity, and 24-hour service availability. Intensive home based preservation services are also available for pre-adoption and post-adoption services for adoptive families at risk or in crisis. Services include intensive casework services for multi-problem and/or severely dysfunctional families that is provided in the family's home. Help is available to clients 24 hours a day, 7 days per week which allows close monitoring of potentially dangerous situations and to defuse the potential for violence.

Involuntary Termination of Parental Rights: No significant progress within 6 mos. Of removal. The Court in a CHINS case has entered a finding that reasonable efforts for family preservation or reunification are not required or a child has been removed from the home and is in placement as a result of the child being an alleged CHINS for 15 of the most recent 22 mos.

LEA: Law Enforcement Agency

Legend Drug: Legal drugs approved by DHHS. In the context of DCS, these drugs are inappropriately prescribed or are stolen from the manufacturing facility and illegally distributed.

Mandated Agency: Agency designated by state statute to receive and investigate reports of suspected child abuse or neglect. In Indiana, this agency is the Indiana Dept. of Child Services

NCCAN: National Center on Child Abuse and Neglect, Washington, D.C.

Omission: An occurrence, in the context of Child Protection Services, in which the parent, guardian, or custodian allowed a child to receive an injury the parent, guardian, or custodian had a reasonable opportunity to prevent or mitigate.

Parent: A biological or adoptive parent. Unless otherwise specified in the Code, the term refers to both mother and father regardless of marital status. In some situations, it will include alleged parents

Permanency Hearing: There is no 'formal' definition of a permanency hearing, either in state or federal law. The permanency hearing replaces the 12-month formal review hearing. The purpose is to consider and approve a permanency plan or modify an existing plan.

Periodic Case Review: The scheduled case review of each child who is a ward of the Department of Child Services. This is to occur no less frequently than once every six (6) months by court review.

Perpetrator: The individual determined to have committed child abuse or neglect.

Petition: A formal pleading, containing allegations against or about the juvenile, used to initiate a formal court proceeding.

Predispositional Report: A report prepared by the family case manager to assist the juvenile court to arrive at a disposition.

Preliminary Inquiry: 31-39-2-24 A formal investigation into facts and circumstances reported to the court.

Preponderance of the Evidence: As a standard of proof, superior or excessive weight of the evidence.

Probable Cause: The existence of facts and circumstances within one's knowledge and of which one has reasonable trustworthy information, which are sufficient in themselves, in the context of child welfare, to warrant one to believe a child is in need of services.

Protective Order: An injunction ordered by the court to control the conduct of any person in relation to the child, to provide a child with an examination or treatment or to prevent a child from leaving county jurisdiction.

Quality Service Review (QSR) is a way for the Department of Child Services (DCS) to determine the quality of practice and services of the child welfare system. The QSR is conducted for several reasons: 1) to determine if the system is working appropriately and effectively to meet the needs of children and their families; 2) to assess the outcomes for individual children and families; and 3) to evaluate how well the child welfare service system is implementing the practice model skills (Teaming, Engaging, Assessing, Planning and Intervening) The QSR process is the best way for DCS and system partners to identify both the strengths and the opportunities for improvement within the child welfare system. The data collected is used to assess the current status of the child and family and determine if services are customized to meet the needs of the families. Statewide data will be collected, using the results to affect change in practice, policies and procedures.

Reflective Practice Survey (RPS) is a tool that uses quality measures to review cases and assess FCM's TEAPI skills to achieve better outcomes for children and families. The RPS is utilized for several reasons: 1) to assess FCM skills through field observations; 2) to organize conversations between FCMs and Supervisors in order to identify particular strengths and areas of concerns in the case reviewed; and 3) to utilize interview questions to guide the conversations between FCMs and Supervisors so that barriers that are thwarting efforts or results while highlighting strengths in practice will be identified.

Reasonable Efforts, Judicial Determination of. Effective October 1, 1983, 42 USC 671, specifically requires that "... in each case, reasonable efforts will be made (a) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of a child from his home, and (b) to make it possible for the child to return to his home...". The health and safety of the child are the paramount concern.

Rebuttable Presumption: An ordinary presumption which must, as a matter of law, be made once certain facts have been proved, and which is said to establish a certain conclusion prima facie once those facts have been adduced. The presumption may be rebutted or overcome through the introduction of contrary evidence.

Reunification Services: Services designed to reunite with their families children who have been placed out of the home.

Secure Facility: A place of residence other than a shelter care facility, which prohibits the departure of the child. (IC 31-9-2-114)

Serious Bodily Harm: An injury or trauma requiring immediate medical attention or treatment.

Sex offense: Any one of the following: rape, criminal deviate conduct, child molestation, child exploitation/pornography, sexual misconduct with a minor, child seduction, public indecency or indecent exposure, prostitution, incest, matter or performance harmful to minors, obscene performance, and voyeurism.

Shaken Infant Syndrome: Injury to an infant or child which results from the infant or child having been shaken, usually as a result of frustration from the child's caregiver. The frustration usually stems from the caregiver's inability to cope with the child's inconsolable crying. The most common symptoms, which are inflicted by seemingly harmless shaking, are bleeding and/or detached retinas and other bleeding inside the head. Repeated instances of shaking may cause mental and developmental disabilities or in some instances death.

Shelter Care Facility: A place of residence licensed under the laws of any state which is not locked to prevent a child's departure, unless it is determined locking is necessary to protect the child.

SIDS: Sudden Infant Death Syndrome

Social Security Act: Federal legislation enacted in 1935 to create the public welfare system. In the current amended form, public assistance (Title IV-A, which is the TANF Program), child welfare services (Title IV-B), foster care and adoption assistance (Title IV-E), child support (Title IV-D), Medicaid (Title XIX), and Social Services Block Grant (Title XX) are now included in the Social Security Act.

Standard of Evidence: Degree of proof required by a court to make a decision. In juvenile court, the standard of evidence used to make a CHINS decision is a 'preponderance of evidence' as opposed to 'proof beyond a reasonable doubt', which is the standard used in criminal or delinquency cases. A finding that a child committed a delinquent act must be based on proof beyond a reasonable doubt. Barring certain exceptions, a finding in a termination of parental rights must be based on clear and convincing evidence. There are provisions which provide that a party may file a motion to dismiss a termination petition if certain circumstances exist, such as the child lives with are relative; the case plan documents a compelling reason not to proceed; services have not been provided to insure the safe return of the child; or the time period of services has not yet run. The party filing the motion to dismiss must show these factors by a preponderance of the evidence.

Status Offenders: Delinquent juveniles, including runaways, truants, those who are habitually disobedient to their parent, guardian or custodian, and those who violate curfew laws, fireworks violations, or alcoholic beverage code.

STD: Sexually transmitted disease

Substantiated: A determination regarding the status of a child abuse/neglect report whenever facts obtained during an investigation of the report provide credible evidence that child abuse or neglect has occurred.

Placement Options: The following criteria must be addressed in considering the suitability of a potential relative caregiver:

- 1) the location of the prospective relative caregiver's residence. The person or family must reside within a reasonable distance from the original parent/caregiver from whom the child was removed if reunification is a potential goal;
- 2) the ability of the potential caregiver to parent the child according to the needs and best interests of the child; and
- 3) whether the parent/caregiver from whom the child was removed approves of the proposed relative placement. Placement with a parent involved in a custody dispute with the parent from whom the child has been removed is inappropriate.

Educational Surrogate Parent: An individual assigned to look after the educational needs and rights of disabled children whose parents are unknown or unavailable.

TANF: Temporary Assistance to Needy Families.

Termination of Parental Rights: A legal proceeding to free a child from the parents' claims in order to allow the child to be adopted by others without written parental consent.

Trauma Informed Care: According to the National Center for Trauma-Informed Care, it is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

Unsubstantiated: A determination regarding the status of a child abuse/neglect report whenever facts obtained during an investigation of the report provide credible evidence that child abuse or neglect has not occurred.

Voir Dire: 1) Procedure during which attorneys question prospective jurors to determine biases, if any. 2) Procedure during which attorneys question expert witnesses regarding qualifications before the experts are permitted to give opinion testimony.

* **All assessments** require face-to-face contact by either a family case manager or a law enforcement agent (LEA) with the caregiver, regardless of investigation status and on the same day as the alleged victim is seen, alleged victim(s), other children in household, and alleged perpetrator, if other than the caregiver and if the investigation substantiates abuse or neglect.