INTAKE GUIDANCE TOOL

DCS CHILD ABUSE AND NEGLECT HOTLINE

UPDATED May 2024

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INTRODUCTION

The Intake Guidance Tool is exactly what is says, it is a tool meant to guide you in taking reports. The Intake Guidance Tool is not meant to cover every situation nor is it meant to replace your critical thinking skills. Instead, the Intake Guidance Tool is designed to provide a basic guide of questions that act as a starting point when taking reports, and as a set of prompts to further your inquiries with your callers. There will always be situations that require a more thorough examination than that presented in the Intake Guidance Tool and in those situations, it is incumbent upon the Intake Specialist to continue to probe beyond the questions that are provided here.

REPORT SOURCE AND DEMOGRAPHIC INFORMATION

What is the report source name, contact information, and relationship to the child/family?

Document report source information:

* + Name *(Relation to the child and/or Title)*
  + Phone: *(number to reach RS, fax # if hospital reporter)*
  + Agency/Organization (*If professional)*
  + Address: *(agency address if professional)*
  + Email: *(regardless of type of reporter)*

Family demographic questions

* What is the name, age, DOB, and gender of the child(ren) that you are calling about?
* Who does the child live with? *(and their relationship to the child)*
* What is the home address?
* What are the parents’ names, addresses, and phone numbers? *(if not obtained previously or for additional parent/caregiver)*
* *What type of dwelling is this address? (detached home, apartment, trailer, etc…)*
* Are there other household members?
* Do any other children visit the home?
  + If yes, gather demographic information for these children.
* What school/daycare does the child(ren) attend and when will the child(ren) be dismissed?
* Where is the child(ren) currently?

*If current location is a hospital*

* + Is the child being admitted/when is their anticipated release?
  + Is/was the child’s injury or condition certified by a physician as being life threatening?
  + If yes, see [Fatality/Near Fatality question guide](#Fatality)

Mandatory Tribal Question

* Are any of the individuals involved in this report a member of or eligible to enroll in an American Indian or Alaskan Native Tribe?
  + If yes: What tribe?
  + If tribe is Pokagon Band of Potawatomi Indians ask:
    - Do they live within Pokagon Band’s tribal land in St. Joseph County, Indiana?

**Reference:** [Map of Pokagon Band’s tribal land](https://www.in.gov/dcs/files/tribal-land.pdf)

If RS is assigned FCM/FCMS on Active Involvement

* Ask abbreviated demographic information (victims/perpetrators, household members, confirm current address, current contact #).
* Ask the FCM/FCMS if the family’s information is currently up to date in MaGIK. *(must obtain full info if MaGIK is not up to date)*

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ADDITIONAL PARENT/PERPETRATOR QUESTIONS

Perpetrator Demographic Information

* Who is the alleged perpetrator(s)?
* Perpetrator’s address, phone number, relationship to the child(ren)?

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Perpetrator Access Questions

* Do you know when and how often the child(ren) will be in the presence of or care of the alleged perpetrator?
* Are there other children to which the perpetrator may have access and who may be at risk of immediate harm?
  + If yes, [gather demographic information](#demoquestions)

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ABUSE OR NEGLECT QUESTIONS

Allegation Specific Question Guides

* [Fatality/Near Fatality](#Fatality)
* [Physical Abuse](#physicalabuse)
* [Sexual Abuse](#sexualabuse)
* [Neglect](#neglect)

Fatality

**Note:** New employees must have a supervisor on the line for all fatalities. All fatalities and near fatalities must be staffed with a supervisor after the call for all employees.

* When did the child pass away? If possible, obtain time of death.
* Where was the child at the time of death?
* Who found the child?
* When was the child last seen alive/who last saw them alive?
* If the child is a newborn, did the child take a natural breath?
* Has LEA been notified? Was there a delay? Any one arrested/detained?
* Is there a known cause of death?
* Is there an autopsy scheduled? When?
* Did the child have any pre-existing medical conditions, or have they recently been ill?
* Does the child have any marks, injuries, or bruises?
* Has the child been seen by medical professionals? Any internal injuries/fractures?
* Caregiver’s response/actions? Impairment?
* Any known history of abuse/neglect?

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Near Fatality

**Note:** New employees: Must have a supervisor on the line for all near fatalities. All fatalities and near fatalities must be staffed with a supervisor after the call for all employees.

* Has the injury been certified by a physician as life threatening?
* Who classified the child’s injury as life threatening (get the doctor’s name)?
* When was the child brought to the hospital? Any concern for delays?
* Who brought the child to the hospital?
* What happened to cause the injury?
* Who was with the child at the time of the incident?
* Any observable marks, injuries, or bruises? Any internal injuries or fractures?
* Any pre-existing medical conditions or have they recently been ill?
* What was the caregiver’s response?
* Are there any concerns for caregiver impairment?
* Has LEA been notified? Has anyone been arrested/detained?

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Specific Types of Fatalities/Near Fatalities

Safe Sleep/Unexpected Death of Child Under 1

* Where was the child sleeping?
* Were there blankets/pillows around the child?
* Were the parents in the same bed as the child?
* Any concern for delay in notifying? Temperature/rigor mortis?
* What was the temperature in the home/room?
* Did the child have a safe place to sleep (crib, bassinet, etc.)?

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Drowning

* Who was watching the child/supposed to be watching the child?
* How deep was the water?
* How long was the child in the water?
* What was the child wearing?
* Did the child know how to swim?
* Was anyone present or witness the incident?
* If public- was there a lifeguard on duty?
* If child wandered- how far away was the body of water from the home?

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Diabetes

* Does the family keep a log of blood sugars? What does the log say?
* When did the child go into DKA (Diabetic Ketoacidosis)?
* Is the child receiving the correct amount of insulin?
* Does the child give themselves insulin or does the parent administer?
* Is the child supervised if giving themselves insulin?
* Does the child receive insulin while at school? Who administers/supervises?
* Has the child been ill lately?
* Does the child have an endocrinologist? Who? Last seen?
* Is the family compliant with appointments?

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Asthma/Other Medical Diagnoses

* Does the child see a specialty doctor?
* Is the family compliant with appointments?
* What medication(s) does the child take?
* Are the medications administered properly? By who?
* Have the medications been filled at the pharmacy regularly?
* Has the child been ill lately?

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Ingestion

* Who was supervising the child at the time of the incident?
* Where were medications/chemicals that were ingested?
* Is the child logically able to reach this location on their own without assistance?
* Were the substances locked up or typically kept where the child had access?
* If medication, who was prescribed? Was it in a properly labeled bottle?
* How many/much did the child ingest?
* Was poison control contacted?

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Motor Vehicle Accident/ATV

* Were the children properly restrained or have proper protective gear?
* Was the driver under the influence?
* Did anyone witness the incident?
* What were the conditions at the time of the incident (weather)?

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Suicide

* Where was the child found/by who?
* Did the child leave a note to indicate why they wanted to harm themselves?
* Any concern for a delay in reporting?
* Did the child have access to any weapon used?
* Any history of mental health issues/past suicidal ideations?
* Was the child receiving any mental health treatment? Compliancy?
* Was the child on any medications?
* Did the child require any increased supervision from past attempts?

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Physical Abuse General Questions

**Note:** The following questions are general questions that should be considered for every allegation of injury/caregiver action likely to cause injury. See the specific scenarios section for questions unique to specific physical abuse allegations.

* What happened to the child?
* Does the child have any injuries? If yes, describe in detail.
* Is the child complaining of ongoing pain?
* Where on the body was the child harmed?
* Was there an object used? If yes, what?
* If the child was burned, what type of burn? (splatter, submerge, etc.)
* What was the caregiver’s explanation/child explanation of the incident?
  + Is the explanation provided plausible or consistent with the injury?
* When did the incident occur?
* Where did the incident occur?
* Does the family have a history of physical abuse?

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Drug Manufacturing

* What type of drugs are being manufactured?
* Where are they being manufactured in the home?
* When was the last time they were being manufactured?
* Has law enforcement been made aware?
* Have the children displayed any health issues from the manufacturing?
* Are the caregivers using the drugs? (See Caregiver Impairment)

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Caregiver makes Threats to Harm

* What was the specific threat?
* Was the threat made to the child directly?
* When was the threat made?
* Was there a time given when the caregiver said they would carry out the threat?
* If a weapon was mentioned, does the caregiver have access to the weapon?
* How did the child respond to the threat?

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Sexual Abuse General Questions

**Note:** The following questions are general questions that should be considered for every allegation of sexual abuse. See the specific scenarios section for questions unique to specific sexual abuse allegations.

* Describe specific incident.
* What did the child say (terms used)?
* Was the child touched?
  + If yes, where on their body?
  + Was it over or under clothing?
* When did the incident happen?
* Where did the incident happen? (bedroom/outside/etc.)
* Was there any type of force or coercion? Did the perpetrator make any threats?
* Does the child or perpetrator have any cognitive impairment or delay?
* How many times did the abuse occur?
* Who did the child initially disclose the information to?
* Are the parents aware? Are they responding appropriately?
* Does the alleged perpetrator still have access to the victim?
* Has law enforcement been notified?

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Rape, Child Molestation, Child Seduction, Sexual Misconduct with a Minor, Incest

* If the child is unable to make a disclosure, are there any physical signs of sexual abuse on the child’s body or clothing?
* Did the alleged perpetrator say anything to the child while the incident was occurring?
* Did the alleged perpetrator say anything to child after or since the incident occurred?
* Was the victim impaired or otherwise unaware that touching was occurring?
* Was there any penetration?
* Has the child been seen by medical professionals?

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Child Exploitation and Child Pornography (Adult Perpetrator)

* Who took the picture/video?
* Who was the material distributed to?
* Who distributed the material?
* Did someone ask for a photo? (force)
* What is the picture/video of? Can the child be seen?

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Child Exploitation and Child Pornography (Minor Perpetrator)

* Who took the picture/video?
* Who was the material distributed to?
* Who distributed the material?
* Did someone ask for a photo?
* Was there any threat of force or coercion indicated?
* What is the picture/video of? Can the child be seen?
* Are the parents or institution (if occurred in an institutional setting) aware and responding appropriately?
* Has this happened before? How many times?

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Obscene performance and matter or performance harmful to minors

* Was the child involved in the sexual act?
* Was there an audience or was the incident streamed live?
* Did the child assist in the activity in some capacity?
* Was the child a participant in the creation of the matter or present at the location where the matter was created and helped in the process?

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Public Indecency

* Was a child present or did the alleged perpetrator have reason to believe children would be present in the area?
* Did the perpetrator make any comments regarding the nudity?

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Child Prostitution, Sexual Trafficking, Promoting Child Prostitution, and Patronizing a Child Prostitute

* Who was managing the child?
* Who did the child engage in sexual acts with?
* Were there any goods, services, or money exchanged for sexual acts with the child?
* If yes, what was exchanged?
* Has any force, fraud, or coercion been used to get the child to engage in any sexual acts?
* Was the child physically harmed?
  + If yes, consider asking the physical abuse questions if the perpetrator is also a caregiver/custodian.

**Note:** Include human trafficking forwarding language under the legal line: “Upon Hotline approval, a Hotline supervisor should forward a copy of this report to Ethan Boring and Yvonne Moore.”

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Sexual Battery (Adult Perpetrator)

* How many times did the incidents occur?
* Did the child tell the alleged perpetrator “no” or indicate the touching was unwanted?
* Was the child of the age, reasoning, or cognitive ability to consent?
* Was the child under the influence of an illicit substance or unaware of a sexual act occurring (e.g., asleep)?

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Sexual Battery (Minor Perpetrator)

* How many times did the incidents occur?
* Did the child tell the alleged perpetrator “no” or indicate the touching was unwanted?
* Was the child of the age, reasoning, or cognitive ability to consent?
* Was the child under the influence of an illicit substance or unaware of a sexual act occurring (e.g., asleep)?
* Are parents aware? What is their response?
* If occurring at an institution (e.g., school), is the institution aware? What is their response?

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Vicarious Sexual Gratification

* Was the child instructed to engage in a sexual act of any kind?
* Did the adult engage in sexual conduct in the presence of a child to arouse the adult or the child?

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Child Solicitation

* What did the perpetrator ask the child for specifically?
* What did the perpetrator send to the child specifically (photos, videos, etc.)?

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Neglect General Questions

**Note:** The following questions are general questions that should be considered for every neglect allegation. See the specific scenarios section for questions unique to specific neglect allegations.

* What is your concern? Describe the circumstances.
* Who/What/Where/When/Why/How?
* What is the child’s description of the situation?
* What is the caregiver’s description of situation?
* Is there history of neglect?

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Drug Exposed Newborn

* Was a drug screen completed upon delivery for mom and/or baby?
* What substances were detected on the screen?
* Any behavioral concerns or observations of impairment?
* Was mother prescribed any medications or given any during the stay at the hospital?
* Were the prescriptions used during pregnancy verified?
* Is the baby healthy? Any signs of withdrawal?
* Has baby been discharged from the hospital?
  + If no, when will the baby be discharged?

**Note:** Do not ask about prenatal screens or admissions of drug use during prenatal care. If a report source provides this information from when the mother was pregnant, document the information but do not ask additional questions regarding prenatal screening results.

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Giving child toxic chemicals, alcohol, or drugs

* What did the child ingest?
* How did they get the substance?
* Were the parents aware/did they give it to them?
* How did the parents respond?
* Does the child require any medical treatment?

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Inadequate Food or Signs of Malnutrition

* How are the children obtaining food? How long has the child gone without food?
* Does the parent have a plan to get food (assistance, pantries)?
* Does the child appear malnourished or underweight?
* Does the child have any contributing medical conditions relating to their weight?
* If infant, what does the child eat? (breast fed vs formula)
* Does the child appear to need any medical treatment?

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Exposure to Unsafe Conditions in the Home

* Describe the home conditions specifically. If I were to walk into the home, what would I see?
* Have the parents attempted to clean the home?
* Are the utilities working properly in the home?
  + If No: does the caregiver have a plan to ensure the child’s basic needs are being met? How long have the utilities been out?
* For homelessness: Where has the family been staying? How long have they been transient?

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Inadequate Clothing or Hygiene

* As I have not seen the child, please explain what the child looks like as if I were there with you.
* Does the child have any rashes or other medical issues?
  + If yes, has the child been seen by a medical professional?
* Is the child adversely impacted due to inadequate clothing or hygiene? How so?
* How often is the child bathing?
* Can they bathe themselves?
* Do they have access to hygiene products and water?

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Lack of Supervision

* Does the child know what to do in the case of an emergency?
* Does the child have a safety plan (e.g., phone, neighbor, etc.)?
* How long is the child left unattended? How often?
* Is an older child left responsible for other younger children?
* Has the child been injured while unattended?
* Does the child have any special needs, cognitive impairment, or medical conditions?
* Where are the parents when the child is alone?
* Is the child inside or outside for an extended period?
  + If outside, how busy is the street/dangerous neighborhood?
* If in the care of an inappropriate caregiver, determine what makes them inappropriate (i.e., elderly, impaired, etc.)

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Unaccompanied Minor in a Shelter

* Has the child entered a homeless or emergency shelter without the presence or consent of a caregiver?
* How did the child get to the facility?
* Was the child a runaway? Was it reported by the parents?
* Have the parents been contacted? Response?
* How long can the child stay at the facility?

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Exposure to Domestic Violence

* When was the last incident?
* What happened?
* Who was the aggressor?
* Were there any injuries?
* Is there a history of domestic violence?
* Where is the child when the violence occurred?
* Did the child(ren) try to stop or intervene in the violence?
* Has anyone in the family been hurt or assaulted? (past or present)
* Have the children been harmed during any incidents?
* Who has been hurting the family or child?
* Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? Any threats of kidnapping? If yes, please describe what happened.
* Have weapons been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
* Have the police ever been called to the home to stop fighting? If so, was anyone arrested/charged?

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Known sexual perpetrator has unsupervised or unrestricted access to a child and sexual predator in the home

* Is the person a registered sex offender?
* Has the person been convicted of a sex offense or awaiting trial?
* Has the person previously sexually assaulted the child? If yes, what happened?
* Is the parent aware of the sexual history?
* How often is the person allowed to be alone with or around the child unsupervised?
* When is the last time they were around the child?
* Has anything happened since they were around the child (If yes, see [Sex Abuse](#SexAbuse)).

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Other offender in the home

* Has the person been charged with, awaiting trial, or convicted of an criminal offence against another child in the home?
* What is the nature of the offence?
* Does the person have access to the child?
* Has anything happened while they were around the child?
* Has the person harmed the child or committed a similar offence to another child in the home?

Exposure to or Forced Participation in Illegal Activity

* Please describe what illegal activity has occurred in the household.
* Are the children aware, voluntarily participating, or being forced to participate in the illegal activity?
* Has the child been harmed or placed in imminent threat of danger?

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Violence has Occurred between Non-Intimate Partners

* + Were any injuries incurred as a result of the violence?
  + Was LEA contacted?
  + How often has physical violence or threat of violence occurred?

Sale of Illicit Substances

* + What kind of substances have been sold?
  + Where are the transactions taking place?
  + Are children present during the transaction?

Manufacturing of Illicit Substances

* + What kind of substance has been manufactured?
  + Where are the substances manufactured and how often?
  + When was the substance last manufactured?
  + Are children present during the manufacturing of the substance?

Risk of Sexual Abuse

* What sexual behavior is the child displaying? (see the [Age-Appropriate Sexual Behavior Resource](#ageappropriate))
* Is there any known reason such as previous sex abuse that may be causing this behavior?
* Is the caregiver aware of this behavior? What is the caregiver’s response to this behavior?

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Living in the same household with an adult who committed or is charged with human or sexual trafficking and known trafficker has unsupervised or unrestricted access to a child

* Has the person been convicted of human or sexual trafficking or awaiting trial?
* Has the person previously trafficked the child? If yes, what happened?
* Is the parent aware of the trafficking history?
* Is the person allowed to be alone with or around the child unsupervised?
* When is the last time they were around the child?
* Has anything happened since they were around the child? (If yes, see [Sexual Trafficking](#SexualTrafficking) or [Labor Trafficking](#LaborTrafficking))

**Note:** Include under the legal line, “Upon Hotline approval, a Hotline supervisor should forward a copy of this report to Ethan Boring and Yvonne Moore.”

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Labor Trafficking

* Has any force, fraud, or coercion been used to engage the child in forced labor?
* Does the child owe money? To who? How much?
* What is their debt for?
* Has anyone harmed them/threats?
* Has the child ever felt like they cannot leave?
* Has anyone taken the child’s personal identification documentation?
* Has LEA been informed?

**Note:** Include under the legal line, “Upon Hotline approval, a Hotline supervisor should forward a copy of this report to Ethan Boring and Yvonne Moore.”

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Failure to Protect

* If child is being harmed by someone other than the parent/caregiver, is the parent aware? If so, how are they responding to the situation?
* Has the caregiver done anything to protect the child from further harm?
* Is it an ongoing issue?

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Abandonment

* Where was the child left alone?
* Is the parent refusing to pick up the child from a facility?
* Was the child kicked out of the home?
* How long has the child been without a caregiver?
* Has someone else been caring for the child? Were the parents aware/give permission?

**Note:** See [Safe Haven](#SafeHaven) section for unharmed infants surrendered at 30 days old or younger.

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Risk Of Harm – CURRENT OPEN CASE, NEW CHILD IN THE HOME

* **Ask each RS:**
  + Are there any concerns for abuse/neglect or their ability to care for the child?
* **If RS is an FCM or other DCS employee:**
  + What is the current open case for?
  + What is going on right now with the case?

Risk Of Harm – Prior Failed Case, New Child In The Home

* Where are the children now (adopted/guardian/etc.)?
* Any current concerns for abuse/neglect or their ability to care for the child?

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Risk Of Harm – Prior Death/Serious Injury, Services Not Offered Or Completed, And New Child In The Home

* When did the initial incident occur?
* Any current concerns for abuse/neglect or their ability to care for the child?

**Note:** If a caller mentions the death of a child, get a supervisor on the line and ask the [fatality questions](#Fatality).

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Risk of Harm – Caregiver Impairment

* What substance is the caregiver using?
* How often?
* When was the last time the caregiver was under the influence?
* Have the children been harmed as a result?
* Are the parents able to function and provide basic needs?
* What is the caregiver’s behavior like when under the influence?
* Do the parents have any diagnoses (mental/physical)? Medications?

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Medical Neglect

* Does the child have any special needs or diagnoses?
* Does the child require a certain level of care?
* Is the child prescribed medications?
  + Does the child take the medications as directed?
  + Is the parent complying with the dosage amount and regiment?
  + How is the child effected by not taking the medication?
* Does the child see a doctor/therapist regularly?
* Is the parent complying with the appointments?
* Has the child been harmed or has their condition worsened?
* Does the child require any immediate medical attention?
* Has the parent refused necessary medical attention?

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Educational Neglect

* Is the child currently enrolled in school?
* How many unexcused absences does the child have?
* Are the child’s grades being impacted by missing school?
  + What were their grades previously? What are they now?
* Is the child at risk of being retained?
* Are there any other ways the absences are adversely impacting the child’s academic progress?
* Why is the child not attending school?
* Are the parents aware of the missed school?
  + What attempts have been made to contact the parents (i.e., number of attempts, method of contact, etc.)?
  + What is the parents’ response?
* Have the parents prevented the child from attending school?
* Are there any barriers to the child attending school (ex: transportation)?
* Does the child want to attend school?
* Are the caregivers homeschooling the children? How is that documented?

**Note:** You may provide reporters with the following resources:

* Educational Neglect Presentation and Guidance Form: <https://www.in.gov/dcs/contact-us/child-abuse-and-neglect-hotline/>
* Community Partners Information:<https://www.in.gov/dcs/2455.htm>

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Emotional Injury

* Describe for me the parent(s)’ behavior/actions towards the child(ren)?
* How are the parent/caregiver’s actions adversely impacting the child(ren)’s self-esteem or mental wellbeing?
* Is this an ongoing issue?
* Has the child received any mental health services?
  + [Medical neglect](#MedicalNeglect) questions may be necessary.

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REPORTER SPECIFIC GUIDES

LEA Calls

**Ask each LEA caller**:

* *“Do you have concerns of abuse or neglect in Indiana or are you just needing assistance from the local county?”*
* *“Do you need immediate assistance?”*

If concerns are identified

**Ask each LEA caller**, *“Do you need immediate assistance?”*

If Yes - LEA Immediate Assistance

* + Where/how would the officer like assistance? (e.g., at address, via phone call, etc.)
  + Gather brief demographic information
    - Try to obtain names/ages (estimated or DOB) for the children. Age can inform the county if car seats are needed.
  + Ask the officer to briefly explain the situation. This allows the officer to provide the amount of information they want or feel comfortable explaining in the amount of time they have.
    - Try not to ask extensive follow up questions as the call should be short. It is okay to ask clarifying questions, especially if you are unclear about the situation.

**Note**: Worker safety questions are not required for these calls.

**Post Report Process**

* + The local office should be contacted immediately on any assistance request (in person or phone call requests).
  + When calling the county, please make sure they are aware the officer asked for immediate assistance, but also provide them the correct response time. The response time is not affected by the request of immediate assistance.

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If no Immediate Assistance

* + Gather full demographic information
  + Gather information regarding the concerns including follow up and clarifying questions to make an accurate decision
  + Ask worker safety questions

If Allegations do not meet Legal Sufficiency

* + Relay the recommendation of screen out (even on request for immediate assistance)
  + Offer the officer a [Professional Service Request.](#PSR)
  + If they still want assistance, process the report as a Professional Service Request.

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If concerns are **not** identified

**Ask each LEA caller**, *“Do you need immediate assistance?”*

Professional Service Request

* + Gather brief demographic information
    - Try to obtain names/ages (estimated or DOB) for the children. Age can inform the county if car seats are needed.
  + Ask about the specific request
    - This should not include follow up questioning (you’re not gathering allegations)
    - You may ask clarifying information if you are unclear of their specific request.
  + Ask about the caller’s desired time frame.
  + Provide a recommendation and inform them if we are going to contact the county immediately
    - Counties are only contacted immediately if there is an immediate assistance request, or the request is urgent. Calls that do not identify an emergent need will be processed without direct calls to the county.
    - Be aware of field office closings/office hours to determine if a local office needs to be called based on their desired timeframe

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Reminders for LEA Calls

* **Dispatch Calling**: Gather the name and number of the office needing assistance. Remember to gather contact information for dispatch (Name and number) in case you are unable to get in touch with the officer directly
  + **Do not ask dispatch if they would like to provide the report directly***.* There are times when they will say this without prompting. In that case, gather as much information as possible and ask if the officer is needing immediate assistance.
* **Confirming Involvement:** Officers may ask about specific information related to the family. You may share:
  + Whether the family has active involvement
  + Who the involvement is assigned to

You may not explain why the family is involved with DCS.

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Judge and Prosecutor Calls

**Ask each Judge/Prosecutor caller**, *“Do you have concerns of abuse or neglect in Indiana or are you just needing assistance from the local county?”*

**Note:** Remember prosecutors can request immediate assistance.

If concerns are identified

* Gather full demographic information
* Gather all information regarding the concerns. Ask follow up questions and obtain clarifying information (See allegation question guides).
* Ask worker safety questions

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If concerns are **not** identified **OR** ConcerNs **do not Meet** Legal Sufficiency

Professional Service Request

* + Gather brief demographic information
    - Try to obtain names/ages (estimated or DOB) for the children. Age can inform the county if car seats are needed.
  + Ask about the specific request
    - This should not include follow up questioning (you’re not gathering allegations)
    - You may ask clarifying information if you are unclear of their specific request.
  + Ask about the caller’s desired time frame.
  + Provide a recommendation and inform them if we are going to contact the county immediately
    - Counties are only contacted immediately if there is an immediate assistance request, or the request is urgent. Calls that do not identify an emergent need will be processed without direct calls to the county.
    - Be aware of field office closings/office hours to determine if a local office needs to be called based on their desired timeframe

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Reminders for Judge and Prosecutor Calls

* The local county should be notified of **assessments** regardless of the time of day.
* The local office does not need to be contacted if it is a PSR unless there is a need for an emergent response.

Out of State’s CPS Jurisdiction

**Ask each out of state CPS reporter**, *“Do you have concerns of abuse or neglect in Indiana or are you just needing assistance from the local county?”*

If concerns are identified

* Gather full demographic information
* Gather all information regarding the concerns. Ask follow-up questions and obtain clarifying information (See allegation question guides).
* Ask worker safety questions

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If concerns are **not** identified **or** concerns **do not meet** legal sufficiency

Professional Service Request

* + Gather brief demographic information
    - Try to obtain names/ages (estimated or DOB) for the children. Age can inform the county if car seats are needed.
  + Ask about the specific request
    - This should not include follow up questioning (you’re not gathering allegations)
    - You may ask clarifying information if you are unclear of their specific request.
  + Ask about the caller’s desired time frame.
  + Provide a recommendation and inform them if we are going to contact the county immediately
    - Counties are only contacted immediately if there is an immediate assistance request, or the request is urgent. Calls that do not identify an emergent need will be processed without direct calls to the county.
    - Be aware of field office closings/office hours to determine if a local office needs to be called based on their desired timeframe

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Hospital Calls

* Determine if the hospital is calling in on a child fatality or near fatality
  + **If yes:** New employees: Get a supervisor on the line and [see the near fatality/fatality guides.](#Fatality)
* Gather full demographic information
* Gather the allegations, asking clarifying and follow up questions.
* Find out when the child will be discharged.
  + If unknown, try to determine an estimate (e.g., within the next few hours or days, etc.)
* If child was discharged, who were they discharged to and what time?
* Must ask [Worker Safety Questions](#WorkerSafety)

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Spanish Callers

* You can ask if there is a Spanish speaker available to take the call. If you do not get a prompt response, you must call Propio Language Services.
  + Propio phone number can be found in IC Public Contacts in Interaction Desktop.
  + Make sure to use the instructions for contacting Proprio located in the share folder.
  + You must conference the Propio call and your que call together by clicking and dragging one into the other.

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Employee Call-Ins

* When an employee is calling in, reach out to a supervisor via jabber and send a**group chat** to ALL supervisors on the list asking for assistance, including the employee’s name who is calling.

OTHER TYPES OF REPORTS

DCS History Check from another State Jurisdiction

* Ensure they need background information and not a courtesy interview
* Provide reporter with the DCS Background Check portal:
  + <https://www.in.gov/dcs/3739.htm>
* Explain the process about filing out the request on the portal. There is also a FAQ page on their website for any additional information needed.
* Complete report as I&R

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Riley Hospital I&R

* Sometimes Riley Hospital will call and specifically state they are calling for informational or communication purposes. In these situations:
  + Gather demographic information
  + Determine who (county and worker, if possible) is currently involved with the family
  + Confirm involvement in Casebook

**Note:** If involvement cannot be confirmed, a full report will have to be collected

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Hospital (or foster parent) Requesting Consent for Medical Treatment Regarding a Ward

* Collect demographic information
* Determine why the child is at a hospital, and what the child needs treatment for.
* Ask if there are concerns for potential abuse/neglect. If there are concerns, proceed with taking a full report.

**Post Report Process**

* Be sure to confirm DCS involvement; if the child is not an active ward, you may explain to the RS that DCS does not have current jurisdiction and is not able to provide consent. *(reminder not to give any details about involvement)*
* These reports will be called to the county 24/7
* Complete report as I&R.

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Collaborative Care

* Collect basic demographic information
* Ask youth if they are currently in crisis.
  + Do you have a safe place to stay?
  + How long can you stay?
  + Where are you currently?
* Do you know the last FCM/county?

**Post Report Process**

* If youth is currently in crisis with nowhere to stay, contact Collaborative Care immediately.
* Process report as an I&R with a case type of Collaborative Care.

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Mental Health and Developmental Disability Family Evaluation

* Does the child have suicidal or homicidal ideations?
* Is there a specific plan?
* Do they have the means to carry out that plan?
* How have the parents responded?
* Have they exhausted all their resources?
* Has the child been to any inpatient treatment in the past?
* Is the child currently in any counseling?
* Does the child have any specific diagnoses?
* Does the child have any DCS involvement?
  + **Note**: If a child is a ward of the state, we will not send as a Family Evaluation.

**Post Report Process**

* The report will be a “screen in”
* The focus child will be listed as a victim, but no perpetrator is selected unless there are additional concerns for abuse or neglect.
  + **Note**: Allegations can be included on the same report, but the report type would be “CPS & Family Evaluation”

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Information to Fax or Email Reports to the Hotline

* Provide reporter with the hotline fax number (317-234-7595 OR 317-234-7596) and/or the email address ([dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov))

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Adoption Information

* The adoption phone number is 1-888-25-ADOPT
* Provide DCS Adoption Program website: <https://www.in.gov/dcs/adoption/>

Post adoption Medicaid questions

For times when a caller has issues or questions regarding Medicaid coverage for a child they have adopted.

* Provide caller with information for the CEU 877-265-0086
* There is also a website they can go to and find the parent info sheet for additional information: <https://www.in.gov/dcs/files/Adoptive-Parent-Information-Sheet.pdf>

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Caller has a complaint for worker behavior

* Collect demographic information
* Collect the concerns, attempting to gather specific individuals if there is a concern about a certain worker
* Ensure the caller is aware of the chain of command (Ex: FCM, FCMS, DM, LOD, RM, Assistant Deputy Director of Field Operations, Ombudsman) and provide any contact information as requested.
  + [Ombudsman Website](https://www.in.gov/idoa/2610.htm)

**Post Report Process**

* Information should be written as any other narrative but pasted into an email and sent to [DCS Hotline Questions](mailto:dcshotlinequestions@dcs.in.gov) email box. Subject line: Complaint COUNTY (i.e. Complaint Madison County)
  + Please BCC your direct supervisor when sending these emails!

**Note:** If the complaint is against a Hotline worker, the call must be transferred to a supervisor.

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MECCA

* Do you need immediate assistance?
* Collect demographic information.
* What is the case number? *(they might say ICWIS number)*
* What happened today? Are there any concerns for abuse or neglect?

**Note:** Upon Hotline approval, a supervisor will forward a copy of this report to the MECCA tracking box.

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Safe Haven

Determining Safe Haven vs. Abandonment

* Has the child been left in the care of personnel at a hospital emergency room, a fire station, a police station, or a baby box in Indiana?
* Was there any information given regarding the parent?
  + **Note:** Parent(s) does not need to be anonymous for Safe Haven
* Is the child less than thirty days old?
* Are there any signs of abuse or neglect?
  + **Note:** If there are allegations of abuse/neglect coupled with the safe haven request, then proceed with a typical assessment report in addition to generating the Safe Haven report.
* If all the above criteria are met without allegations of abuse/neglect, then process the report as a Safe Haven Report alone. If not, see the section on [Abandonment.](#Abandonment)

Safe Haven Calls

* What were the circumstances under which the child was dropped off?
* Who is caring for the child and where are they?
* Are there any immediate concerns about the child?
  + Signs of illness, injury, or general medical conditions?
  + Signs of abuse of neglect?
* How long ago was the child dropped off?
* Was the child given to a person or was the child left in a box, dumpster, on a doorstep, etc.?
* Who was approached to take custody of the child?
  + What were they told about the child and the family’s situation?
  + Did the person who dropped off the child give an age or date of birth for the child?
  + Was any other information provided such as medical history for the child and parents?
* Has a Licensed Child Placing Agency (LCPA) already been called to respond for this child?
  + If the answer is yes, advise RS that DCS does not co-respond with LCPAs. Proceed to screen out.
  + If the answer is no/don’t know, proceed to send as safe haven.

Institutional Reports

* Collect demographic information for victim child as well as any other children involved in the incident. Also ask for parent/guardian names and contact information for all children.
* Collect demographic information for any perpetrators and/or staff members that are involved.
* Collect the concerns, asking for details about the incident.
* Are there cameras that captured the incident? Have they been reviewed?
* Is there a plan for discipline for the staff member involved? (depending on the type of incident and staff involvement)

**Post Report Process**

* Report will be completed as any other CPS report, but report type in decision card should be changed to “Institutional” type. This will allow you to search and select an institution, which will then change the name of the report.
* You should change the assigned county to “Institutional Unit” on the decision card. Incident county is where the facility is physically located.
  + **Note:**Foster homes are all institutional type reports but typically go to the county where they are physically located, not the institutional unit.

Determining Daycare vs Babysitter

* Is the child care provider licensed?
* How many children are cared for by the provider?
* Is the caregiver or babysitter related to the child? Are they a guardian or custodian to the child?
* Is the child cared for at a residence or facility other than their own home?

Therapeutic holds

* If the incident involved a therapeutic hold: was the hold performed appropriately? Was there any excessive force used? Was the child resisting the hold/thrashing around/fighting staff? Does the child have any injuries? If yes, are they consistent with being obtained during a hold (i.e. rug burn, knee or elbow injuries, etc)?

Lack of supervision

* Are there concerns for lack of supervision? If yes, were staff at their assigned places? Were checks completed appropriately for the needs of the children? Was there sufficient staff present for the number of children present?

Child vs child incidents

* If the incident involved two or more children, do those children still have access to one another? Is there a safety plan to keep the children separated?

Child with an injury

* If the child was injured, do they need medical care? What is the severity of the injury? Has the child been seen by a medical professional? What caused the injury?

Runaways

* Is the child a ward of the state (DCS or probation)
* Has law enforcement been contacted?
  + If yes, which LEA department was contacted?
* Has the child been recovered or still away from the facility?
* Any concerns for how the incident was handled? Did staff attempt to intervene to prevent the child from leaving or follow the child?

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MANDATORY SAFETY QUESTIONS

Mandatory Worker Safety Question

“I’m going to ask you a question about the home. I understand you may not know the answer, but I’m required to ask.”

* If a worker were to go to the home, are there any safety concerns present such as dangerous animals or contagious diseases?

**Note:** You must ask (or attempt to ask) the worker safety question. If a caller refuses or becomes angry due to being asked the question, then document the refusal and move on.

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Mandatory Domestic Violence Questions

* Are you aware of any incidents of domestic violence (violence between romantic partners)?

**Note:** You must ask (or attempt to ask) the domestic violence questions. If a caller refuses or becomes angry due to being asked the questions, then document the refusal and move on.

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*If yes, ask the following questions:*

* Has anyone in the family been hurt or assaulted? (past or present)
* Who has been hurting the family or child?
* Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? Any threats of kidnapping? If yes, please describe what happened.
* Have weapons been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
* How long has the fighting been going on?
* Where is the child when the violence occurred?
* Did the child(ren) try to stop or intervene in the violence?
* How is the family violence affecting the child?
* Have the police ever been called to the home to stop fighting? If so, was anyone arrested/charged?
* Are the children safe now?
* Are the parents safe now?
* What is the parent/caretaker’s ability to protect him or herself along with the children?

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RESOURCES

Age Appropriate Sexual Behaviors

It can be hard for some to acknowledge that children are sexual beings, and that children can be curious about sex and sexuality. Children’s curiosity can lead to normal exploration, and parents should not always jump to the conclusion that their child has been a victim of sexual abuse. Below are some common and uncommon sexual behaviors for specific ages.

* **Preschool Age (up to 5 years)**
  + Common:
    - Having questions and knowledge relating to differences in gender, private body parts, hygiene and toileting, pregnancy, and birth
    - Will explore genitals and can experience pleasure
    - May show or look at private body parts
    - Will have knowledge and question about: physical development, relationships, sexual behavior, menstruation, pregnancy, and personal values
    - May experiment with same-age and same gender children, often during games and role playing
    - Self-stimulation in private is expected to continue
  + Uncommon:
    - Having knowledge of specific sexual acts or explicit sexual language
    - Engaging in adult-like sexual contact with other children
* **School-age (6 to 8 years)**
  + Common:
    - Similar to Preschool Age
  + Uncommon:
    - Adult like sexual interactions (e.g. oral intercourse and penetration with objects)
    - Having knowledge of specific sexual acts
    - Behaving sexually in a public place
    - Continues sexual behaviors despite redirection
* **School Age (9 to 12 years)**
  + Common
    - Will have knowledge and questions about sexual materials, relationships, and sexual behaviors
    - May use sexual words, and discuss sexual acts/personal values particularly with peers
    - May increase experimentation with sexual behaviors and romantic relationships
    - Self-stimulation in private is expected to continue
  + Uncommon:
    - Regularly occurring adult like sexual behaviors
    - Behaving sexually in a public place
    - Sexual behaviors continue despite redirection
* **Adolescence (13 to 16 years)**
  + Common:
    - Will have knowledge and questions about decision making, social relationships, sexual values, and consequences of sexual behavior
    - Self-stimulation in private is expected to continue
    - Sexual experimentation between adolescents of the same age is common voyeuristic behaviors are common in this age group
    - First sexual intercourse will occur for approximately one third of teens
  + Uncommon
    - Masturbation in a public place
    - Sexual interest directed towards much younger children

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Human Trafficking Risk Factors

There may be times where your report contains allegations that do not meet legal sufficiency to assign for human trafficking outright, but the report several red flags that indicate human trafficking may be a concern. An override may be done on these reports using the information below.   
  
**Risk of Human Trafficking** - Child has demonstrated behaviors or physical signs of human trafficking.  These signs can include but are not limited to:  

* Is not allowed or unable to speak for him/herself and may be extremely fearful
* Frequently runs away
* Has suspicious tattoos or other signs of branding
* Money and/or expensive items with no known means of obtaining OR a complete lack of personal items
* Child lives, associates, and/or has relations with age-inappropriate friends, boyfriends, or girlfriends.
* Known to associate with confirmed or suspected victims or perpetrators of human trafficking
* Child has no knowledge of community of where they are located (this could be where they live or part of a runaway episode)
* LEA and/or medical professional reports behaviors/circumstances that are concerns of human trafficking
* Child voices having a debt to repay or not having a control of income earned from work
* Child exhibits unexplained injury or signs of prolonged or untreated illness or disease
* Child’s story after a runaway episode is inconsistent or presents as scripted

**Post Report Process**

* This will still be a screen out screen in override on the SDM tool.
* On the allegations card, mark “Human/Sexual Trafficking.”
* This will be a 24-hour response time.

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