Reset Form

SAFE ASSESSMENT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 57056 (R / 3-21) / CW 0311S
DEPARTMENT OF CHILD SERVICES

Safe Assessment of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD. Demographic information is subject to change.

Date of complaint *(month, day, year)*	Assessment number	Type of assessment

Address of household *(number and street, city, state, and ZIP code)*

Type of household	County	Primary telephone number ( )	Work telephone number ( )

Assessed by:	Title	Agency

PARENT / GUARDIAN INFORMATION

Person ID	Name	Role	Date of Birth *(month, day, year)*	Age	Sex	Race*	Date of Interview *(month, day, year)*

CHILD(REN) INFORMATION

Person ID	Name of Child	Role	Date of Birth *(month, day, year)*	Age	Sex	Race*	Date of Interview *(month, day, year)*

Evidence dates *(month, day, year)*

Child risk factors

ALLEGED PERPETRATOR INFORMATION

Person ID	Name	Date of Birth *(month, day, year)*	Age	Sex	Race*	Date of Interview *(month, day, year)*

*** RACE ABBREVIATIONS**

(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America
(A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
(B) Black or African American – Having origins in any of the black racial groups of Africa
(NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands
(W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa
(U) Unable to Determine – *Choose only when client refuses or is unable to identify race(s).*

OTHER PERSON RESPONSIBLE FOR CHILD(REN)			
Person ID	**Name**	**Address** *(number and street, city, state, and ZIP code)*	**Telephone Number**

OTHER RELATIONSHIPS				
Person ID	**Name of Child**	**Person ID**	**Name of Person**	**Relationship to Child**

TYPE OF MALTREATMENT						
Person ID	**Name of Victim**	**Person ID**	**Name of Perpetrator**	**Relationship to Victim**	**Type of Allegation**	**Substantiation Decision**

NARRATIVE
Summary of the Preliminary Report of Alleged Abuse or Neglect (State Form 114 / CW 310)
Scope of the assessment
Conclusion statement

NARRATIVE *(continued)*

Initial and subsequent safety of the child(ren)

Notice Section

Was a Safety Plan developed? ☐ Yes ☐ No	Was a Plan of Safe Care developed? ☐ Yes ☐ No	Was a referral made to Community Partners? ☐ Yes ☐ No

Date of completion *(month, day, year)*	Approved by director / supervisor	Date of approval *(month, day, year)*

The contents of the record, including the decision to substantiate or not, is subject to change consistent with any post assessment process that may occur.

POST-ASSESSMENT INFORMATION

Date of completion *(month, day, year)*	Approved by director / supervisor	Date of approval *(month, day, year)*