



# ASSESSMENT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 113 (R13 / 2-20) / CW 0311  
DEPARTMENT OF CHILD SERVICES

Conclusion

**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)	Education

### CHILD(REN) INFORMATION

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

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 CODES

(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 <i>(number and street, city, state, and ZIP code)</i>	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

Initial and Subsequent Safety of the Child(ren)

**NARRATIVE (continued)**

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*)