

Mandatory Reporting Requirements: Children Indiana

Last Updated: December 2017

Question	Answer
Who is required to report?	<ul style="list-style-type: none"> • Any person.
When is a report required and where does it go?	<p>When is a report required?</p> <ul style="list-style-type: none"> • Reason to believe that a child is a victim of child abuse or neglect. <p>Where does it go?</p> <ul style="list-style-type: none"> • Oral reports shall be made to the Department of Child Services, which hosts a toll-free child abuse hotline (1-800-800-5556) or the local law enforcement agency. • If an individual is required to make a report in his or her capacity as a member of the staff of a medical or other public or private institution or as a member of the staff of a hospital licensed under 31-33-5-2.5, IC 16-21-12, school, facility, or agency, the individual must immediately notify the individual in charge of the hospital, institution, school, facility, or agency or a designated agent.
What definitions are important to know?	<ul style="list-style-type: none"> • “Child” means a person less than 18 years of age. • “Child abuse or neglect” refers to a child in need of services according to IC 31-34-1-1 through IC 31-34-1-5 and IC 31-34-1-8 through IC 31-34-1-11 (definitions provided below) regardless of whether the child needs care, treatment, rehabilitation, or the coercive intervention of a court. <ul style="list-style-type: none"> • The term does not include a child who is alleged to be a victim of a sexual offense under IC 35-42-4-3 unless the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals or female breasts, regardless of whether the child needs care, treatment, rehabilitation, or the coercive intervention of a court. • A child is a “child in need of services” if, before the child becomes 18 years of age, the child meets any of the following definitions and the child needs care, treatment or rehabilitation that (a) the child is not receiving and (b) is unlikely to be provided or accepted without the coercive intervention of the court: <ul style="list-style-type: none"> • 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; • 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. Note that evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child’s physical or mental health is seriously endangered;

- **[subsection (a)(1)]** the child is the victim of an offense as defined in the subparts of IC 35-42-4-1 (rape), 35-42-4-3 (child molesting), IC 35-42-4-4 (child exploitation, possession of child pornography), IC 35-42-4-5 (vicarious sexual gratification; fondling in the presence of a minor), IC 35-42-4-6 (child solicitation), IC 35-42-4-7 (child seduction), IC 35-42-4-8 (sexual battery), IC 35-42-4-9 (sexual misconduct with a minor), IC 35-45-4-1 (public indecency; indecent exposure), IC 35-45-4-1.5 (public nudity), IC 35-45-4-2 (prostitution), IC 35-45-4-3 (patronizing a prostitute), IC 35-45-4-4 (promoting prostitution), or IC 35-46-1-3 (incest), or the law of another jurisdiction, including a military court, that is substantially equivalent to any of the offenses listed in these subsections;
- the child lives in the same household as an adult who: (A) committed an offense described in subsection (a)(1) against a child and the offense resulted in a conviction or a judgment under IC 31-34-11-2; or (B) has been charged with an offense described in subsection (a)(1) against a child and is awaiting trial;
- the child lives in the same household as another child who is the victim of an offense described in subsection (a)(1) and a caseworker assigned to provide services to the child: (A) places the child in a program of informal adjustment or other family or rehabilitative services based on the existence of the circumstances described in subdivisions (1) and (2), and the caseworker subsequently determines further intervention is necessary; or (B) determines that a program of informal adjustment or other family or rehabilitative services is inappropriate;
- the child lives in the same household as an adult who: (A) committed a human or sexual trafficking offense under IC 35-42-3.5-1 (promotion of human trafficking; sexual trafficking of a minor; human trafficking) or the law of another jurisdiction, including federal law, that resulted in a conviction or a judgment under IC 31-34-11-2; or (B) has been charged with a human or sexual trafficking offense under IC 35-42-3.5-1 or the law of another jurisdiction, including federal law, and is awaiting trial;
- the child is the victim of (A) human or sexual trafficking (as defined in IC 31-9-2-133.1); or (B) a human or sexual trafficking offense under the law of another jurisdiction, including federal law, that is substantially equivalent to the act described in clause (A);
- the child's parent, guardian, or custodian allows the child to participate in an obscene performance (as defined by IC 35-49-2-2 or IC 35-49-3-2);
- the child's parent, guardian, or custodian allows the child to commit a sex offense prohibited by IC 35-45-4 (public indecency; indecent exposure; public nudity; prostitution; patronizing a prostitute; promoting prostitution);
- the child is a missing child (as defined in IC 10-13-5-4);
- the child is born with: (A) fetal alcohol syndrome; (B) neonatal abstinence syndrome; or (C) any amount, including a trace amount, of a controlled substance, a legend drug, or a metabolite of a controlled substance or legend drug in the child's body, including the child's blood, urine, umbilical cord tissue, or meconium; or
- the child: (A) has an injury; (B) has abnormal physical or psychological development; (C) has symptoms of neonatal intoxication or withdrawal; or (D) 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.
What timing and procedural requirements apply to reports?	<ul style="list-style-type: none"> • An oral report of the suspected abuse or neglect shall be made immediately.
What information must a report include?	<ul style="list-style-type: none"> • The statutes do not specify the contents of the oral reports. However, the department will need to issue a written report within 48 hours of a report providing the following information: <ul style="list-style-type: none"> • The names and addresses of the child and the child's parents, guardian, custodian, or other person responsible for the child's care. • The child's age and sex. • The nature and apparent extent of the child's injuries, abuse, or neglect, including any evidence of prior (A) injuries of the child; or (B) abuse or neglect of the child or the child's siblings • The name of the person allegedly responsible for causing the injury, abuse, or neglect. • The source of the report. • The person making the report and where the person can be reached. • The actions taken by the reporting source, including the following: (A) Taking of photographs and x-rays, (B) Removal or keeping of the child, (C) Notifying the coroner. • The written documentation required by IC 31-34-2-3 if a child was taken into custody without a court order. • If the report concerns a missing child, any information concerning the time and circumstances related to the child becoming a missing child, including the child's last known location. • Any other information that: (A) the director requires by rule; or (B) the person making the report believes might be helpful.
Anything else I should know?	<ul style="list-style-type: none"> • A person who is required to report and is a health care provider or a person in charge of a hospital or similar medical institution treating the child shall cause photographs to be taken of the areas of trauma visible on the child. If medically indicated, a physician may cause a radiological examination or a physical medical examination, or both, of the child to be performed. • A person, other than a person accused of child abuse or neglect, who makes or causes to be made a report of a child who may be a victim of child abuse or neglect, is a health care provider and detains a child for purposes of causing photographs, x-rays, or a physical medical examination, is immune from any civil or criminal liability that might otherwise be imposed because of such actions. • Immunity does not attach for a person who has acted maliciously or in bad faith. • A person who knowingly fails to make a report is guilty of a Class B misdemeanor. • A person who intentionally communicates to a law enforcement agency or the department a report of child abuse or neglect knowing the report to be false commits a Class A misdemeanor. However, the offense is a Level 6 felony if the person has a previous unrelated conviction for making a report of child abuse or neglect knowing the report to be false. The person is liable to the person accused of child abuse or neglect for actual damages, and potentially punitive damages and attorney's fees. • A child is not a child in need of services if: (1) a drug detected in the body of the child with fetal alcohol syndrome, neonatal abstinence syndrome, or any amount, including a trace amount, of a controlled

substance, a legend drug, or a metabolite of a controlled substance or legend drug in the child's body, including the child's blood, urine, umbilical cord tissue, or meconium or the child has an injury, an abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal, that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy and (2) during pregnancy the child's mother:

1. possessed a valid prescription for the legend drug;
 2. was not in violation of IC 16-42-19 (the Indiana legend drug act); and
 3. made a good faith attempt to use the legend drug according to the prescription instructions.
- A child is not a child in need of services under section 10 or 11 of this chapter if: (1) a drug detected in the body of the child with fetal alcohol syndrome, neonatal abstinence syndrome, or any amount, including a trace amount, of a controlled substance, a legend drug, or a metabolite of a controlled substance or legend drug in the child's body, including the child's blood, urine, umbilical cord tissue, or meconium or the child has an injury, an abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal, that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy; and (2) during pregnancy the child's mother:
 1. possessed a valid prescription for the controlled substance; and
 2. made a good faith attempt to use the controlled substance according to the prescription instructions.

Statutory
citation(s):

Ind. Code Ann. §§ 31-9-2-13, 31-9-2-14, 31-25-2-1, 31-33-1-2, 31-33-5-1, 31-33-5-2, 31-33-5-2.5, 31-33-5-3, 31-33-5-4, 31-33-6-1, 31-33-6-2, 31-33-10-1, 31-33-22-1, 31-33-22-3, 31-34-1-1, 31-34-1-2, 31-34-1-3, 31-34-1-3.5, 31-34-1-4, 31-34-1-5, 31-34-1-8, 31-34-1-9, 31-34-1-10, 31-34-1-11, 31-34-1-12, 31-34-1-13.