

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 01: Selecting a Placement Option	
	Effective Date: March 2, 2023	Version: 15

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When out-of-home care is required to ensure the safety and well-being of the child, careful assessment and evaluation is needed to identify the least restrictive placement, maintain continuity of care, and promote stability.

[Back to Top](#)

PROCEDURE

An appropriate placement will be identified for a child upon removal from the home. Suitability of each parent, guardian, or custodian will be considered prior to considering relative, kinship, or foster care placement to maintain continuity of care and the least restrictive placement

The Indiana Department of Child Services (DCS) will consider the following factors, if applicable, when identifying placement options for a child:

1. The noncustodial parent's suitability and willingness to care for the child;
2. The possibility of other suitable and willing relatives or kin as a placement;

Note: A noncustodial parent should be considered prior to exploring placement options. If there is not a suitable noncustodial parent, suitable and willing relative or kin should be considered prior to considering other placement options.

3. Placement with siblings unless there is a compelling reason placing siblings together would not be in the best interest of one (1) or more of the children;
4. The child is a member of, or eligible for, membership in an Indian tribe. For additional information, see policy 2.12 Administration of the Indian Child Welfare Act (ICWA);
5. Who is medically fragile or an infant under six (6) months of age.

Note: The vaccination status of the FFH will be considered to determine the appropriateness of the placement. The vaccination status of the other foster children in the FFH should also be reviewed and considered in determining the placement needs of the medically fragile child or infant under six (6) months of age.

6. The possibility of former resource parents as a placement;
7. The placement type recommendation of the Child and Adolescent Needs and Strengths (CANS) Assessment (see policy 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);
8. The least restrictive environment available to provide for the child's individual needs;

9. Proximity to the child's community; and

Note: Whenever possible, a child will be placed within the child's own community, school district, and in close proximity to the child's parent, guardian, or custodian.

10. Whether child has been identified as a victim of human trafficking and/or domestic violence (DV) (see policies 4.47 Human Trafficking and 2.30 Domestic Violence).

When pursuing a placement, the Family Case Manager (FCM) will:

1. Ask the child (if age appropriate) and family if the child is of Indian heritage or if the child is eligible for membership in a federally recognized Indian tribe (see policy 2.12 Administration of the Indian Child Welfare Act [ICWA]);
2. Conduct a diligent search for any noncustodial parents and relatives or kin (including all adult relatives, kin, and adult siblings) prior to conducting a search for a licensed foster home (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);

Note: In cases involving human trafficking, if placement with a noncustodial parent, other relative, or kin is being considered, the child should not be placed until it is determined that the potential placement is not the trafficker or associated with the trafficker. For further guidance, see policy 4.47 Human Trafficking and/or email questions to the DCS Human Trafficking Information mailbox.

3. Identify all relatives and kin who may be an appropriate resource for the child by utilizing the completed Kinship Connection Diagram (see policies 5.06 Locating Absent Parents and 8.48 Relative or Kinship Placements);

Note: Former long-term resource parents may be considered as a relative placement in cases where the child is the victim of repeat maltreatment or returning to out-of-home care.

4. Conduct a criminal history background check if:
 - a. A noncustodial parent is identified as a potential caregiver and there are concerns regarding the noncustodial parent's ability to keep the child safe, or
 - b. A relative or kinship placement has been identified (see policies 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements and 13.06 Evaluation of Background Checks for Non-Emergency Unlicensed Out-of-Home Placements).
5. Facilitate the convening of a Child and Family Team (CFT) Meeting to determine which placement would be in the best interest of the child (unless an immediate placement decision must be made due to an emergency removal):
 - a. Discuss the needs of the child, including the placement of siblings together, and
 - b. Review the 8.A Tool: Placement Needs Summary, CANS, and placement recommendations to determine which of the following is the most appropriate placement type for the child:
 - i. Relative/Kinship Family, including a long-term resource family (see policy 8.48 Relative or Kinship Placements),
 - ii. Foster Family Home (FFH), or

Note: Former foster parents should be considered whenever possible and appropriate.

- iii. Residential Treatment Center, Psychiatric Residential Treatment Facility (PRFT) or State Hospital. This level of placement requires approval through the Child-Focused Treatment Review (CFTR). See policy 5.24 Child-Focused Treatment Review (CFTR) for additional guidance.
 - c. Develop a Permanency Plan and second Permanency Plan, if concurrent planning. Both plans should include the possibility of siblings being placed together (see policy 5.15 Concurrent Planning – An Overview); and
 - d. Develop a Visitation Plan that is agreed upon by all CFT members (see policy 8.12 Developing the Visitation Plan).
6. Collaborate with the Regional Foster Care Specialist (RFCS) if the child will be placed in a licensed foster home.

Note: If the child was previously in an FFH, the FCM should coordinate with the RFCS to consider placement in former FFHs.

7. Provide as much information as possible to the RFCS and/or LCPA regarding the child's needs for the purpose of finding an appropriate FFH. The information should include, but is not limited to:
- a. Child demographics (i.e., age, developmental capacity, gender identity, sexual orientation),
 - b. Child's culture (i.e., preferred language, religious and/or spiritual practices),
 - c. Child's placement preferences (i.e., household composition, community),
 - d. Whether the child is part of a sibling group and if the siblings should be placed together,
 - e. Prior placement history,
 - f. Child's Permanency Plan and visitation schedule,
 - g. Any medical/behavioral/psychological needs and concerns (e.g., bedwetting, fire starting, animal cruelty, medications, and/or special medical equipment),
 - h. Child abuse and/or neglect and legal history, and
 - i. Educational needs and enrollment details.
8. Complete the Interstate Compact on the Placement of Children (ICPC) process as outlined in policy 9.01 Request to Place an Indiana Child in Another State for out-of-state placement with a resource parent or in residential treatment, if applicable;
9. Contact the identified family to discuss the child's needs and the family's ability to care for the child. Ensure clear follow up is given to the family regarding whether the child will be placed in their home.
10. Consider services needed for the child and identified family to meet identified needs and make referrals as necessary (see policy 8.15 Services for the Resource Family);

Note: If the child is placed in a Licensed Child Placing Agency (LCPA) home, ensure the LCPA staff is included in communications with the foster parent.

11. Obtain approval from the DCS Local Office Director (LOD) or designee for children temporarily placed in Emergency Shelter Care (ESC), placement types that are different from the CANS recommendation, or admitted for residential treatment.

Note: In addition to this policy, the FCM will follow all additional steps in:

- a. Policy 5.19 for CANS Assessment approvals;
 - b. Policy 5.24 Child-Focused Treatment Review (CFTR) for admission in residential treatment;
 - c. Policy 8.04 Emergency Shelter Care and Urgent Residential Treatment for youth placed temporarily in ESC or in need of urgent residential treatment; and
 - d. Policy 8.48 Relative and Kinship Placements for a child placed in a relative or kinship home.
12. Submit the placement recommendation to the court after the recommendation is approved by all required DCS local office staff;
 13. Enter all actions taken and any deviation from best practice in the case management system; and
 14. Facilitate the placement of the child (see policy 8.09 Placing the Child in Out-of-Home Care).

The FCM Supervisor will:

1. Assist the FCM in determining the appropriate type of placement for the child and obtaining any needed approvals;
2. Provide any additional assistance as needed to ensure the child is appropriately placed in a timely manner; and
3. Ensure all actions taken and any deviation from best practice is documented in the case management system.

The LOD or designee will approve, if appropriate, ESC, residential treatment, and a placement type that is different from the CANS recommendation.

After being contacted by the FCM regarding the need for placement recommendations, the RFCS or the LCPA will:

1. Discuss with the FCM the child's placement needs including, but not limited to:
 - a. The CANS placement recommendation and/or known behavioral health and medical needs,
 - b. Anticipated visitation schedule and details,
 - c. Educational needs,
 - d. Sibling relationships and potential placement or service needs, and
 - e. Existing and/or anticipated services.
2. Evaluate the appropriateness of available placement options to meet the child's needs; and
3. Provide recommendations to the FCM regarding the child's placement.

[Back to Top](#)

RELEVANT INFORMATION

Definitions

DCS Investigators

DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment.

Long-Term Resource Parent

A long-term resource parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve (12) months of age.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Forms and Tools

- [8.A Tool: Placement Needs Summary](#)
- [8.B Tool: Separation and Loss](#)
- [American Academy of Pediatrics](#)
- DCS Human Trafficking Information email - dcshumantraffickinginformation@dcs.in.gov
- [Healthy Children.org](#)
- [DCS website](#)
- [Kinship Connection Diagram](#)
- Indiana Human Trafficking Rapid Indicator Tool – Available in the case management system
- [Riley Children's Health](#)
- [Safety Plan \(SF 53243\)](#)
- [The National Institute of Health](#)
- Visitation Plan – Documented in the CFT Meeting Notes and the Court Reports

Related Policies

- [2.12 Administration of the Indiana Child Welfare Act \(ICWA\)](#)
- [2.30 Domestic Violence](#)
- [4.47 Human Trafficking](#)
- [5.06 Locating Absent Parents](#)
- [5.15 Concurrent Planning - An Overview](#)
- [5.19 Child Adolescent Needs and Strengths \(CANS\)](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.04 Emergency Shelter Care & Urgent Residential Treatment](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.12 Developing the Visitation Plan](#)
- [8.15 Services for the Resource Family](#)
- [8.48 Relative or Kinship Placements](#)
- [9.01 Request to Place an Indiana Child in Another State](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.06 Evaluation of Background Checks for Non-Emergency Unlicensed Out-of-Home Placements](#)
- [15.10 Continued Title IV-E Eligibility Requirements](#)
- [16.02 Assistance for Unlicensed Relative and Kinship Placements](#)

[Back to Top](#)

LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-32-2.5: Right to Intervene in Child in Need of Services Proceedings and Termination of Parent-Child Relationship Proceedings](#)
- [IC 31-34-1-3.5: Victim of human or sexual trafficking](#)
- [IC 31-34-4: Temporary Placement of Child Taken into Custody](#)
- [IC 31-34-6: Detention of Alleged Child in Need of Services](#)
- [IC 31-34-6-2: Placement with relative or de facto custodian; evaluation; background checks](#)
- [IC 31-34-21: Review of Dispositional Decrees; Formal Review Hearings](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)
- [IC 31-9-2-42: "Domestic or family violence"](#)
- [IC 35-42-3.5: Human and Sexual Trafficking](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

[Back to Top](#)

PRACTICE GUIDANCE – DCS POLICY 8.01

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Relative Home Physical Environment Checklist

The Relative Home Environment Check List allows for a documented discussion to occur about potential safety concerns. This discussion should reinforce awareness of potential safety concerns regarding fire and water safety. The checklist indicates items that are minimum criterion for placement in a relative home. FCMs should use critical thinking skills when completing the checklist. The FCM should also assist the relative caregiver in finding solutions to any issues that may arise from the completion of the checklist. Requests for additional funding may be appropriate to assist in meeting a checklist item (e.g., carbon monoxide detector). Some items that cannot be met may be evidence that the placement is not suitable.

In the section for follow-up, the placing FCM is to indicate what action is required to complete the checklist requirement. FCMs should document what the plan is for achieving all required items.

All items marked for follow up should be reassessed by the FCM within 48 hours of the emergency placement unless there is a documented supervisory approved plan that follow through will exceed 48 hours. In situations where an FCM is unable to follow-up within 48 hours due to other responsibilities associated with a removal, the FCM should seek supervisory approval to have the RFCS or Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS) assist. **Items will never be marked for follow-up that are immediate safety concerns for the child, as DCS should not be placing (or recommending placement to the court) if there are immediate safety concerns in the home.**

Supporting Relative Caregivers

It is important for FCMs to support all relative caregivers. FCMs must be mindful that relative caregivers may not have planned to take emergency placement of their relative's children. This is especially true in middle of the night placements. The FCM should be patient and exercise empathy for the relative caregivers and serve as a support to them by answering any questions and addressing any concerns they may have. It is the goal of DCS to have a child transition as smoothly as possible from his or her home into the relative caregiver's home. FCMs should complete timely service referrals for identified needs, such as childcare assistance, individual or family counseling, home based casework, etc. for the relative caregiver or child. See policy 16.02 Assistance for Unlicensed Relative and Kinship Placements for additional information on financial assistance for relative caregivers.

Safe Sleep

FCMs will talk to parents, guardians, and caregivers about safe sleep for infants and will document the discussion in the case management system. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest. Keep other caregivers informed of these safe sleep guidelines;

2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision.
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby's sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.

Additional information regarding safe sleep is available on the following websites:

1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. The National Institute of Health;
4. Riley Children's Health; and
5. The DCS Website.

[Back to Top](#)