

Indiana Child Welfare Policies

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Overview and Purpose of the DCS Child Welfare Policy Manual

The Indiana Department of Child Services (DCS) partners with children and families to provide services to address issues that lead to Child Abuse and/or Neglect (CA/N) and ensure the safety, permanency, stability, and well-being of children. DCS also assesses allegations of CA/N and oversees licensing services for resource parents and child caring institutions. In addition, DCS is responsible for child support services and partners with county Prosecuting Attorneys, county Clerks of the Court, and various other local, state, and federal agencies to assist families with child support services under Title IV-D of the Social Security Act.

Note: The DCS Child Welfare Policy Manual does not address child support policy except to the extent that it intersects with child welfare policy.

The DCS Child Welfare Policy Manual is comprised of information directly related to the duties of DCS staff members. The sections within each policy are:

- Policy Overview: Provides a brief summary about the purpose of the policy.
- Policy Statement: Explains general expectations.
- Legal References: Federal and state laws, rules, and regulations, which establish the authority of the agency and set statutory parameters of agency authority within those areas.

DCS Mission, Vision, Values, and Principles

Child welfare is a field of practice within social work where a partnership is developed with families in order to protect children who may be victims of Child Abuse and/or Neglect (CA/N) and address the issues that lead to CA/N. When involvement with the Department of Child Services (DCS) is necessary, the least restrictive interventions are utilized, as DCS recognizes that the preservation of family and community ties are essential to safety, well-being, stability, and permanency for children. DCS recognizes and supports the preservation of family and community connections through our mission, vision, and purpose.

Mission

We champion Indiana's future by protecting children and strengthening families with compassion and determination.

Vision

Every child in Indiana thrives in a safe, loving, forever home.

Purpose

Ignite hope. Cultivate joy.

LEGAL BASE

The direct delivery of child welfare services by DCS local offices under the administration or supervision of the Central Office of DCS is based upon federal and state laws, rules, and regulations. The foundation for public welfare is found in the 1935 federal Social Security Act, as amended.

The Indiana Juvenile Code became effective October 1, 1979. In its “General Policy and Provisions,” Indiana Code (IC) [31-10-2-1](#) affirms that it is the policy of this state to “promote the safety of all children involved in the juvenile justice system and ensure that children within the juvenile justice system are treated as persons in need of care, protection, treatment, and rehabilitation.” Further, the Code states that it is Indiana’s policy to “strengthen family life by assisting parents to fulfill their parental obligations while recognizing that a parent’s interest receiving services at the time and expense of the state for purposes of reunification is limited as set forth in IC 31-34-20-1.6;” and “to remove children from their families only when it is in the child’s best interest or in the best interest of public safety, (and) ensure timely placement of children in foster care into permanent homes.”

Per Indiana Code [31-10-2-2](#), “for purposes of [IC 31-33](#); [IC 31-34](#); and [IC 31-35](#); all decisions made by (DCS) or the court shall be made in consideration of the best interests of the child or children concerned.”


The federal Social Security Act, Title IV, Part B, Subpart 2, Section 430 (42 USC 629) offers these objectives:

- (1) To prevent child maltreatment among families at risk through the provision of supportive family services.
- (2) To assure children’s safety within the home and preserve intact families in which children have been maltreated, when the family’s problems can be addressed effectively.
- (3) To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- (4) To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Information regarding other federal and state laws that influence public child welfare services may be found in the related sections of the DCS Child Welfare Policy Manual.

Non-Discrimination in Service Delivery to Clients

Title IV of the Federal Civil Rights Act of 1964 ([42 USC 2000d](#)), Section 504 of the Rehabilitation Act of 1973 ([29 USC 794](#)), Section 202 of the Americans with Disabilities Act of 1990 ([42 USC 12132](#)), and all regulations related to these Acts address non-discrimination in service delivery to clients. All Department of Child Services (DCS) local offices must ensure that no one, based on race, color, sex, national origin, or handicap, is excluded from participation in, denied the benefits of, or subjected to discrimination under any service or activity for which the federal government provides funding.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 01: Notice of Substantiation and Child Protection Index	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

This policy does not apply to a court proceeding that requests expungement of reports in the Child Protection Index (CPI) under law (IC 31-39-8-4).

The Indiana Department of Child Services (DCS) lets certain people know when a report of child abuse or neglect is substantiated and added to the Child Protection Index (CPI).

POLICY STATEMENT

Notification to Perpetrator

When DCS finds that someone has abused or neglected a child, they will officially record it. DCS will enter the substantiation into the CPI. The person who is named can ask for a hearing to challenge the decision. This is called an appeal hearing. (See policy 2.05)

Within 30 days after DCS approves the report, they will either mail or hand-deliver these three documents:

1. A Notification of Substantiation and Right to Request an Administrative Appeal Hearing (SF 53068) form;
2. A redacted copy of the report called an Assessment of Alleged Child Abuse or Neglect (311) (SF 113) (referred to as “311”); and
3. A Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776) form.

Notification to the Parent, Guardian, or Custodian

Within 30 calendar days of adding a substantiated CA/N report to the CPI, DCS will send a notice to the child’s parent, guardian, or custodian. The notice is called the Notice of Substantiation of Report of Child Abuse or Neglect (SF 53252) form. DCS will only share information if law allows it.


Notification to the Employer of a Child Care Worker (CCW)

If the perpetrator is a CCW, DCS will send notice to their current or future employer. The notice is called the Notice to Employer of a Report of Child Abuse or Neglect (SF 53031). DCS will send it within two business days after DCS approves the report.

LEGAL REFERENCES

- [IC 4-21.5-2-6: Inapplicability to certain formulation, issuance, and administrative review](#)
- [IC 4-21.5-3-1: Service of process; noticed by publication](#)
- [IC 4-21.5-3-2: Time computation](#)
- [IC 10-19-3-6: Ultimate authority for administrative proceedings](#)
- [IC 31-33-18: Chapter 18. Disclosure of Reports; Confidentiality Requirements](#)

- [IC 31-33-26: Child Protection Index](#)
- [IC 31-39-8-4: Expungement of child abuse or neglect information](#)
- [42 USC 5106a: Grants to States for child abuse or neglect prevention and treatment programs](#)
- [465 IAC 3: Administrative Reviews and Hearings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 05: Administrative Appeal Hearings	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

This process applies to all substantiated Child Abuse and Neglect (CA/N) determinations and denials of an Administrative Appeal Hearing made on or after October 15, 2006, when the Indiana Department of Child Services (DCS) became Child Abuse Prevention and Treatment Act (CAPTA) compliant.

A perpetrator has a right to request an Administrative Appeal Hearing if allegations of CA/N are substantiated.

POLICY STATEMENT

An alleged perpetrator may request an Administrative Appeal Hearing by contacting the DCS Hearings and Appeals:

1. Email (hearingsandappeals@dcs.in.gov); or
2. Mail or hand-delivery (302 W. Washington St., E-306, Indianapolis, Indiana 46204).

Note: The alleged perpetrator must submit the necessary documents to DCS Hearings and Appeals **within 30 calendar days** of the date on the notice about their right to an administrative appeal. An **additional three (3) days** will be allowed for mail time. If the request is received on a weekend or state holiday, the next business day will count as the receipt date.

DCS will provide any timely and complete requests to the Office of Administrative Law Proceedings (OALP) and ask for an Administrative Law Judge (ALJ) appointment/Administrative Hearing Officer to conduct the hearing.

Note: If the substantiated assessment is against a **minor perpetrator**, the request must be made by the child's parent, guardian, attorney, Guardian ad Litem (GAL), or Court Appointed Special Advocate (CASA).

Administrative Appeal Hearings are held by the OALP according to Indiana Code (IC) 4-15-10.5, IC 31-33-26, 465 IAC 3-2-7, and 465 IAC 3-3.

Timeframes

All hearings will be held within **90 calendar days** of receiving the request, unless the appeal is stayed or continued (as required by the relevant law or rule).

Exception: If the substantiated assessment is against a DCS employee or Child Care Worker (CCW), the hearing will be held within **20 calendar days** of receiving the request, unless the alleged perpetrator waives the time limit in writing (see 465 IAC 3-3-9).

Stays

If a stay is needed, DCS or appellant must notify DCS Hearings and Appeals by submitting a notice or motion.

During a stay, the substantiation will remain on the Child Protection Index (CPI).

DCS must also submit documentation to DCS Hearings and Appeals showing that one (1) of the following applies:

1. A CHINS petition has been filed based on the substantiated assessment.

Note: While the court is reviewing the CHINS petition, the Preliminary Inquiry (PI), CHINS Petition, and/or other supporting documentation must be submitted to request a stay.

2. Criminal charges or a Juvenile Delinquency (JD) Petition have been filed based on the same facts as the substantiated assessment.

Note: While the case is pending the Probable Cause Affidavit, charging information, and/or other supporting documentation must be submitted to request a stay.

3. An Informal Adjustment (IA) has been filed based on the same facts of the substantiated assessment and is pending; or

Note: A copy of the filed IA must be submitted to request a stay.

4. DCS has received written notification from the County Prosecutor's Office that criminal charges are under review.

Note: These charges are based on the same facts that led to allegations against the perpetrator who requested the Administrative Appeal Hearing.

If the Administrative Appeal is stayed, DCS or appellant may request the process be restarted or dismissed, when appropriate, depending on the ALJ's order. The stayed case will remain open on the OALP docket until the ALJ makes a final decision.


Final Agency Review

1. **For cases filed before July 1, 2024:** The DCS Final Agency Authority (FAA) will conduct Final Agency Review of decision and notify all parties once the ALJ's written decision is issued, as appropriate; and
2. **For cases filed after July 1, 2024:** The ALJ has the final determination.

LEGAL REFERENCES

- [IC 4-15-10.5: Chapter 10.5. Office of Administrative Law Proceeding](#)
- [IC 4-21.5-1-15: "Ultimate authority"](#)
- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-33-26: Chapter 26. Child Protection Index](#)
- [465 IAC 3: Administrative Reviews and Hearings](#)
- [465 IAC 3-2: Administrative Reviews](#)

- [465 IAC 3-2-1: Administrative review of a substantiated report of child abuse or neglect](#)
- [465 IAC 3-2-7: Denial of review](#)
- [465 IAC 3-3: Administrative Hearings](#)
- [465 IAC 3-3-9: Schedule of hearings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Services Section 06: Sharing Confidential Information	
	Effective Date: January 1, 2026	Version: 15

POLICY OVERVIEW

The names of the people who make a report, the children involved, and others protected by law must stay private. This information can only be shared if approved by a judge/court order or allowed by law. The Indiana Department of Child Services (DCS) also keeps private the information or records it receives from others based on the laws that apply.

POLICY STATEMENT

Confidentiality of DCS Records

DCS will keep confidential all information, documents, reports, pictures, videos, images, or recordings about a child or family with which DCS has worked.

Note: DCS will only share this information with people who are legally allowed, as outlined in IC 31-33-18-1.5 and IC 31-33-18-2.

All CA/N reports and assessment records are confidential. This includes:

1. Written reports;
2. Audio/video recordings; and
3. Photographs.

It is a crime to knowingly obtain or falsify CA/N records. It is a Class A infraction for a public employee to knowingly share confidential information.

Public Review and Research Requests

DCS may provide:

1. Public reports, improvement plans, and statewide reviews that are edited as required by law and approved by the DCS General Counsel and Data Governance Committee before they are released; and
2. General child abuse and/or neglect (CA/N) information (with no names or details) to researchers. Requests for general CA/N information go through the Data Governance Committee (Dcspublic.Recordsrequest@dcs.IN.gov).

All confidential records from DCS must be clearly labeled or stamped "CONFIDENTIAL". Any envelope with records will say "CONFIDENTIAL". Private records shared online must be encrypted (see policy [IOT-CS-SEC-003](#)).

General Considerations for Information Sharing

Unless federal law says otherwise (including the Family Educational Rights and Privacy Act [FERPA] and Confidentiality of Substance Use Disorder Patient Records [42 CFR Part 2]), DCS

may share **redacted** reports, photographs, and other information with those outlined in IC 31-33-18-2 after receipt of a written request and approval from the DCS Staff Attorney.

Foster Care or Residential Treatment Records

DCS keeps medical records private. If a child needs to be placed out of home in a foster home or residential treatment facility, a diagnosis or behavior needs might be shared with the Licensed Child Placing Agency (LCPA) or residential treatment facility to help decide if the placement is a good fit.

DCS will keep all records about children and their parent, guardian, custodian, or other relatives confidential. Information about children involved in ongoing service cases and placed in a licensed foster home or residential treatment facility may be released to:

1. A state agency involved in licensing of the foster home or facility where the child is placed;
2. A legally mandated CPS agency (see Providing Information to Another CPS Agency below);
3. A law enforcement agency (LEA);
4. An agency having care for a child placed in a foster home or a facility;
5. The parent, guardian, or custodian of the child in a foster home or a facility;
6. A citizens review panel; and
7. The DCS Ombudsman.

DCS must protect a child or family's private information. This information may only be shared for one (1) of the following reasons:

1. Administration of the state plan under Title IV-B, Title IV-D, or Title IV-E of the Social Security Act;
2. Investigations or legal proceedings connected with the administration of the state plans;
3. Management of other federal or federally supported programs that provides assistance or services based of need;
4. Audits by government agents to check how the plan or program funded under the plan is managed; or
5. Reporting known or suspected CA/N to appropriate authorities.

Licensing Records


Licensing files are considered public information with the **exception** of the following:

1. CA/N information;
2. Information about:
 - a. Children in foster care,
 - b. Children in day care, and
 - c. The parent, guardian, or custodian of these children.
3. Medical or psychological information;
4. Federal Bureau of Investigation (FBI) transcript reports;
5. Financial information; and
6. Inter-agency and intra-agency decision-making communications.

LEGAL REFERENCES

- [IC 4-1-6-8.5: Consistent handling of information among and between agencies; principles and procedures](#)
- [IC 5-14-3: Chapter 3. Access to Public Records](#)

- [IC 5-14-3-10: Classified confidential information; unauthorized disclosure or failure to protect; offense; discipline](#)
- [IC 12-18-8: Chapter 8. Domestic Violence Fatality Review Team](#)
- [IC 12-18-9-3: Statewide domestic violence fatality review committee purpose](#)
- [IC 16-49.5-2: Chapter 2. Suicide and Overdose Fatality Review Teams](#)
- [IC 16-49-6: Chapter 6. Fetal-Infant Mortality Review Teams](#)
- [IC 16-50-1-3: Statewide maternal mortality review committee established; duties; authority](#)
- [IC 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)
- [IC 31-25-2-20.4: Citizen review panels; membership; appointment; duties; response to report; prohibited acts](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-27-3-18: Records](#)
- [IC 31-27-4-21: Records regarding children](#)
- [IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)
- [IC 31-33-8: Chapter 8. Investigation of Reports of Suspected Child Abuse or Neglect](#)
- [IC 31-33-8-9: Provision of copies of investigative report by department of child services](#)
- [IC 31-33-18-1: Confidentiality; exceptions](#)
- [IC 31-33-18-1.5: Written findings; copies to the department of child services; certain records held by governmental entities not confidential if redacted; procedure for reacting records](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 31-33-18-3: Disclosure to qualified researchers](#)
- [IC 31-33-18-4: Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs](#)
- [IC 31-33-22-2: Obtaining child abuse information under false pretenses; knowingly falsifying records or interfering with an investigation](#)
- [IC 31-36-1-3.5: Information to the National Center for Missing and Exploited Children](#)
- [IC 31-36-2-2: Investigatory duties of law enforcement agency](#)
- [IOT-CS-SEC-003 Data Encryption](#) – accessible to DCS staff on the VPN
- [34 CFR Part 99: Family Educational Rights and Privacy](#)
- [42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records](#)
- [42 U.S.C. 671 \(a\)\(8\): State Plan for Foster Care and Adoption Assistance](#)
- [42 U.S.C. 671 \(a\)\(9\)\(C\)\(i\)\(I\) State Plan for Foster Care and Adoption Assistance](#)
- [42 U.S.C. 5106a\(b\)\(2\)\(B\)\(x\): The Child Abuse Prevention and Treatment Act; Grants to States for Child Abuse or Neglect Prevention and Treatment Programs](#)
- [465 IAC 2-5-1: Release of information to individuals engaged in research projects on child abuse; written request; good faith research project; qualifying individual](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 07: Confidentiality of Social Security Numbers	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) follows state laws to protect social security numbers (SSNs). The law says when it's okay to share these numbers and when it is not.

POLICY STATEMENT

DCS staff are not allowed to share a SSN unless the law says it is okay to share it.

Note: Sharing the last four digits of an individual's SSN is not sharing the individual's SSN.

Public Record Requests

DCS staff must hide an individual's SSN on a public record before sharing it.

Exceptions When SSNs Can be Shared

If the law allows, DCS staff may share a person's SSN with:

1. A state, local, or federal government agency as long as it is related to the case file;
2. The judicial branch of government; and

Note: A state law enforcement agency can share a person's SSN with any individual, state, local or federal agency, or other legal entity, if it helps with an investigation.

DCS may share a person's SSN if:

1. The law or a court order says to share it;
2. The person gives permission in writing (a signed release) for their or their minor child's SSN to be shared; or

Note: The release may be valid for up to two (2) years.

3. It is needed for the administration of Title IV-D of the Federal Social Security Act.


Release of a Child's SSN to a Resource Parent for Tax Purposes

A resource parent may ask for a child's SSN if they:

1. Cared for the child after a court placed the child with them in a Child in Need of Services (CHINS) or a juvenile delinquency case;
2. Want to claim the child as a dependent on their income tax return; and
3. Fill out the request form (SF 57304) and email it to Foster Care Support (fostercare support@dcs.in.gov).

LEGAL REFERENCES

- [IC 4-1-10: Chapter 10. Release of Social Security Number](#)
- [IC 4-1-10-2: "State agency"](#)
- [IC 4-1-10-3: Nondisclosure of Social Security number](#)
- [IC 4-1-10-4: Exceptions to nondisclosures of Social Security number](#)
- [IC 4-1-10-5: Permitted disclosures of Social Security number](#)
- [IC 4-1-10-6: State agency compliance](#)
- [IC 4-1-10-8: Criminal disclosures of Social Security number; Level 6 felony](#)
- [IC 4-1-10-9: False representation to obtain Social Security number; Level 6 felony](#)
- [IC 4-1-10-10: Negligent disclosure of Social Security number; Class A infraction](#)
- [IC 4-1-10-11: Attorney general investigation of disclosures; notice to county prosecutor and state police](#)
- [IC 4-1-10-12: Attorney general determination of infraction; report to appointing authority and county prosecutor](#)
- [IC 31-28-6.7: Chapter 6.7. Release of Social Security Numbers to Caregivers of Foster Children](#)
- [U.S.C. 552a: Privacy Act](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Services Section 08: Accessing Electronic Case Records	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

To follow Indiana law and protect the privacy of those served by the Indiana Department of Child Services (DCS), the electronic case records are only accessed for purposes related to a DCS employee’s job duties.

POLICY STATEMENT


DCS keeps electronic records in the case management system for all reports, assessments, and cases of child abuse and neglect (CA/N). DCS employees who gain or give access to child welfare records without permission will be subject to disciplinary action, up to and including termination.

Note: Sharing confidential information without permission is illegal. Employees who do this can be punished, per Indiana law.

DCS may restrict access to reports, assessments, or case records about its employees or their immediate family members; or when there may be a conflict of interest.

LEGAL REFERENCES

- [IC 5-14-3-10: Classified confidential information; unauthorized disclosure or failure to protect; offense; discipline](#)
- [IC 31-33-26-5: Establish access restrictions; maintain confidentiality; read only access by child services ombudsman](#)
- [IC 35-44.2-4-1: Disclosure of confidential information](#)
- [42 IAC 1-5-6: Conflicts of interest, decisions and voting](#)
- [42 IAC 1-5-10: Benefiting from confidential information](#)
- [42 IAC 1-5-11: Divulging confidential information](#)
- [42 IAC 1-5-12: Use of state property](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 12: Administration of the Indian Child Welfare Act	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

Indiana Child Welfare Act (ICWA) is a law made in 1978 to help protect Native American children and their families. It makes sure people who work with children respect Native traditions and try to keep Native families and tribes together. If a Native American child is in a court case, the child’s parents or tribe can help or ask to move the case to a tribal court. If a tribe takes care of the child, the Department of Child Services (DCS) will follow special steps to make sure things are done the right way.

POLICY STATEMENT

DCS makes sure that Native American children get the rights they have under the ICWA law. This includes children who are already part of a tribe or could join one. DCS follows all the rules of ICWA. DCS will help these children and their families by working to give them support, services, and ways to stay connected with their family.

ICWA is a law that helps Native American children. It is used in court cases like CHINS, Detention, or Termination of Parental Rights (TPR) when the child is a Native American, as defined by federal law. To follow this law, DCS works with the family to find out if the child is Native American and if ICWA should be used. DCS will look at different situations to decide if the law applies:

1. Prior to initial removal from the parents;
2. At any detention hearing;
3. Prior to any change in foster care placement;
4. Prior to any adoptive placement;
5. At review hearings and at permanency hearings; and
6. Prior to the filing of any TPR petition.

Even if a tribe does not officially intervene in a DCS case, DCS must follow ICWA laws. The tribe is allowed to intervene at any time while DCS is involved with the child and family.

When a Native American child is part of a custody case, DCS must help the child’s parents or caregivers follow their custody plan. This help is called “active efforts.” It means the support should match the tribe’s way of life and traditions. DCS should work closely with the tribe, the child, child’s family, and other important people in the child’s.

DCS follows all the rules of ICWA when helping a child who is a member of, or could become a member of, a federally recognized tribe. One of these tribes, the Pokagon Band of Potawatomi Indians, has tribal land in Indiana.

If there is a legal case about a Native American child's parental rights, DCS will let the child's parent, Indian caregiver, and tribe know. DCS will also send a copy of this notice to the right Area Director at the Bureau of Indian Affairs (BIA).

DCS must send notice of each court proceeding to the child's parent, Indian custodian, and Indian tribe. These notices will be sent by registered or certified mail, with a return receipt requested. DCS will not make a foster care placement or hold a TPR proceeding until at least 10 calendar days after receipt of notice by the parent, Indian custodian, and the tribe or the United States (U.S.) Secretary of the Interior. If requested, the parent, Indian custodian, or tribe may, be given up to an additional 20 calendar days to prepare for the proceeding.

Exception: If a Native American child's safety is in danger, DCS can step in to keep the child safe. But they must still send special notices to the child's parent, caregiver, and tribe, as described above. Once the danger is gone, the child must go back home. This emergency help can only last up to 30 days if there's no court hearing. DCS is not allowed to take a child from tribal land where the tribe is in charge.

If a parent or caregiver granted permission for adoption but later changes their mind, the child must go back to them, if the court agrees. If adoption has already been granted, the parent can ask the court to rescind the adoption decree if they feel they were tricked or pressured. If the court agrees, the child must go back to the parent. But this can only happen if the adoption is less than 2 years old.

Note: If the child goes back home, but the same dangers that caused the removal still exist, DCS must take action to protect the child again right away. In that case, a court hearing that follows ICWA rules must be held.

Also:

1. A consent signed before or within 10 days after the child's birth is not valid.
2. If the adoption ends for any reason, like the court cancels it or the adoptive parents give up their rights, the child must be returned to the biological parent or the Indian caregiver unless the court decides this would harm the child.

When placing a Native American child in foster care, the following order must be followed:


1. **First**, with a member of the child's extended family.
2. **Second**, in a foster home that the child's tribe has chosen.
3. **Third**, in a foster home for Native American children, approved by a licensed non-tribal group.
4. **Fourth**, in a group home or children's institution that is approved by a tribe or run by a Native organization and can meet the child's needs.

Note: A court cannot place a Native American child in foster care unless there is proof, such as expert testimony, that staying with the parent or Indian caregiver would likely cause serious emotional or physical harm to the child.

LEGAL REFERENCES

- [IC 31-9-2-58.4: "Indian child"](#)
- [25 U.S.C. §1903\(4\): Definitions: "Indian Child"](#)
- [25 U.S.C. §1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 U.S.C. § 1912 \(e\): Pending Court Proceedings: Foster Care Placement Orders; Evidence; Determination of Damage to Child](#)

- [25 U.S.C. §1913: Parental rights; voluntary termination](#)
- [25 U.S.C. §1915: Placement of Indian children](#)
- [25 U.S.C. §1916: Return of custody](#)
- [25 U.S.C. §1922: Emergency removal or placement of child; termination; appropriate action](#)
- [42 U.S.C. §671 \(a\) 15: State plan for foster care and adoption assistance: Requisite features of State plan](#)
- [43 USC §1602\(c\): Definitions: "Native village"](#)
- [25 C.F.R §23: Indian Child Welfare Act](#)
- [25 C.F.R. §23.2: Definitions](#)
- [25 C.F.R. §23.11: Notice](#)
- [25 C.F.R. §23.113: What are the standards for emergency proceedings involving an Indian child?](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 13: Record Retention and Expungement	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) follows Indiana state law and its own rules to manage records. This includes rules for expunging (removing) records and how long to keep them.

POLICY STATEMENT

Anyone listed as a perpetrator of Child Abuse and/or Neglect (CA/N) can ask the court to remove (expunge) related records. The petition must be filed with the **juvenile court** in the county where the person lives. The steps for filing are explained in **IC 31-33-27**.

Court or Administrative Hearing Officer Ordered Expungement

DCS will expunge (remove) a substantiated report in the Child Protection Index (CPI). DCS will do this within 10 business days after one of these happens:

1. A Child in Need of Services (CHINS) court finds that Child Abuse and/or Neglect (CA/N) did not occur;
2. An administrative hearing officer recommends that the CA/N report is unsubstantiated and the final agency authority (FAA) issues a written final agency action saying the report is unsubstantiated;
3. A juvenile court orders expungement under IC 31-33-27-5.

Amendment of Perpetrator

DCS will change a substantiated report in the CPI by removing the name of an alleged perpetrator if:

1. A court with jurisdiction over a CHINS case decides the person was not a perpetrator of the CA/N that occurred; or
2. The FAA, after getting a recommendation from an administrative hearing officer, finds the person was not a perpetrator of the CA/N that occurred.

Amendment of Classification

DCS will change a substantiated report contained in the CPI by reclassifying it as unsubstantiated if:


1. A court with jurisdiction over a CHINS case finds that the CA/N did not happen; or
2. The FAA, after getting a recommendation from an administrative hearing officer, finds that the CA/N did not happen.

Hotline Retention

Audio recordings of CA/N calls to the DCS Child Abuse Hotline (Hotline) will be retained for 24 years from the date of the call.

LEGAL REFERENCES

- [IC 31-33-27: Chapter 27. Expungement of Child Abuse or Neglect Reports](#)
- [IC 31-33-26-15: Expungement and amendment of record procedures](#)
- [IC 31-39-8: Chapter 8. Expungement of Records Concerning Delinquent Child or Child in Need of Services](#)
- [470 IAC 1-4-1: Administrative Appeals](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 15: Releasing Hospitalized Victims of Child Abuse and/or Neglect (CA/N)	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

When a child is in the hospital and may be a victim of Child Abuse and/or Neglect (CA/N), the Indiana Department of Child Services (DCS) must follow legal steps before releasing the child to anyone.

POLICY STATEMENT

DCS must approve the release of a child from the hospital when:

1. The child is the subject of a CA/N assessment;
2. The child is the patient in a hospital; and
3. The hospital either was the reporter or has been notified of the CA/N assessment.


Note: DCS will make sure a release is given to the hospital for screen-out reports.

To release a child to their parent, guardian, or custodian; resource parent; or court-approved placement, DCS must provide the hospital with:

1. A written release; or
2. A copy of a court order.

LEGAL REFERENCES

- [IC 31-33-11-1: Conditions for release of child under investigation for abuse or neglect; expenses of extended hospital stay](#)
- [45 CFR 164.512\(b\)\(1\)\(ii\): Uses and disclosures for which an authorization or opportunity to agree or object is not required](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 20: Establishment of Child Support Orders	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Federal law says every state must help set up, change, and enforce child support and paternity. This is called the Title IV-D Program from the Social Security Act.

In Indiana, the program is run by the Department of Child Services (DCS) through the Child Support Bureau (CSB). Local prosecutors, clerks, and courts help carry it out, following Indiana laws.

POLICY STATEMENT

When the Program is Required to Help

The program must help in certain cases. One example is when a child is in foster care and gets help under another federal law called Title IV-E.

How the Program is Measured

The Federal government checks how well Indiana’s child support program is working. It looks at five things:

1. Establishing paternity;
2. Establishing child support orders;
3. Collecting current child support;
4. Collecting past-due child support; and
5. Measuring how cost-effective the program is.


The Indiana Department of Child Services (DCS) will ask the court to create or change child support orders as needed when a child is removed from their home. A separate child support order will be created for each known parent who does not have custody of the child, if needed. When the Child in Need of Services (CHINS) case is closed, DCS will ask the court to decide what happens to any existing child support orders.

Note: This request should also be made for a youth who is a ward of DCS under a CHINS or Collaborative Care case.

LEGAL REFERENCES

- [IC 31-40-1-5: Obligation of parent or guardian for costs of placement; remittance of support payments; enforcement](#)
- [IC 31-30-1-12: Jurisdiction of child custody, parenting time, or child support proceeding in marriage dissolution; survival of order](#)
- [IC 31-25-4-7: Duties of bureau](#)

- [IC 31-25-4-13.1: Agreements with local government officials; contracting; attorney-client relationship; informing applicant; service level stipulation](#)
- [IC 31-14-11-5: Date for support obligation to begin](#)
- [IC 31-16-6-6: Termination of child support; emancipation; petition for educational needs](#)
- [42 USC 654: State plan for child and spousal support](#)
- [45 CFR 302.52: Distribution of support collected in Title IV-E foster care maintenance cases](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 22: International and Cultural Affairs Services	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) provides International and Cultural Affairs (ICA) services to make sure children and families from different countries and cultures get the support they need.

POLICY STATEMENT

The ICA should be contacted for help and information about:

1. Cultural needs or concerns;
2. International dialing;
3. Translation requests/interpreter services (see policy [GA-3 Language Services](#));
4. Notification to a Consulate or Embassy about:
 - a. Detention of a child,
 - b. Termination of Parental Rights (TPR),
 - c. Changes in legal custody, and
 - d. Guardianship.
5. Immigration status concerns about:
 - a. Visas,
 - b. Immigration relief (e.g., Special Immigrant Juvenile Status [SIJS] and Deferred Action for Childhood Arrivals [DACA]),
 - c. Citizenship, and
 - d. Refugees.
6. Requests for the following vital documents issued abroad:
 - a. Birth certificate/verification,
 - b. Death certificate/verification,
 - c. Marriage certificate, and
 - d. Divorce Order.
7. International family search;
8. International background checks:
 - a. Criminal background check,
 - b. Child Abuse Registry check, and
 - c. International Deoxyribonucleic Acid (DNA) testing.
9. International placement or international permanency plans for:
 - a. Repatriation of child,
 - b. International home study,


- c. International DNA testing.
10. Immigration and Customs Enforcement (ICE) holds or custody:
 - a. Deportation verification,
 - b. Detained parent search,
 - c. Immigration court information, and
 - d. Visit pending deportation.
 11. Indian Child Welfare Act (ICWA) (see policy [2.12](#)); and
 12. Any other cultural need or concern that may arise that is not an emergency.

DCS will use ICA to communicate with ICE and any embassy or consulate.

Note: ICA liaisons are the only ones authorized to communicate with an embassy, consulate, or ICE. The ICA liaison will provide updated information and copy the DCS Staff Attorney on any email communication with the Consular Official. ICA should be contacted **immediately** if information is obtained regarding a parent, guardian, or custodian in ICE custody.

LEGAL REFERENCES

- [IC 34-45-1-3: Interpreters; entitlement](#)
- [IC 34-45-1-4: Interpreters; appointment and qualifications](#)
- [Section 604 on Title VI of the 1964 Civil Rights Act, 42 H.S.C. 2000d](#)
- [U.S. Department of Health and Human Services: Civil Rights – Limited English Proficiency \(LEP\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Services Section 25: Dual Status	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

At the start of a case each child is looked at to see if they are involved in both the Juvenile Justice and Child Welfare systems. If the child is involved in both, a special team may be selected to give the child extra help and support.

POLICY STATEMENT


The Indiana Department of Child Services (DCS) will determine if the child meets the legal conditions to qualify as “Dual Status”, meaning they are involved with DCS and Juvenile Probation. The Dual Status Assessment Team (DSAT) is a group chosen by the juvenile court to help decide next steps for a child involved in both Juvenile Justice and Child Welfare. DCS will work closely with the Juvenile Probation Department to better serve the Dual Status child. A Memorandum of Agreement (MOA) will be established between the local DCS office and the local Juvenile Probation Department.

Note: The MOA must be signed by the Juvenile Court Judge with jurisdiction, the Chief Juvenile Probation Officer, and the DCS Agency Director.

LEGAL REFERENCES

- [IC 31-34-7-1: Preliminary inquiry](#)
- [IC 31-34-7-2: Provision of preliminary inquiry and recommendation to attorney for department](#)
- [IC 31-34-9-2: Authorization to file petition; evidence; finding; determination for dual status assessment](#)
- [IC 31-34-10: Chapter 10. Initial Hearing on Child in Need of Services Petition and Issuance of Summons](#)
- [IC 31-34-10-2: Initial hearing; service of petition and summons; determination of referral for dual status assessment; CHINS petition; additional initial hearings](#)
- [IC 31-34-11: Chapter 11. Factfinding Hearing on Child in Need of Services Petition](#)
- [IC 31-34-23: Chapter 23. Modification of Dispositional Decrees](#)
- [IC 31-37-12: Chapter 12. Initial Hearing and Issuance of Summons](#)
- [IC 31-37-13: Chapter 13. Factfinding Hearing](#)
- [IC 31-37-22: Chapter 22. Modifications of Dispositional Decrees](#)
- [IC 31-41-1: Chapter 1. Definitions](#)
- [IC 31-41-1-2: "Dual status child"](#)
- [IC 31-41-1-4: "Dual status assessment"](#)
- [IC 31-41-2: Chapter 2. Dual Status Assessment Team](#)
- [IC 31-41-2-3: Dual status team meeting; considerations](#)
- [IC 31-41-2-4: Statements communicated in a dual status assessment team meeting](#)

- [IC 31-41-2-5: Dual status team considerations](#)
- [IC 31-41-2-6: Dual status team reports; recommendations](#)
- [IC 31-41-3-1: Determination of lead agency](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 27: Community Child Protection Team (CPT)	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

A Community Child Protection Team (CPT) is a group that reviews cases handled by the Department of Child Services (DCS). CPT gives DCS advice or feedback. It is required by Indiana law. Each County has its own CPT. Each CPT team includes people from different professions.

POLICY STATEMENT

DCS will set up a CPT in each county. Each member must live or work in the county where the team forms. The CPT must include these 13 members:

1. The DCS Local Office Director (LOD) or designee;
2. Two designees of the juvenile court judge;
3. The county prosecuting attorney or designee;
4. The county sheriff or designee;
5. A local government representative who is either:
 - a. The president of the county executive in a county not containing a consolidated city or designee, or
 - b. The executive of a consolidated city in a county containing a consolidated city or designee.
6. A director of a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) program or the director’s designee in the county in which the team is to be formed; and
7. The chief law enforcement officer of the largest Law Enforcement Agency (LEA) in the county (other than the county sheriff) or designee.

Other members are chosen by the LOD. The DCS Agency Director has final approval. These additional members include:

1. Either:
 - a. A public school superintendent or that person’s designee, or
 - b. A director of a local special education cooperative or the director’s designee.
2. Two (2) persons, each of whom is a physician or nurse, with experience in pediatrics or family practice; and
3. Two (2) citizen members who are residents of the county.

The CPT may review:


1. Any cases where the Indiana Department of Child Services (DCS) has been involved in the county where the CPT covers; and

2. Complaints regarding child abuse and/or neglect (CA/N) cases that are brought to the CPT by a person or an agency.

The CPT may recommend to DCS that a petition be filed in the juvenile court on behalf of the subject child if the team believes this would best serve the interests of the child.

LEGAL REFERENCES

- [IC 31-33-3: Chapter 3. Community Child Protection Team](#)
- [IC 31-33-3-1: Community child protection team established; members](#)
- [IC 31-33-7-1: Arrangement for receipt of reports](#)
- [IC 31-33-18: Chapter 18. Disclosure of Reports; Confidentiality Requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 28: Regional Services Council (RSC)	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The purpose of a Regional Services Council (RSC) is to assess the local child welfare service needs and identify how best to meet those needs.

POLICY STATEMENT

Each county in Indiana is part of a Regional Services Council (RSC) based on its service region. The Indiana Department of Child Services (DCS) decides which counties are in each service region. A county cannot be split between regions. The RSC meets quarterly to review needs, recommend services, and manage funding.

RSC Plan (Plan)

The Plan should support children and families who are:

1. Alleged or adjudicated a Child in Need of Services (CHINS), Informal Adjustment (IA), or Juvenile Delinquency/Juvenile Status (JD/JS); or
2. At risk of becoming a CHINS, IA, or JD/JS and referred to DCS for services (by or with the consent of the parent, guardian, or custodian), in accordance with a child's individual case plan.

The Plan includes:

1. Organization;
2. Staffing;
3. Mode of operations;
4. Financing of the child protection services;
5. The provisions made for the purchase of services; and
6. Interagency relations.

RSC Requirements

Each RSC must:

1. Evaluate local child welfare service needs and decide the best way to provide those services. The RSC will hear public feedback about local service needs and system changes;
2. Develop, approve, and recommend the Plan designed to meet those needs;
3. Recommend how to divide and use the funds, including:
 - a. Title IV-B of the Social Security Act,
 - b. Title IV-E of the Social Security Act,
 - c. Title XX of the Social Security Act,
 - d. The Child Abuse and Prevention Treatment Act (CAPTA),
 - e. Special Education programs under IC 20-35-6-2,

- f. All programs designed to prevent child abuse, neglect, or delinquency or to enhance child welfare and family preservation administered by or funded through DCS, Division of Family Resources (DFR), prosecuting attorneys, and juvenile courts, including programs funded through law, and
 - g. A child advocacy fund.
4. Develop, review, or revise strategies to:
 - a. Provide or improve prevention and early intervention services,
 - b. Strengthen local collaboration, and
 - c. Use funds more effectively.
 5. Review program applications and make recommendations to the DCS Agency Director;
 6. Review the implementation of the Plan and prepare revisions, additions, or updates of the Plan that the RSC believes will improve service quality;
 7. Reorganize, as needed, and select a vice chairperson for the ensuing year;
 8. Collaborate with Central Office for obtaining services (e.g., Request for Proposals [RFPs]); and
 9. Ensure the meeting agenda, minutes, and notices are posted on the DCS website.

The chairperson or vice chairperson of an RSC (selected by the RSC) may call additional meetings, if necessary.

A majority of the voting members appointed to the RSC constitutes a quorum. A quorum must be present for the matter of official business that includes taking final action. The RSC may hold a meeting without a quorum to discuss public business related to its responsibilities and functions, without taking final action.

Note: A proxy may represent an RSC member during meetings.


Open Door Law

All RSC meetings follow Indiana's Open Door Law. The RSC will:

1. Publicize the existence and availability of the Plan, including locating the Plan on the DCS website; and
2. Post meeting agendas and a memorandum of each meeting to the DCS website and make the general public aware this information is available. In accordance with law, the memorandum will state the name of each member who:
 - a. Was physically present,
 - b. Joined remotely, or
 - c. Was absent.

LEGAL REFERENCES

- [IC 5-14-1.5: Chapter 1.5. Public Meetings \(Open Door Law\)](#)
- [IC 5-14-1.5-2\(g\): "Final action"](#)
- [IC 20-35-6-2: Contracts for services; payment of costs; rules](#)
- [IC 31-26-3.5: Chapter 3.5. Child Welfare Programs](#)
- [IC 31-26-6: Chapter 6. Regional Service Strategic Plans](#)
- [IC 31-26-6-5.5: Description of plan implementation](#)
- [IC 31-40: ARTICLE 40. JUVENILE LAW: FUNDING](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 30: Domestic Violence	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

Understanding and assessing domestic violence (DV) is important for keeping children safe. When a child experiences DV it may pose a serious risk to their safety and well-being.

POLICY STATEMENT

Intake

The Indiana Department of Child Services (DCS) looks into every report of child abuse or neglect to see if DV is happening. The DCS Hotline will recommend an assessment if the report shows any of the following:

1. A child saw or was in the home when someone was being hurt;
2. A child was hurt while trying to stop the DV or by being nearby incident;
3. The child may try to step in, which could be dangerous;
4. A child may get hurt during DV incident (like being held or stopped from leaving)
5. The person causing harm has weapons or made threats to use them, or threatened to kill or hurt themselves or others
6. DV happens often, or it's paired with other serious risks like drug use
7. The person causing harm stops the other parent/child from getting help or staying safe;
8. Someone in the family (including pets) has been hurt, kidnapped, or threatened with harm
9. The other parent has serious injuries (e.g. broken bones, bruises, cuts, shot, etc.)
10. DV is getting worse or happening more often

Assessments

When someone reports DV, DCS will follow the rules in policy [4.38](#) and look into the allegations right away, or no later than 24 hours after the report is received, if any of these things happen:

1. A parent, guardian, or the child calls to report DV, and it doesn't sound like the child is in serious danger right now.
2. The DV report says a dangerous weapon was used.
3. The DV happened in the last 2 days, and it doesn't sound like the child is in serious danger right now.

During assessment interviews:

1. Interviews should be one-on-one, and not with the person accused of DV in the room;
2. Everyone's safety is important, including the child, family, and DCS workers and should be considered when planning for the interview. Consider if the local law enforcement agency (LEA) should be involved in a joint assessment (see policy [4.29](#)).
3. If possible, plan on interviewing somewhere outside of the family's home;

4. When talking with the person accused of DV, the goal is to find ways to keep the child safe, not to make the person admit they did something wrong.

Note: Because of privacy laws, DCS staff may not be able to get information from staff of a DV program (residential or nonresidential). When the child and their parent are at a DV shelter, shelter staff may not be able to confirm if they are staying there.

A child should only be taken out of their home in cases of DV if it looks like their safety is in danger and safety plans will not work. The law in Indiana calls this “imminent risk of placement,” which means the child might have to leave the home to stay safe. Before making that decision, workers should try all other ways to protect the child. If the parent who didn’t hurt the child can’t keep the child safe or doesn’t want help, then moving the child may be needed. Just because there’s a report of domestic violence, it doesn’t mean the child will be removed right away. Also, unless there’s an emergency, the child shouldn’t be interviewed without the parent’s permission (see policies [4.06](#) and [7.01](#)).

Interviews should be completed in the following order:

1. Non-offending parent;
2. Child;

Note: It is important to understand how DV affects each child, not just what they child was exposed to or observed. When interviewing a child who is alleged to have been exposed to DV, DCS will focus the interview on the following:

- Impact on the child witnessing or being exposed to DV (see Practice Guidance);
- The child’s understanding and/or interpretation of the violence (how does the child explain what happened or what lead to the DV, is the child aware of the aftermath of the DV incidents); and
- The child’s concerns about safety.

3. Alleged DV offender; and


Exception: If there is concern for the child or their parent’s safety or concern the child may share information with the alleged DV offender, the interview with the child may be delayed. This should only happen in rare cases and the FCM Supervisor must be notified immediately and approve the decision.

4. Any other required interviews, as outlined in policy [4.04](#).

Note: Interviews with witnesses to a DV incident should be conducted with an understanding that the personal safety of the individuals is a consideration that may impact their willingness to discuss or be fully forthcoming about the abuse and/or violence occurring within the family. All interviews should focus on child safety.

LEGAL REFERENCES

- [IC 5-26.5-1-3: “Domestic violence”](#)
- [IC 31-26-5-1” Child at imminent risk of placement”](#)
- [IC 31-33-18-1: Confidentiality: exceptions](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 35-37-6-1: “Confidential communication”](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 31: Handling Suspected Child Sexual Abuse Material	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Indiana Department of Child Services (DCS) staff might find Child Sexual Abuse Material (CSAM) while working. If they suspect CSAM, they will follow the law, document clearly, and make sure the child’s safety and privacy come first.

POLICY STATEMENT


The law allows DCS employees to possess CSAM as part of their job. They must follow these rules:

1. Do not upload suspected CSAM into the case management system,
2. Do not make copies of CSAM,
3. Do not forward CSAM that is electronic or was received electronically.

Exception: DCS can send CSAM to law enforcement so they can take possession of it.

LEGAL REFERENCES

- [IC 35-42-4-4: Child exploitation; possession of child sexual abuse material; exemptions; defenses](#)
- [IC 35-49-1: Chapter 1. Definitions](#)
- [IC 35-49-2: Chapter 2. General Provisions](#)
- [IC 35-36-10-2: "Child sexual abuse material"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Procedure for Transfer of a Child to a Tribe or Tribal Agency	Effective Date: May 1, 2015
	Reference: 2.A (2.12 – Indian Child Welfare Act [ICWA])	Version: 2

DCS will work with tribal representatives to ensure the transfer of jurisdiction and/or responsibility for the placement and care of a child under a IV-E plan to a Tribal IV-E agency or an Indian Tribe with a IV-E agreement in a way that does not affect the child's eligibility or receipt of IV-E payments and the child's eligibility for Medicaid. DCS will consult with tribes regarding these procedures.

DCS will negotiate, in good faith, with any Indian tribe that would like to enter an agreement with DCS to administer all or part of the IV-E program on behalf of Indian children who are under tribal authority. The IV-E programs include foster care maintenance payments for children placed in DCS or tribally licensed foster family homes, adoption assistance payments, kinship guardianship assistance payments, and tribal access to resources for administration, training, and data collection under Title IV-E. If a tribe expresses an interest in establishing an agreement with DCS, please contact the ICWA Subject Matter Expert Attorney in Central Office or the International and Cultural Affairs (ICA) liaison.

PROCEDURE

A tribe may request transfer of jurisdiction from a state court to a tribal court at any point throughout the life of the case. In order to ensure a child remains IV-E eligible when transferring jurisdiction to a Tribal Court, the tribe must be a Tribal IV-E Agency or have an IV-E agreement.

Tribal Transfers

Jurisdiction Transfer to Tribal Court

If a motion to transfer is filed in an Indiana court having jurisdiction over a CHINS action involving an Indian child in the custody of DCS, the Court may issue an order approving or authorizing transfer of jurisdiction over the CHINS case to a Tribal Court. If the Tribal Court accepts jurisdiction, the CHINS case will be transferred to the Tribal Court. DCS will request the Indiana Court send a copy of the entire file to the Tribal Court before closing the Indiana CHINS case.

Jurisdiction remains with State Court, and Placement and Care Responsibility is Transferred to Tribe (Tribe is a IV-E agency)

A IV-E eligible child will maintain eligibility under the initial IV-E eligibility determination.

Jurisdiction remains with State Court, and Placement and Care Responsibility is Transferred to Tribe (Tribe is **not a IV-E agency)**

In situations where a child is IV-E eligible under State placement and care, DCS will collaborate with the Tribe in order to determine the best course of action for placement

and care costs since the child will lose IV-E eligibility once Placement and Care is transferred to the Tribe. Options should be explored during this collaboration for the child to maintain IV-E eligibility.

Jurisdiction Transfer to Tribal Court, and DCS maintains Placement and Care Responsibility


In situations where a child's case is transferred from a State Court to a Tribal Court, a IV-E eligible child will remain eligible under DCS Placement and Care responsibility.

DCS Responsibilities in Facilitating Transfers

In all of the above options for Tribal Transfers, the DCS Family Case Manager will make contact with the ICA Liaison. ICA will collaborate with the designated DCS Central Office Attorney, along with the Tribe, to determine the most appropriate course of action based on the individual case.

The DCS Staff Attorney and the Family Case Manager (FCM) will collaborate with representatives of a Tribal Agency to ensure that the transfer does not jeopardize the child's eligibility for Title IV-E and Medicaid (or Indian Health Benefits) and is in the best interest of the child. At a minimum, DCS will:

1. Establish the child's eligibility for Title IV-E prior to the formal transfer, if an eligibility determination has not already been completed,
2. Provide the tribe with all essential documents and information used to determine the child's eligibility for Title IV-E and Medicaid under Title XIX, including, but not limited to:
 - a. The Court's order that the child's continuation in the home from which they were removed was contrary to their welfare and that reasonable efforts outlined in 42 USC 671(a)(15) were made at the time the child was removed;
 - b. Documentation of the date the child was removed;
 - c. Any other information used to determine eligibility including information regarding the child's household and resident's income at removal, if the child's IV-E eligibility was based on that income;
 - d. Information and documentation available to the agency regarding the child's eligibility or potential eligibility for other Federal benefits;
 - e. The child's current Case Plan;
 - f. The child's health and education records; and
 - g. The child's current placement information, including the most recent resource home license or approval.
3. Close the case in the case management system when the DCS Staff Attorney provides the Court's final order of dismissal of the CHINS court case, and
4. Contact the DCS Staff Attorney and an International and Cultural Affairs liaison with any questions at InternationalandCulturalAffairs@dcs.IN.gov.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool 2.B: Disposition of CA/N Reports Involving an Indian Child of the Pokagon Band of Potawatomi Indians	Effective Date: March 1, 2021
	Reference: 2.12 Indian Child Welfare Act (ICWA)	Version: 1

Pokagon Band of Potawatomi Indians

The Pokagon Band of Potawatomi Indians is a United States (US) federally recognized tribe (for Indian Child Welfare Act (ICWA) purposes) and maintains a headquarters in Dowagiac, Michigan. The Pokagon Band maintains sovereign (self-governing) land within St. Joseph County, South Bend, Indiana. The Pokagon Band has jurisdiction over any incident which occurs on this land (see the [Pokagon Band of Potawatomi Indians Tribal Lands Map](#)).

When a report of Child Abuse and/or Neglect (CA/N) which **occurs within Pokagon jurisdiction** is received, the Department of Child Services (DCS) local office will determine if the parent and/or child is a member of or an individual who may otherwise be eligible for [membership in the Pokagon Band](#). This determination will be confirmed by the [Pokagon Band's Social Services Director or the Pokagon Band Family Services Supervisor](#).


Reports Occurring on Pokagon Band Land within St. Joseph County, Indiana

A report occurring within Pokagon jurisdiction (whether or not the report involves a Pokagon Band child) will be sent from the DCS Child Abuse Hotline (Hotline) to the St. Joseph County DCS office. The St. Joseph County DCS office will contact the [Pokagon Band Family Services Supervisor](#) prior to initiation of the assessment to relay **all** details of the report. However, initiation of the assessment should not be delayed in order to complete this contact. When it is not possible to complete the contact prior to initiating the assessment (e.g., report with a two [2] hour response time), the St. Joseph County DCS office will contact the [Pokagon Band Family Services Supervisor](#) as soon as possible but no later than 24 hours following initiation of the assessment. See policy [4.38 Assessment Initiation](#) for additional information.

Reports Involving a Pokagon Band Child and Occur in Indiana, but Outside of Pokagon Band land in St. Joseph County

A report involving a Pokagon Band child, which occurs in Indiana but outside of Pokagon Band land in St. Joseph County, will be sent from the DCS Hotline to the appropriate local DCS office. The local DCS office will complete the assessment as required. The local office will contact the [Social Services Director of the Pokagon Band](#) within 24 hours after becoming aware that the child may be a Pokagon Band Member to verify the child's membership. If it is verified that the child is a Pokagon Band member, the local office will communicate the outcome of the assessment with the [Social Services Director of the Pokagon Band](#).

DCS will follow all steps outlined in policy [2.12 Indian Child Welfare Act \(ICWA\)](#) and ensure the Pokagon Band is represented as part of the Child and Family Team (CFT). See policy [5.07 Child and Family Team Meetings](#) for additional information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Considerations When Domestic Violence is Identified Reference: 2.D (2.30 Domestic Violence [DV])	
	Effective Date: June 1, 2022	Version: 1

Suggested Questions to Assist in Making a Finding When Domestic Violence (DV) has Been Identified

The following are examples of questions that may be used to assist in making an assessment finding when DV has been identified:

1. What is the frequency of the DV and the extent of the injuries?
2. Is there a history of strangulation (choking)? Has pressure been applied to the neck, or has there been a loss of time or memory, or bowel or bladder function? If any of these have occurred a Computed Tomography Angiography (CTA) is recommended to rule out a carotid dissection (see <https://www.allianceforhope.com/strangled-victims-need-imaging/> for further guidance).
3. Has your child observed property damage?
4. Are there current safety issues?
5. Where was the child located when the DV occurred?
6. Would the child be unsafe in the home where the DV occurred?
7. Is the child at risk of future harm?
8. Is the child in need of protection?
9. Has the child intervened in the DV? (Whether the child was injured or not, a child's direct involvement presents extreme risk.)
10. Has anyone else intervened in the DV?
11. Is there an established pattern of DV that is chronic or severe?
12. Has the child exhibited extreme emotional or behavioral changes, or has the child been diagnosed with a mental health condition such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, or fear as a result of living with DV?
13. Has there been a co-existence of DV and substance abuse that impedes a parent's ability to assess the level of danger in the home? (Substance abuse may exacerbate the violence, increasing risk to the child and alleged victim/parent.)
14. Has a parent been threatened or injured in the presence of the child?
15. Has a parent been injured and/or sought medical treatment resulting from DV?
16. Has there been a history of abuse towards pets?
17. Are there services/assistance that may be provided to the alleged DV offender?
18. What resources and assistance can be provided to help the alleged victim/parent succeed?
19. How is the child doing in school (including both grades and behavior)? Is the child overly aggressive?
20. Are the parents willing and capable of providing a safe environment for the child?

The following criteria may be used when making a decision to determine if it is appropriate to substantiate neglect on the alleged victim/parent in DV related DCS cases:

1. The alleged victim/parent's history of and/or attempts to use DV shelters or programs;
2. The alleged victim/parent's history of and/or attempts calling law enforcement or use/knowledge of how to request court services for DV protection orders ([Protection, No Contact and Workplace Violence Restraining Orders](#));
3. The alleged victim/parent's past efforts and history of making other arrangements to protect the child (e.g., taking the child to a relative or friend's house);
4. The alleged victim/parent's history and level of cooperation with past DCS services; and
5. The level of risk and safety factors for the child at the present time.

Factors Indicating Child may Remain at Home

The following factors may suggest a child may safely remain in the home:

1. The non-offending parent acknowledges risk to the child and demonstrates the use of protective factors (e.g., nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents) to mitigate risks;
2. The non-offending parent and child are in a shelter or other safe location;
3. The alleged DV offender's access to the child and non-offending parent or activities with them are restricted (e.g., in jail, complying with protective orders, or no-contact orders in place);
4. The alleged DV offender is actively engaged in intervention programs and takes responsibility for the alleged DV offender's behavior;
5. The child has a supportive adult in the home;
6. The child is older and has a plan to be safe and the ability to carry out the plan;
7. Violence is not escalating;
8. Other issues (e.g., substance abuse and mental health) do not pose safety threats; and
9. The non-offending parent has supportive extended family or community ties.

Non-offending Parent Remains with the Offender

If the non-offending parent is remaining with the offender, consider the following:

1. Is the child safe to remain in the home?
2. In an emergency, what works best to keep the child safe?
3. Who can the non-offending parent or child call in a crisis?
4. Would the non-offending parent or child call the police if the violence started again? Is there a phone in the home? Could the non-offending parent develop a plan with the child or neighbors to call the police or get help?
5. If the child and/or non-offending parent need to leave the home, where can they go?
6. Is the non-offending parent aware of services that may address barriers to leaving the offender (e.g., housing and financial assistance, DV programs, or a civil attorney)?

Factors that may Indicate Need for Out-of-Home Placement

The following factors may suggest that a child needs an out-of-home placement:


1. No other workable plan may be put in place that ensures child safety;
2. Other types of child abuse exist, which creates safety threats;
3. The alleged DV offender continues to expose the child to serious violence despite intervention;
4. The alleged DV offender continues to have illegal or other contact with the child, which presents safety concerns;
5. The alleged DV offender's history includes known violent behaviors;
6. The child has increased vulnerability due to the child's physical, emotional, and/or developmental ability and/or age; and/or

7. Abuse of alcohol or other drugs presents additional safety threats in the home.

Factors to Consider Prior to Case Closure

The following are examples of factors that should be considered prior to case closure when DV has been identified as a risk factor during a case:

1. The child and non-offending parent feel safe in their home;
2. The alleged DV offender has participated in treatment;
3. The alleged DV offender is complying with parole or probation supervision and any court ordered intervention program;
4. The alleged DV offender is accepting responsibility and not using physical violence or control tactics;
5. Both parents or caregivers understand the effects of DV on their child;
6. No new reports of CA/N related to DV have been filed within the past six (6) months;
7. The non-offending parent and alleged DV offender each have a [Safety Plan \(SF 53243\)](#) in place that is being followed;
8. The non-offending parent has and exhibits the ability to protect the child;
9. The non-offending parent has knowledge of and access to relevant supports, resources, information, and safety options for both self and the child; and
10. Other case issues (e.g., drug or alcohol abuse) are resolved or not affecting parenting ability.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Domestic Violence and Child and Family Team (CFT) Meeting Considerations	
	Reference: 2.E (2.30 Domestic Violence [DV])	
Effective Date: June 1, 2022		Version: 3

DCS will carefully assess the appropriateness of holding a CFT Meeting with both the non-offending parent and alleged domestic violence (DV) offender present. Reasons why holding a joint meeting would **not** be appropriate include, but are not limited to:

1. The non-offending parent does not want a meeting for fear that the non-offending parent or the children would be in danger or feels intimidated and therefore unable to represent the child's best interests;
2. The non-offending parent has secured a "no contact order" and the meeting would be a violation of the order (the FCM should check to see if there is a "no contact order" as there are circumstances where the non-offending parent may not be aware that the "no contact order" is in place);

Note: DCS may request that the court lift the "no contact order" for the time of the meeting if holding a joint CFT Meeting is in the best interest of the family.

3. The FCM believes the non-offending parent or the child could be in danger if the meeting took place;
4. The family of the non-offending parent or the alleged DV offender either denies or enables the abuse;
5. The FCM believes the parent alleged to be the victim of DV or the child could be placed in danger if the meeting took place; or
6. The alleged DV offender denies that DV is an issue or that DV has not occurred when evidence states otherwise (e.g., police reports and visible bruises).

Note: It may initially be inappropriate to have the parent alleged to be the victim of DV and alleged DV offender attend the same CFT Meeting. Prior to each meeting DCS should evaluate the option of having the parent alleged to be the victim of DV and alleged DV offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the alleged DV offender. If there is a court order in place, permission can be sought from the court for the alleged DV offender to be on the phone for a CFT Meeting.

Prior to deciding to hold a CFT Meeting with both the alleged DV offender and non-offending parent present, the FCM should answer the following:

1. Are there orders prohibiting contact (protective orders, restraining orders, or no contact orders)?
2. Do the non-offending parent and the alleged DV offender live together?

Note: If they do not live together, consider whether the non-offending parent's address and contact information need to be protected and kept confidential from the alleged DV

offender on CFT Meeting documents.


3. Is DV a topic that has been addressed publicly with the alleged DV offender (e.g., with police, a judge, the FCM, or other family members)? If yes, how did the alleged DV offender react?
4. What are the goals for having the alleged DV offender present and those for not having the alleged DV offender present at the CFT Meeting?
5. What is the biggest fear if the alleged DV offender does participate in the CFT Meeting?
6. Is the alleged DV offender involved in any services and, if so, for how long?
7. Are there any current stressors for the alleged DV offender that should be considered?

If it is determined that it is not appropriate for the alleged DV offender be present at the CFT Meeting with the non-offending parent, consider the following options to allow for involvement in the process:

1. Record the alleged DV offender's responses when discussing topics to be discussed during the CFT Meeting, and inform the CFT participants of the responses;
2. Allow the alleged DV offender to participate in some or all of the CFT Meeting via phone;
3. A criminal justice representative or a provider (e.g., therapist or case manager) with whom the alleged DV offender is working may attend the CFT Meeting as the alleged DV offender's representative;
4. The alleged DV offender may write a letter responding to questions/topics that will be discussed during the CFT Meeting; and/or
5. Hold two (2) separate CFT Meetings.

If the non-offending parent and the alleged DV offender will be attending the same CFT Meeting, the FCM will consider developing a Safety Plan (see policy 2.XX Domestic Violence) for the CFT Meeting with the non-offending parent and discuss the following prior to the CFT Meeting:

1. Are there any specific topics to avoid discussing during the meeting?
2. Are there safety concerns about anyone else who is attending the CFT Meeting?
3. Does the non-offending parent want to discuss the DV during the meeting?
4. How safe does the non-offending parent feel discussing the DV with the alleged DV offender present? Without the alleged DV offender present?
5. What actions will be taken if the non-offending parent feels unsafe during the CFT Meeting?
6. Is it appropriate to discuss the DV if children will be present at the CFT Meeting?

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Suggested Interview Questions for the Children, Non-Offending Parent, and the Alleged Domestic Violence Offender	
	Reference: 2.F (2.30 Domestic Violence [DV])	
	Effective Date: June 1, 2022	Version: 2

The following is a guide that may be used to assist the Family Case Manager (FCM) when interviewing the non-offending parent, children, and the alleged Domestic Violence (DV) offender during assessments when DV has been alleged or identified (see policies [4.09 Interviewing Children](#), [4.10 Interviewing the Parent, Guardian, or Custodian](#), and [4.11 Interviewing the Alleged Perpetrator](#) for further information).

Note: These are examples of questions are to be used as a guide for FCMs while interviewing the non-offending parent, children, and the alleged DV offender. This is not intended to be used as a questionnaire.

Prior to beginning the interviews, it is important to:

1. Explain the Indiana Department of Child Services' (DCS) assessment process;
2. Provide assurance that the children's safety, as well as that of the non-offending parent's, is the goal of the assessment;
3. Provide assurance that the source of the information, or any information concerning safety that the non-offending parent has provided, will not be shared with the alleged DV offender;
4. Explain that referral information will be provided, as appropriate; and
5. Explain the limits of confidentiality.

Interviewing the Non-Offending Parent

Always interview the non-offending parent without the alleged DV offender present.

Note: If the non-offending parent refuses to be interviewed without the alleged DV offender, discuss this with the FCM Supervisor and document in the case management system. If the non-offending parent of DV is believed to be the alleged perpetrator of Child Abuse and/or Neglect (CA/N), see policy [4.11 Interviewing the Alleged Perpetrator](#) for further guidance.

Below are questions that may be used while interviewing the non-offending parent in a DV relationship.

1. Tell me about your relationship with your partner.
2. How do decisions get made about things such as discipline and money? What happens when you disagree? Where are the children when the disagreements happen?
3. Have you or other family members felt afraid or intimidated by another family member? In what ways?
4. Have you or another family member been hurt by anyone else in the family? Has this occurred in front of the children?

5. Do you ever worry about the safety of your children? If yes, tell me more about that.
6. How have the children been exposed to the violence: heard it happen, saw it happen, was told about it by siblings or others, or saw the aftermath (e.g., broken bones, bruises on parent, or other family members or stitches), and what do the children understand about the violence?
 - a. Have your children observed property damage?
 - b. Have your children ever overheard you being demeaned or called names?
7. Have the children ever been hurt, either accidentally or on purpose during an incident? Tell me about this.
8. How are you able to keep your children safe?
9. Has your partner:
 - a. Called your children degrading names?
 - b. Threatened to take the children from your care?
 - c. Accused you of being an unfit parent?
 - d. Threatened to hurt or kill you in front of the children?
 - e. Touched your children in a way that made you or the children feel uncomfortable?
 - f. Asked your children to report on what you do during the day?
 - g. Had your children spy on you?
10. Have any of your children:
 - a. Behaved in ways that remind you of your partner?
 - b. Physically hurt you or other family members?
 - c. Tried to protect you?
 - d. Tried to stop the violence?
 - e. Hurt themselves?
 - f. Hurt family pets?
 - g. Been fearful of leaving you?
 - h. Exhibited emotional/behavioral problems at home or school?
11. Describe how the children respond to the violence. Have you noticed any effects (e.g., sleep, school, or behavior)?
12. What does safety mean for you and your children? On a scale of 1-10 (where 10 is very safe all the time and 1 is not safe at all), how safe do you feel?
13. Do you have family or friends you can talk to about your problems?
14. Who are some of the people you turn to for support?
15. Do you feel free to do, think, believe what you want?
16. Do you have any current injuries or health problems?
17. Has your partner ever:
 - a. Isolated you from your family or friends or going someplace you wanted to go?
 - b. Been jealous or possessive?
 - c. Followed you to see where you go?
 - d. Accused you of being unfaithful?
 - e. Controlled your money?
 - f. Called you degrading names?
 - g. Made threats to hurt you or the children?
 - h. Made threats to kill you if you ever attempt to leave or divorce?
 - i. Hurt household pets, or threatened to hurt them?
 - j. Been violent to people outside the family?
 - k. Behaved recklessly to scare you (e.g., driving too fast with the children in the car)?
 - l. Threatened to report you to DCS or take away the children?

- m. Been diagnosed with or been suspected of having depression, Post-traumatic Stress Disorder (PTSD), or another mental health condition?
 - n. Threatened to commit suicide?
 - o. Abused over the counter medications, prescriptions, illegal drugs and/or alcohol?
 - p. Prevented you from obtaining treatment (e.g., medical, drug/alcohol, mental health) or basic needs (e.g., food, clothing, shelter, or utilities)?
18. Has your partner ever physically used force on you (e.g., pushed, pulled, slapped, punched, hit, strangled/choked or kicked you)? If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen?
19. How dangerous do you think your partner is?

Note: The more types of abuse there are, the more dangerous the situation is likely to be for the adult victim and the children. If the abuse is happening more frequently and/or getting more severe, the risk for the adult victim and children is high.

20. Does your partner have any weapons? Does your partner have access to weapons owned by others?
21. Were you ever assaulted while you were pregnant?
22. Have you been exposed to DV in any previous relationships?
23. Have you ever used a DV violence shelter or group? Was it helpful? Do you have/have you had a DV advocate? If so, have you had a lethality assessment completed?

Note: If they have not contacted a DV advocate, recommend that they do. Also, if the individual has not had a lethality assessment, explore whether the individual is willing to call or have the FCM call for them to have the lethality assessment completed (by doing this there is no record on the individual's phone).

24. Have you ever called the police or filed a protective order? What happened (e.g., did your partner respect the order)?
25. Have you:
- a. Told anyone about the abuse?
 - b. Seen a counselor or therapist?
 - c. Left the home as a result of the abuse?

26. What do you think will happen when this meeting is over and I leave?
27. Will it increase the risk of harm to you or the children if I ask your partner some questions? Will the children tell your partner what I ask them?

Note: If the victim is fearful of the consequences of questioning the offender, then it should not be done until safety can be achieved. Safety always comes first.

28. How can we help you keep you and your children safe (e.g., provide information on legal services or short-term housing/funding)?
29. What do you need right now to stay away from your abuser?

Interviewing Children

Below are questions that may be used while interviewing the children.

Sometimes when parents fight they get angry. Sometimes this is scary for children. I want to ask you a few questions about when your parents fight and what you think about it.

1. Arguments happen in all families. What happens when your parents (boyfriend, girlfriend, partner, etc.) argue? What do they argue about?
2. What do you do when your parents (boyfriend, girlfriend, partner, etc.) are fighting?
 - a. Stay in the room.
 - b. Go to a sibling.
 - c. Leave or hide.
 - d. Ask parents to stop.
 - e. Call someone.
 - f. Go for help.
 - g. Other.
3. What do you think about when this is happening?
4. When your parents (boyfriend, girlfriend, partner, etc.) are fighting, does this make you sad, scared, or worried?
5. Do they ever get hurt?
6. Are you ever afraid to go home?
7. Has anyone ever thrown things or broken things?
8. Have you heard anyone being demeaned or called names?
9. Have you or anyone else been hurt when your parents (boyfriend, girlfriend, partner, etc.) were fighting?
10. Have you ever tried to stop the fighting between your parents (boyfriend, girlfriend, partner, etc.)? What happened?
11. Do you have any pets? If so, who takes care of the pets? Have the pets ever been hurt?
12. Do you find that you think about your parents fighting a lot?
 - a. When do you think about it?
 - b. What do you think about?
 - c. Do ever think about them fighting while you are in school or playing?
13. Do you ever have trouble sleeping at night? Do you have nightmares?
14. Have you talked to any other grownups about this problem? What happened?
15. Do you know if either of your parents (boyfriend, girlfriend, partner, etc.) own any weapons? Do you know where they keep them?
16. What would you like your parents to do to improve their relationship with you, each other, or help you to feel safer?
17. In an emergency, who would you call?
 - a. What is their phone number?
 - b. What would you say if you called them during an emergency?

Note: If children don't have some idea of whom to call, give them basic information or help them think of where they could go if their parents are fighting. Information gathered in this interview should always be shared with the adult victim to help them understand the effects of DV on the children if the children's safety will not be compromised.

Interviewing the Alleged Domestic Violence Offender

The purpose of interviewing the alleged DV perpetrator is to assess risk, not to elicit a confession. Do not confront the alleged DV perpetrator with information obtained from children or the non-offending parent. If at any point during the interview you feel that the alleged perpetrator is too dangerous, conclude the interview and consult with an FCM Supervisor regarding next steps.


Below are questions that may be used while interviewing the alleged DV offender.

The FCM may use the following as a guide for the interview with the alleged DV offender:

1. Tell me about your relationship with your partner.
2. Describe your relationship with your children/partner's children or other household members.
3. How do decisions get made?
4. There are disagreements in all relationships. What happens when you and your household members disagree? Where are the children when these disagreements happen?
5. What do you do when you do not get your own way?
6. Have you ever been so angry that you wanted to hurt someone? Have you ever tried to hurt someone?
7. Do you ever worry about the safety of your children? If yes, tell me more about that.
8. Do you or any of your household members use alcohol or drugs? How often?
9. Do you own or have access to weapons?
10. Have you ever been told that violence/fighting is a problem for you? By whom?
11. Have you ever pushed, pulled, hit, kicked, slapped, or punched anyone in your family or a household member or a pet? If so, describe.
12. Have you ever caused property damage, either your property or someone else's property?
13. Do your partner, children, or other household members ever seem afraid of you?
14. Who are your partner's family/friends? How often does your partner see or talk with them?
15. How do the children interact with others? What activities/extracurriculars are the children involved in outside of the home?
16. How has the children been exposed to the violence: heard it happen, saw it happen, told about it by siblings or others, or saw the aftermath (e.g., broken bones, bruises on parent, or other family members or stitches), and what do the children understand about the violence?
 - a. Have your children observed property damage?
 - b. Have your children ever overheard you demeaning or calling another person names?
17. Have any of the children ever been hurt, either accidentally or on purpose during an incident? Tell me about this.
18. How are you able to keep your children safe?
19. Have any of your children:
 - a. Overheard the yelling and/or violence?
 - b. Behaved in ways that remind you of you?
 - c. Physically hurt you or other family members?
 - d. Tried to protect your partner?
 - e. Tried to stop the violence?
 - f. Hurt themselves?
 - g. Hurt family pets?
 - h. Been fearful of you?
 - i. Exhibited emotional/behavioral problems at home or school?
20. Describe how the children respond to the violence. Have you noticed any effects (e.g. sleep, school, or behavior)?
21. What does safety mean for you and your children? On a scale of 1-10 (where 10 is very safe all the time and 1 is not safe at all), how safe do you feel? How safe do you think

- your partner feels? Your children or household members?
22. What do you believe would help keep you and/or your children safe? What can be done to make this happen?
 23. How can you work to keep your children safe?
 24. If we could offer you any services or information to help strengthen your family or assist in strengthening parent skills what would those be?
 25. If we could offer your family or household members any services or information, what would they be?
 26. How does DV affect your family, especially your children?
 27. What were your parents' or caregivers' relationships like when you were a child?

Note: The FCM should also note observations of the alleged perpetrator's behavior during the interview.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline Section 01: Receiving Reports of Child Abuse and/or Neglect (CA/N)	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

Making a report of suspected Child Abuse or Neglect (CA/N) to the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) is a critical first step for DCS to assess the child’s safety.

POLICY STATEMENT

The Hotline is available 24 hours per day, seven (7) days per week. The reporter may reach the Hotline:


1. At the toll-free telephone number (1-800-800-5556),
2. By email (DCSHotlineReports@dcs.in.gov), or
3. By fax (317-234-7596 or 317-234-7595).

In Indiana, anyone who suspects CA/N is a mandated reporter. A reporter of CA/N is protected from any civil or criminal liability if the report is made in good faith.

DCS will help anyone make a CA/N report in person. If the reporter is unable or unwilling to call the Hotline, DCS will take the CA/N report and forward the allegations to the Hotline.

LEGAL REFERENCES

- [IC 31-33-5: Chapter 5. Duty to Report Child Abuse or Neglect](#)
- [IC 31-33-5-1: Duty to make report](#)
- [IC 31-33-5-2: Report; notification of individual in charge of institution, school, facility, or agency](#)
- [IC 31-33-5-3: Effect of compliance on individual's own duty to report](#)
- [IC 31-33-7: Chapter 7. Receipt of Reports of Suspected Child Abuse or Neglect](#)
- [IC 31-33-18: Chapter 18. Disclosure of Reports; Confidentiality Requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline Section 02: Evaluating Child Abuse and Neglect (CA/N) Intake Reports	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

All reports of child abuse or neglect (CA/N) must go to the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) so an intake report can be created. The quality of the information the Hotline gets affects DCS' ability to decide whether a report should be assigned for assessment.

POLICY STATEMENT

The Hotline reviews every intake report and recommends:

1. If the allegations meet the legal definition of Child Abuse and/or Neglect (CA/N) and if the report should be assessed;

Note: DCS may assess allegations of CA/N, no matter how long ago the alleged incident occurred.

2. If the report includes enough information to identify or find the child and begin an assessment; and
3. The response time needed.

Anonymous Reporters

People may report CA/N allegations without giving their name. However, DCS encourages all reporters to share their contact information in case follow-up is needed.

Audio Recordings

Hotline audio recordings of reports are confidential. They may only be released by a court order. A prosecutor may request a recording to investigate charges of false reporting. If this occurs, the DCS Staff Attorney should be consulted (see policy [4.22](#)).

Special Circumstances

All intake reports involving:


1. A child who voluntarily enters an emergency shelter care or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be sent to the appropriate DCS local office for assessment;
2. Emancipated minors will not be recommended for assessment, unless CA/N is alleged; and
3. A new child in the home of a parent, guardian, or custodian with an open DCS case will be sent to the county where the parent or caregiver lives (see policy [4.50](#)).

Note: A "new child" may include:

- a. A newborn,
- b. A child that has moved into the home, or
- c. A child who regularly or continually visits the home.

LEGAL REFERENCES

- [IC 20-50: ARTICLE 50. HOMELESS CHILDREN AND FOSTER CARE CHILDREN](#)
- [IC 31-9-2: Chapter 2. Definitions](#)
- [IC 31-33-7-4: Written reports; contents](#)
- [IC 31-33-18-5: Confidentiality of recordings of calls to child abuse hotline](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)
- [IC 35-31.5-2-76: "Crime involving domestic or family violence"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline Section 06: Child Abuse and Neglect (CA/N) Screen-Out Report	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

The DCS Child Abuse and Neglect Hotline (Hotline) decides if a report is screened-out, meaning it will not be assigned for further assessment when certain criteria have been met.

POLICY STATEMENT

A report will be “screened-out” when it:

1. Does not meet the legal definition of Child Abuse and/or Neglect (CA/N);
2. Does not have enough information to find or identify the child and/or family; or
3. Occurred in another state and there is no current risk of harm in Indiana.

Note: Reports where the alleged CA/N happened in another state will be referred to that state’s child welfare agency.


Reports involving a homeless unaccompanied minor staying at an emergency shelter, shelter care facility, or program that provides shelter to homeless individuals without their parent, guardian, or custodian, **may not** be screened-out.

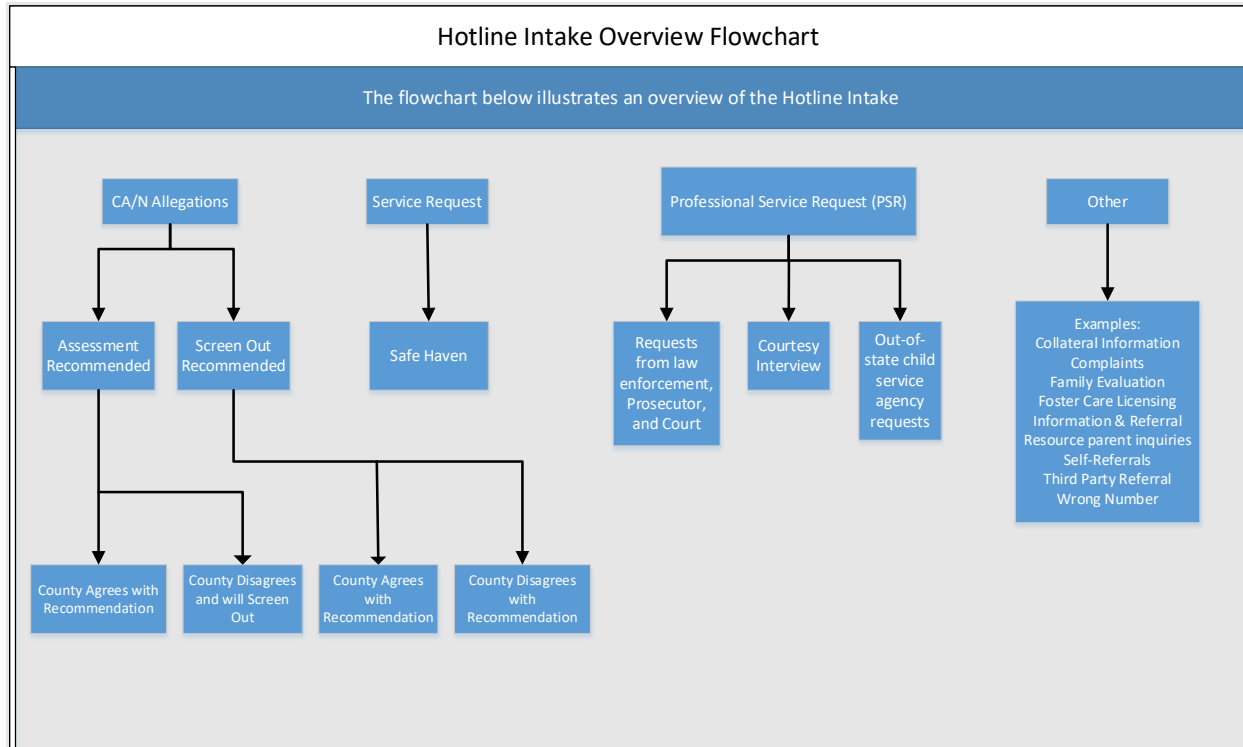
Intentional False CA/N Reports


DCS will work with the local prosecutors to take legal action against people who intentionally make false CA/N reports.

LEGAL REFERENCES

- [IC 31-9-2-14: “Child abuse or neglect”](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-22-3: False reports; criminal and civil liability; notification of prosecuting attorney](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Hotline Intake Overview Flowchart	Effective Date: April 1, 2023
	Reference: 3.A (3.01 Receiving Reports of Suspected Child Abuse and/or Neglect [CA/N])	Version: 3



	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Sexual Offense Child Abuse and/or Neglect (CA/N) Matrix	Effective Date: November 1, 2021
	Reference: 3.B (3.08 - Statutory Definition of Child Abuse and/or Neglect [CA/N])	Version: 4


The following chart summarizes sexual offenses that meet the statutory definition of Child Abuse and/or Neglect (CA/N) (see also [IC 31-34-1-3 through 1-5](#)):

Code	Crime	Age of Perp	Age of Victim
IC 35-42-3.5-1.1	Promotion of human sexual trafficking	Any	Less than 18
IC 35-42-3.5-1.2	Promotion of child sexual trafficking; promotion of sexual trafficking of a younger child	Any	Less than 18
IC 35-42-3.5-1.3	Child sexual trafficking	Any	Less than 18
IC 35-42-3.5-1.4	Human trafficking	Any	Less than 18
IC 35-42-4-1	Rape	Any	Less than 18
IC 35-42-4-3	Child molesting ¹	Any	Less than 14
IC 35-42-4-4	Child exploitation	Any	Less than 18
IC 35-42-4-4	Child sexual abuse material	Any	Less than 18
IC 35-42-4-5	Vicarious sexual gratification	18 or older	Less than 16
IC 35-42-4-6	Child solicitation	18 or older 21 or older	Less than 14 Less than 16
IC 35-42-4-7	Child seduction	18 or older	Less than 18 <i>(consult DCS Staff Attorney)</i>
IC 35-42-4-8	Sexual battery	Any	Less than 18
IC 35-42-4-9	Sexual misconduct with a minor	18 or older	14 or 15
IC 35-45-4-1(a) IC 35-45-4-1(b)	Public indecency	Any 18 or older	Less than 18 Less than 16
IC 35-45-4-3	Making an unlawful proposition	Any	Less than 18
IC 35-45-4-4	Promoting prostitution	Any	Less than 18
IC 35-46-1-3	Incest	18 or older	Less than 18

¹ The term does not include a child who is alleged to be a “child in need of services” if the child 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. Cases that do not involve the fondling or touching of the buttocks, genitals, or female breasts should be referred to law enforcement. ([IC 31-9-2-14](#))

IC 35-49-2-2	Matter or performance harmful to minors	Any	Less than 18
IC 35-49-3-2	Obscene performance	Any	Less than 18

Note: When DCS receives reports that contain only criminal allegations (no CA/N allegations), the reports are “screened-out” and transferred to law enforcement for investigation.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY TOOL	
	Tool 3.D: Statutory Definition of Child Abuse and/or Neglect (CA/N)	
	Effective Date: January 1, 2026	Version: 11

TOOL OVERVIEW

Deciding if allegations of Child Abuse and/or Neglect (CA/N) meet the legal definition requires carefully reviewing the facts and information available. The main priority is the child’s safety, permanency, stability, and well-being.

TOOL GUIDANCE

During the review of a Preliminary Report of Alleged Child Abuse or Neglect (310), the Indiana Department of Child Services (DCS) uses the following criteria to decide if the allegations meet the legal definition for CA/N:

1. The victim is under 18 years old, and the alleged perpetrator is the child’s parent, guardian, or custodian; or

Note: For allegations involving sexual abuse, the perpetrator may have **any** or **no** relationship to the child.

2. The victim is 18 to 20 years old; **and:**
 - a. Lives in or has lived in a DCS-licensed residential facility, and
 - b. The alleged perpetrator is a staff member at that facility and is alleged to have committed a battery offense or sexual activity offense against the alleged victim.
3. A reasonable person would believe that CA/N has occurred.

Child in Need of Services (CHINS) Definitions

Indiana law provides the following CHINS definitions for a victim under the age of 18. DCS decides if the allegations indicate CA/N has occurred using:

1. The Indiana Department of Child Services Child Abuse and Neglect Screening and Response Time Assessment (SDM Tool); and
2. The list below:

CHINS 1: The child's physical or mental condition is seriously impaired or seriously endangered as a result of the parent, guardian, or custodian’s inability, refusal, or neglect to provide the child with necessary:

- Food;
- Clothing;
- Shelter;
- Medical care;
- Education; or

- Supervision:
 - When the parent, guardian, or custodian is financially able to do so; or
 - When the parent, guardian, or custodian fails, refuses, or is unable to seek financial or other reasonable means to do so.

CHINS 2: The child's physical or mental health is seriously endangered because of an injury by the act or omission of the parent, guardian, or custodian.

The child is a victim of:

- Assisting suicide (IC 35-42-1-2.5);
- Battery (IC 35-42-2-1);
- Domestic battery (IC 35-42-2-1.3);
- Aggravated battery (IC 35-42-2-1.5);
- Strangulation (IC 35-42-2-9);
- Female genital mutilation (IC 35-42-2-10); or
- Neglect of a dependent, child selling (IC 35-46-1-4); **and**
- The offense was committed by the parent, guardian, or custodian of the child.

The child lives in the same home as an adult who:

- Has been convicted of; or
- Has been charged with and awaiting trial for any of the following offenses against another child who lives in the household:
 - Assisting suicide (IC 35-42-1-2.5),
 - Battery (IC 35-42-2-1),
 - Domestic battery (IC 35-42-2-1.3),
 - Aggravated battery (IC 35-42-2-1.5),
 - Strangulation (IC 35-42-2-9),
 - Neglect of a dependent, child selling (IC 35-46-1-4);
 - Murder (IC 35-42-1-1),
 - Causing suicide (IC 35-42-1-2),
 - Voluntary manslaughter (IC 35-42-1-3),
 - Involuntary manslaughter (IC 35-42-1-4),
 - Reckless homicide (IC 35-42-1-5); **or**
 - Attempt (IC 35-41-5-1) or conspiracy (IC 35-41-5-2) to commit any of the listed offenses (IC 1-1-2-4).

A child also meets this definition if the child lives in a home where there is evidence that a drug or controlled substance is illegally manufactured.

CHINS 3: The child is a victim of:

- Rape (IC 35-42-4-1);
- Criminal deviant conduct (IC 35-42-4-2) (before its repeal);
- Child molesting (IC 35-42-4-3);
- Child exploitation (IC 35-42-4-4);
- Possession of child sexual abuse material (IC 35-42-4-4);
- Vicarious sexual gratification (IC 35-42-4-5);
- Child solicitation (IC 35-42-4-6);
- Child seduction (IC 35-42-4-7);
- Sexual battery (IC 35-42-4-8);

- Sexual misconduct with a minor (IC 35-42-4-9);
- Public indecency (IC 35-45-4-1);
- Prostitution (IC 35-45-4-2);
- Patronizing a prostitute (IC 35-45-4-3);
- Promoting prostitution (IC 35-45-4-4); or
- Incest (IC 35-46-1-3).

The child lives in the same home as an adult who:

- Has been charged and is awaiting trial;
- Has been convicted of; or
- Has a conviction or judgment under IC 31-34-11-2 for:
 - Rape (IC 35-42-4-1),
 - Criminal deviant conduct (IC 35-42-4-2) (before its repeal),
 - Child molesting (IC 35-42-4-3),
 - Child exploitation (IC 35-42-4-4);
 - Possession of child sexual abuse material (IC 35-42-4-4),
 - Vicarious sexual gratification (IC 35-42-4-5),
 - Child solicitation (IC 35-42-4-6),
 - Child seduction (IC 35-42-4-7),
 - Sexual battery (IC 35-42-4-8),
 - Sexual misconduct with a minor (IC 35-42-4-9),
 - Public indecency (IC 35-45-4-1),
 - Prostitution (IC 35-45-4-2),
 - Patronizing a prostitute (IC 35-45-4-3),
 - Promoting prostitution (IC 35-45-4-4),
 - Incest (IC 35-46-1-3), or
 - Attempt (IC 35-41-5-1) or conspiracy (IC 35-41-5-2) to commit any of the listed offenses (IC 1-1-2-4).

The child lives in the same home as another child who was a victim of:

- Rape (IC 35-42-4-1);
- Criminal deviant conduct (IC 35-42-4-2) (before its repeal);
- Child molesting (IC 35-42-4-3);
- Child exploitation (IC 35-42-4-4);
- Possession of child sexual abuse material (IC 35-42-4-4);
- Vicarious sexual gratification (IC 35-42-4-5);
- Child solicitation (IC 35-42-4-6);
- Child seduction (IC 35-42-4-7);
- Sexual battery (IC 35-42-4-8);
- Sexual misconduct with a minor (IC 35-42-4-9);
- Public indecency (IC 35-45-4-1);
- Prostitution (IC 35-45-4-2);
- Patronizing a prostitute (IC 35-45-4-3);
- Promoting prostitution (IC 35-45-4-4); or
- Incest (IC 35-46-1-3).

A child lives in the same home as an adult who:

- Has a conviction or a judgment under IC 31-34-11-2; or
- Has been charged with and is awaiting trial for:

- Promotion of human labor trafficking (35-42-3.5-1),
- Promotion of human sexual trafficking (IC 35-42-3.5-1.1),
- Promotion of child sexual trafficking (IC 35-42-3.5-1.2),
- Child sexual trafficking (IC 35-42-3.5-1.3),
- Human trafficking (IC 35-42-3.5-1.4), or
- Attempt (IC 35-41-5-1) or conspiracy (IC 35-41-5-2) to commit any of the listed offenses (IC 1-1-2-4).

CHINS 3.5: The child is a victim of:

- Human or sexual trafficking, this includes a child who is:
 - Recruited,
 - Harbored,
 - Transported,
 - Engaged in forced labor, or
 - Involuntary servitude, prostitution, juvenile prostitution (IC 35-31.5-2-178.5).
- Child exploitation (IC 35-42-4-4(b));
- Marriage (unless authorized by a court under IC 31-11-1-7);
- Trafficking for the purpose of prostitution, juvenile prostitution, or participation in sexual conduct as defined in IC 35-42-4-4(a); or
- Human trafficking as defined in IC 35-42-3.5-0.5) (IC 31-9-2-133.1).

Note: A child is considered a victim of human or sexual trafficking regardless of whether the child consented to the conduct as defined.

CHINS 4: The child's parent, guardian, or custodian allows the child to participate in an obscene performance (IC 35-49-2-2 or 35-49-3-2).

CHINS 5: The child's parent, guardian, or custodian allows the child to commit a prohibited sex offense (see 3.B Tool Sexual Offense Child Abuse and/or Neglect [CA/N] Matrix).

CHINS 6: The child substantially endangers the child's own health or the health of another individual.

CHINS 7: The child's parent, guardian, or custodian fails to participate in a school disciplinary proceeding regarding the child's improper behavior (described in IC 20-33-8-26) that has been repeatedly disruptive in the school.

Note: CHINS 6 and CHINS 7 allegations:

- Are not defined as CA/N under IC 31-9-2-14 but are conditions under which a child is a CHINS; and
- Do not qualify as CA/N for purposes of entering information on the Child Protective Index (CPI).

CHINS 8: The child is a "missing child".

Note: This is a child who is the subject of a missing person's report and has been found in Indiana.

CHINS 9: According to IC 31-34-1-9, a child in need of services under CHINS 1, 2, 3, 4, 5, 6, 7, or 8 (as outlined above) includes a child with a disability who is deprived of:

- Nutrition that is necessary to sustain life; or
- Medical or surgical intervention that is necessary to remedy or ameliorate a life-threatening medical condition; if the nutrition or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.

CHINS 10: The child is born with:

- Fetal alcohol syndrome;
- Neonatal abstinence syndrome, or
- With any amount of:
 - Controlled substance,
 - A legend drug or a metabolite of a controlled substance, or
 - A legend drug in the child's body, including the child's blood, urine, umbilical cord tissue, or meconium.

CHINS 11: The child has:

- An injury;
- An abnormal physical or psychological development;
- Symptoms of neonatal intoxication or withdrawal, or
- A substantial risk of a life-threatening condition that arises or is substantially aggravated by the mother's use of:
 - Alcohol,
 - Controlled substance, or
 - Legend drug during pregnancy.

Definition of CA/N for Youth 18-21

Indiana law defines CA/N for a child who:

1. Is at least 18 but younger than 21 years old and currently lives in a DCS-licensed residential facility; or
2. Previously lived in a DCS-licensed residential facility.

DCS decides if the allegations indicate CA/N has occurred by using:


1. The Indiana Department of Child Services Child Abuse and Neglect Screening and Response Time Assessment (SDM Tool); and
2. The list below:
 - a. A child was harmed or threatened with harm by the following battery-related offenses:
 - i. Battery (IC 35-42-2-1),
 - ii. Domestic battery (IC 35-42-2-1.3),
 - iii. Aggravated battery (IC 35-42-2-1.5),
 - iv. Strangulation (IC 35-42-2-9), or
 - v. Female genital mutilation (IC 35-42-2-10).
 - b. The alleged perpetrator was a staff member at the DCS-licensed residential facility and the child is an alleged victim of the following offenses:
 - i. Sexual intercourse,
 - ii. Other sexual conduct (IC 35-31.5-2-221.5), or
 - iii. The fondling or touching of the buttocks, genitals, or female breasts (IC 35-42-4-13(b)).

RELEVANT INFORMATION

Legal References

- [IC 1-1-2-4: Construction of references to a conviction](#)
- [IC 12-7-2-28.6: "Child care home"](#)
- [IC 12-7-2-28.8: "Child care ministry"](#)
- [IC 12-7-2-149.1: "Provider"](#)
- [IC 12-17.2-2-8: Licensure exemptions](#)
- [IC 12-17.2-2-9: Migrant children's programs](#)
- [IC 12-17.2-4: Chapter 4. Regulation of Child Care Centers](#)
- [IC 12-17.2-5: Chapter 5. Regulation of Child Care Homes](#)
- [IC 12-17.2-6: Chapter 6. Regulation of Child Care Ministries](#)
- [IC 20-33-8-26: Rules requiring participation in disciplinary action by person caring for dependent student](#)
- [IC 31-9-2-13: "Child"](#)
- [IC 31-9-2-14: "Child abuse or neglect"](#)
- [IC 31-9-2-16.4: "Child caregiver"](#)
- [IC 31-9-2-24: "Controlled substance"](#)
- [IC 31-9-2-31: "Custodian"](#)
- [IC 31-9-2-76: "Legend drug"](#)
- [IC 31-9-2-133: "Victim of child abuse or neglect"](#)
- [IC 31-9-2-133.1: "Victim of human or sexual trafficking"](#)
- [IC 31-11-1-7: Petition for marriage of individual 16 or 17 years of age; evidentiary hearing; emancipation](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-27-4: Chapter 4. Regulation of Foster Homes](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-34-11-2: Judgment; order of predisposition report; scheduling of dispositional hearing; dual status assessment team report and recommendations](#)
- [IC 35-31.5-2-178.5: "Juvenile prostitution"](#)
- [IC 35-31.5-2-221.5: "Other sexual conduct"](#)
- [IC 35-41-5-1: Attempt](#)
- [IC 35-41-5-2: Conspiracy](#)
- [IC 35-42-1-1: Murder](#)
- [IC 35-42-1-2: Causing suicide](#)
- [IC 35-42-1-2.5: Assisting suicide](#)
- [IC 35-42-1-3: Voluntary manslaughter](#)
- [IC 35-42-1-4: Involuntary manslaughter](#)
- [IC 35-42-1-5: Reckless homicide](#)
- [IC 35-42-2: Chapter 2. Battery and Related Offenses](#)
- [IC 35-42-2-1: Battery](#)
- [IC 35-42-2-1.3: Domestic battery](#)
- [IC 35-42-2-1.5: Aggravated battery](#)
- [IC 35-42-2-9: Strangulation](#)
- [IC 35-42-2-10: Female genital mutilation](#)
- [IC 35-42-3.5-0.5: Definitions](#)

- [IC 35-42-3.5-1: Promotion of human labor trafficking](#)
- [IC 35-42-3.5-1.1: Promotion of human sexual trafficking](#)
- [IC 35-42-3.5-1.2: Promotion of child sexual trafficking; promotion of sexual trafficking of a younger child](#)
- [IC 35-42-3.5-1.3: Child sexual trafficking](#)
- [IC 35-42-3.5-1.4: Human trafficking](#)
- [IC 35-42-4-1: Rape; restitution](#)
- [IC 35-42-4-2: Criminal deviant conduct \(Repealed 2012\)](#)
- [IC 35-42-4-3: Child molesting](#)
- [IC 35-42-4-4: Child exploitation; possession of child sexual abuse material; exemptions; defenses](#)
- [IC 35-42-4-5: Vicarious sexual gratification; sexual conduct in 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 35-42-4-13\(b\): Inappropriate communication with a child](#)
- [IC 35-45-4-1: Public indecency](#)
- [IC 35-45-4-2: Prostitution](#)
- [IC 35-45-4-3: Making an unlawful proposition](#)
- [IC 35-45-4-4: Promoting prostitution](#)
- [IC 35-46-1-3: Incest](#)
- [IC 35-46-1-4: Neglect of a dependent; child selling](#)
- [IC 35-49-2-2: Matter or performance harmful to minors](#)
- [IC 35-49-3-2: Obscene performance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 03: Conducting the Assessment	
	Effective Date: January 1, 2026	Version: 17

POLICY OVERVIEW

For Institutional Investigations, see policy 4.30.

When there is a report of possible child abuse or neglect (CA/N), the Department of Child Services (DCS) completes an assessment to ensure the child's safety and well-being.

POLICY STATEMENT

DCS will conduct an assessment of all assigned reports of alleged CA/N. This includes:

1. Completing all required interviews;
2. Checking the safety and condition of the home;
3. Assessing the child's risks and safety concerns; and
4. Making sure the child's medical and mental health needs are assessed.

DCS will:

1. Thoroughly assess all assigned reports of alleged child abuse and neglect (CA/N);
2. Work diligently to ensure that each assessment prioritizes the safety and well-being of the child; and
3. Send the report to the local office to decide if an assessment is needed if the report comes from:
 - a. Medical staff,
 - b. School,
 - c. Social workers,
 - d. Law enforcement agency (LEA), or
 - e. The court.

Assessment Timelines

DCS will follow these timelines when initiating an assessment within:

1. 2 hours if the child is in immediate danger;
2. 24 hours, if the report is about alleged child abuse; or
3. 5 days, if the report is about alleged child neglect.

Note: If the report alleges the child lives with someone convicted of neglect, battery, or is a registered sex or violent offender, DCS will start the assessment within 5 days.

Emergency Shelter or Shelter Care Facility

After DCS is notified that a child is in an emergency shelter or shelter care facility, DCS must:

1. Conduct an assessment within 48 hours of being notified; and
2. Notify the parent, guardian, or custodian that the child is at the shelter or within 72 hours.

Note: However, notification is not required if DCS has reason to believe the child's

parent, guardian, or custodian is the alleged perpetrator.

What the Assessment Includes

When completing an assessment, DCS will:

1. Investigate the nature and cause of the abuse and/or neglect;
2. Identify the person responsible; and
3. Check on other children in the home.

DCS may:

1. Visit the child's home;
2. Interview the child (with consent or a court order); and
3. Conduct physical or mental exams if needed.

Note: If DCS cannot get permission to enter a home or interview a child, they can request a court order.

Working with LEA


DCS will contact LEA if:

1. A report has a two (2) hour response time and on additional reports, as needed; and
2. The police if they receive a report of child abuse.

Note: If the report involves a child care ministry that doesn't require a license, DCS and law enforcement will investigate together.

LEGAL REFERENCES

- [IC 31-9-2-9: "Alleged father"](#)
- [IC 31-9-2-16.6: "Child care worker"](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 04: Required Interviews	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

During a child abuse or neglect (CA/N) assessment, interviews are needed with certain people to gather information about the child's safety.

POLICY STATEMENT

The Indiana Department of Services (DCS) **will** complete the following steps during the assessment of CA/N, to the extent that is reasonably possible:

1. Check the nature, extent, and cause of suspected CA/N;
2. Learn about other children in the home and how they are doing;
3. Evaluate the child's caregiver and what the home is like; and
4. Gather other important details to help with the assessment.

The assessment **may** also include:

1. Visiting the child's home;
2. Talking with the child (if parents agree, a court orders it, or there is an urgent reason); and
3. A physical or mental health exam of any child in the home.

If parents or caregivers do not cooperate, DCS **may**:

1. Ask the court for permission to visit the child's home or school or to do exams;
2. May ask the court to order the parents to make the child available; and
3. May interview the child, with or without a parent present, upon court approval.


When interviewing a child at school:

1. DCS **may** interview the child alone if the worker shows identification (ID); and
2. Provides a written note saying they have permission (parental consent or court order) or exigent circumstances exist as defined by Indiana Code (see References).

If the child's parent or guardian is in the military, DCS **must** tell the military's Family Advocacy Program about the case if asked.

LEGAL REFERENCES

- [IC 31-9-2-44.1: "Exigent circumstances"](#)
- [IC 31-33-8-7: Scope of assessment by department of child services: order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 05: Consent to Interview Child	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

Before the Indiana Department of Child Services (DCS) interviews a child about possible abuse or neglect, they usually must get permission from the child’s parent, guardian, or custodian.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will get permission from the child’s parent, guardian, or custodian before interviewing a child who is:

1. An alleged victim of CA/N;
 2. An alleged child perpetrator;
 3. A potential witness; or
 4. Someone who can give extra information to support the assessment.
- (See policy [4.04](#))

If parents share joint legal custody and one parent says “no”, DCS cannot get permission from the other parent. In that case, DCS must either:


1. Get a court order; or
2. Decide there is an urgent reason (called *exigent circumstances*) to talk to the child without permission.

DCS can talk to a child without permission if:

1. There is an urgent concern (exigent circumstances) for the child’s safety and well-being;
2. DCS tried but could not reach the parent, guardian, or custodian after a reasonable number of attempts;
3. The child is in DCS care and custody and the parent’s rights have been terminated; or
4. The child is in a Department of Corrections (DOC) facility.

LEGAL REFERENCES

- [IC 31-9-2-31: “Custodian”](#)
- [IC 31-9-2-44.1: “Exigent circumstances”](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 06: Exigent Circumstances	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Exigent circumstances may happen when asking a parent, guardian, or custodian for permission to interview a child could put the child in danger. DCS must decide if these circumstances exist before interviewing the child to help protect everyone's safety and rights.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) reviews each Preliminary Report of Alleged Child Abuse or Neglect (310) to decide if exigent circumstances exist. This requires using critical thinking skills to understand the current safety factors and the potential risk of future harm to the child.

Exigent circumstances are urgent situations where DCS must act quickly to protect a child. These situations apply when:

1. DCS has clear evidence and reasonable suspicion that:
 - a. The alleged victim, or another child living in the home, has been or is about to be physically or sexually abused, or
 - b. The child has been or is about to be neglected in a way that puts their physical safety in serious danger.
2. There is no safer or less disruptive way to protect the child's immediate health or safety; and
3. At least one (1) of the following applies:
 - a. The parent, guardian, or custodian is the alleged perpetrator of the child abuse and/or neglect (CA/N), or they allegedly knew about the CA/N and did not keep the child safe,
 - b. There is reason to believe the child's safety could be at risk, or there is evidence or signs of CA/N to the child's body, which might be lost if DCS waits to take action before notifying the parent, guardian, or custodian, and/or
 - c. The child is a homeless unaccompanied minor receiving services at an emergency shelter (or shelter care facility) without parental consent.

Note: When the only concern is educational neglect, it does not qualify as an exigent circumstance.

Interviewing a Child at School


1. When going to the child's school to do an interview, state law allows DCS to talk to the child alone. When arriving at the school, DCS must show:
 - Proof they are a DCS employee (i.e., DCS badge), and

- A written statement (email or a handwritten) that says: “**DCS has parental consent or a court order, or exigent circumstances exist as defined by IC 31-9-2-44.1 to interview (insert child’s name).**”

Note: The statement must not include any details about the alleged CA/N and must protect the confidentiality of the child and their family.

LEGAL REFERENCES

- [IC 31-9-2-44.1: “Exigent circumstances”](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 08: Entry into Home or Facility	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

When assessing allegations of Child Abuse and/or Neglect (CA/N), the Indiana Department of Child Services (DCS) will take all necessary steps to protect the child’s safety and well-being when visiting their home or facility.

POLICY STATEMENT

DCS must get permission before entering a home or facility for any reason, including making in-person contact with a child.

Note: If exigent circumstances exist, see policy [4.06](#).

Permission to enter a home or facility:

1. Must be given by an adult who lives in the home or facility; and
2. Does not mean consent is given to interview the child.

Note: Children under the age of 18 cannot give permission to enter the home.


To interview the child at the child’s school, DCS must show to the school (this also allows for DCS to interview the child alone):

1. Their official DCS identification badge; and
2. A written statement that says: “**DCS has parental consent or a court order, or exigent circumstances exist as defined by IC 31-9-2-44.1 to interview {insert child’s name}.**”

Note: The written statement may be an email or a handwritten note that DCS creates while in the school. It **must not** include any allegations or evidence and must protect the confidentiality of the child and the child’s family.

LEGAL REFERENCES

- [IC 31-9-2-44.1: “Exigent circumstances”](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 09: Interviewing Children	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) must respond quickly and carefully to reports of child abuse or neglect (CA/N) to keep children safe. Interviewing the child helps to gather important information that will help with making an accurate decision about what happened.

POLICY STATEMENT

Before talking with a child, the Indiana Department of Child Services (DCS) will ask the child's parent, guardian, or custodian for permission (see policy [4.05](#)). If there is an emergency, DCS may still talk with a child and make sure they are safe. If permission is not obtained before talking with the child (see policy [4.06](#)).

DCS will talk in person with:


1. The child who may have been abused or neglected;
2. All other children living in the home (including children who live part-time in the home due to custody or visitation arrangements); and
3. Any child who does not live in the home but was there at the time of the alleged incident.

Note: For a very young child or a child that is unable to talk, an interview will consist of face-to-face contact at a level suitable to the child's age and/or developmental level.

A trained forensic interviewer may conduct the interview if the child is an alleged victim of sexual abuse, severe physical abuse, human trafficking, or other conditions that could lead to criminal charges being filed. This interview may be conducted at a child advocacy center (CAC) with DCS in attendance.

LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 31-34-13: Chapter 13. Child Videotape Testimony in Child in Need of Services Proceedings](#)
- [IC 35-42-3.5: Chapter 3.5. Human and Sexual Trafficking](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 10: Interviewing the Parent, Guardian, or Custodian	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Talking with people is an important part of an assessment. The Indiana Department of Child Services (DCS) tries to talk with the parent(s), guardian(s), or custodian(s) of children who may have been abused or neglected.

POLICY STATEMENT


DCS must do an in-person interview with the parent(s), guardian(s), or custodian(s) of the child who may be a victim of child abuse or neglect (CA/N) (called an alleged victim). DCS should find and talk to each parent even if they do not have custody. If DCS cannot find someone or they say “no” to an interview, DCS may skip that interview.

If a parent, guardian, or custodian is the person who may have caused the abuse or neglect (called an alleged perpetrator), DCS will follow all steps outlined in policy [4.11](#) and do a separate interview.

DCS should try to do these interviews on the same day as the interview with the child, if possible. Interviews must be done in a private place without interruptions.

LEGAL REFERENCES

- [IC 31-9-2-88: “Parent”](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)
- [IC 31-33-18-4: Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 13: Assessing and Documenting the Home and Living Conditions	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

Observing and documenting where the child lives helps to determine if any conditions are there that support the child abuse and/or neglect (CA/N) allegations.


POLICY STATEMENT

DCS will complete an assessment (announced or unannounced) of the home and living conditions of an alleged child victim if:

1. The alleged CA/N occurred in the child’s home;
2. The alleged child victim lives with the alleged perpetrator; or
3. There are worries about the home and the impact on the child’s safety and well-being.

LEGAL REFERENCES

- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 14: Examining and Photographing a Child and/or Trauma	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

DCS will look at and take pictures of a child and/or their injuries to check for Child Abuse and/or Neglect (CA/N). Documenting what is found is very important to complete an assessment of CA/N.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will look at and document the child's injuries in the least disruptive way while considering the child's age, gender, and emotional well-being. DCS will use the following guidelines:

1. If the child needs to see a doctor immediately, DCS will inform the non-offending parent, guardian, or custodian and check if they can take the child to the doctor; and


Note: If the non-offending parent cannot be reached, DCS may ask the police for help or call 911.

2. If the child doesn't need to see a doctor immediately and the injury is easy to see, DCS will go ahead with examining, photographing, and recording the injury.
3. DCS will not check or take pictures of a child who might have been sexually abused. This includes private areas like the anus, genitalia, or breasts. A doctor will do these checks.

Note: DCS can use photos taken by the police or doctors.

LEGAL REFERENCES

- [IC 31-33-8-3: Photographs and x-rays](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)
- [IC 31-33-10-1: Duty to photograph, x-ray, and physically examine trauma visible on child](#)
- [IC 31-33-10-3: Photographs, x-rays, and physical medical examinations; delivery to department of child services; notice of existence](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 16: Clinical Evaluations & Drug Testing	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

Medical exams, psychological tests, drug screens, and substance use evaluations may be done on an alleged child victim, any child who lives in the home, and/or any parent, guardian, or custodian of an alleged child victim during an Indiana Department of Child Services (DCS) assessment to check the health and well-being of the child.

POLICY STATEMENT

The juvenile court may order that the child be temporarily confined for up to 14 days, excluding weekends and legal holidays, to complete a mental or physical exam.

Medical Exams

DCS will seek a medical exam of the alleged child victim when one (1) or more of the following conditions exist:

1. They have an injury that would cause a reasonable person to believe medical attention is needed;
2. The allegations include sexual abuse involving penetration, and it is believed the information gathered during the exam will help make an assessment finding;

Note: The extent and type of evaluation for allegations involving sexual abuse will be decided by a doctor, who will likely consider the length of time that has passed since the incident and the age of the child.

3. They have been removed from a property that contains a contaminating controlled substance; or
4. They are under two (2) years of age and a head injury or shaking is alleged even if there are no visible injuries.

Psychological Testing

DCS will seek psychological testing of the alleged child victim when approved by the DCS Local Office Director (LOD) and one (1) or more of the following conditions exist:

1. The Child and Adolescent Needs and Strengths (CANS) assessment shows a need for a full mental health assessment; or
2. They show behaviors that would cause a reasonable person to believe the child is a danger to self and/or others.

Substance Use Evaluations and Screening

DCS will pursue a drug screen and/or a substance use evaluation of the alleged child victim when one (1) or more of the following conditions exist:

1. They may have had access to illegal substances;
2. Their behavior indicates they may have used or been exposed to illegal substances; and/or
3. There are allegations or other indications that they may have used or been exposed to illegal substances.


Assessing Caregivers

DCS may ask the alleged victim's parent, guardian, or custodian to voluntarily submit to a medical exam, psychological test, drug screen, and/or substance use evaluation, if there is an indication of Child Abuse and/or Neglect (CA/N) or the allegations involve CA/N which may be due to:

1. Illegal substance use;
2. Alcohol use; or
3. Mental incompetence.

LEGAL REFERENCES

- [IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian](#)
- [IC 31-32-12: Chapter 12. Mental or Physical Examinations](#)
- [IC 31-32-12-2: Temporary confinement of child](#)
- [IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 17: Accessing Child’s Medical, Mental Health, and Substance Use Records	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Reviewing an alleged child victim’s medical, mental health, and/or substance use records is important during a Child Abuse and/or Neglect (CA/N) assessment. The Indiana Department of Child Services (DCS) gets consent, as required, before accessing these records.

POLICY STATEMENT

DCS is required to obtain written consent from the alleged child victim’s parent, guardian, or custodian prior to accessing any:

1. Mental health assessments or treatment records;

Exception: Under IC 16-39-2-6(b)(10)(F), DCS may access a mental health record without consent if the record was the basis for the CA/N report.

2. Medical records for the alleged child victim who was not involved in a CA/N assessment; and
3. Alcohol use and/or substance use assessment or treatment records.


Exception: If a child received treatment and gave voluntary consent, they may release the records without parent, guardian, or custodian consent.

DCS is **not** required to get consent from the alleged child victim’s parent, guardian, or custodian or the child **before** accessing medical (**physical health**) records that relate to;

1. An examination or treatment that occurred during a CA/N assessment; or
2. A medical professional's report that led to a CA/N referral.

LEGAL REFERENCES

- [42 USC 290dd-2: Confidentiality of records](#)
- [45 CFR 164.512\(b\)\(1\)\(ii\): Standard: Uses and disclosures for public health activities](#)
- [IC 12-23-12-1: Notification or consent of parents or guardians; treatment in absence of notification](#)
- [IC 16-39-2: Chapter 2. Release of Mental Health Records to Patient and Authorized Persons](#)
- [IC 16-39-2-6\(b\)\(10\)\(F\): Disclosure without patient’s consent; interpretation of records; immunities](#)
- [IC 31-32-11-1: Admissibility of privileged communications](#)
- [IC 35-37-6: Chapter 6. Privileged Communications and Victim Counseling](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 21: 45 Day Report of Assessment	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

A 45 Day Report of Assessment is a confidential report given to certain professional report sources. This report provides an update on the status of the assessment.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will send a 45 Day Report of Assessment to certain agencies. It will be sent within 45 days of receiving a report of child abuse and/or neglect (CA/N).


DCS will send the report to:

1. The hospital administrator;
2. The community mental health center;
3. The managed care provider;
4. The referring physician;
5. The dentist;
6. The school principal;
7. A licensed psychologist;
8. A child caring institution (CCI);
9. A group home (GH);
10. A secure private facility; or
11. A child placing agency.

Note: The administrator, director, referring physician, dentist, licensed psychologist, or principal can choose someone else to receive the report.

LEGAL REFERENCES

- [IC 12-7-2-127: "Managed care provider"](#)
- [IC 12-28-4: Chapter 4. Residential Facilities for Individuals With a Developmental Disability or Mental Illness](#)
- [IC 31-9-2-17.5: "Child placing agency"](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 22: Making an Assessment Finding	
	Effective Date: January 1, 2026	Version: 15

POLICY OVERVIEW

A timely and thorough response to child safety concerns is important to protect children. Indiana Department of Child Services (DCS) must complete an assessment on reports of Child Abuse and/or Neglect (CA/N). An assessment finding of “substantiated” or “unsubstantiated” must be made to determine next steps for the child and family.

POLICY STATEMENT

DCS will make a finding of “unsubstantiated” when facts show credible evidence that CA/N has not happened. A finding of “unsubstantiated” is also appropriate when the evidence of CA/N does not rise to the level of a “preponderance of the evidence”.


DCS will make a finding of “substantiated” when facts arise to a “preponderance of the evidence” to make a reasonable person believe that CA/N happened or when the alleged perpetrator admits to abusing and/or neglecting the alleged child victim.

Intentional False CA/N Reports

DCS will work with the local prosecutors to take legal action against people who intentionally make false CA/N reports.

LEGAL REFERENCES

- [IC 31-9-2-14: “Child abuse or neglect”](#)
- [IC 31-9-2-123: “Substantiated”](#)
- [IC 31-9-2-132: “Unsubstantiated”](#)
- [IC 31-33: ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation, investigations of child care ministries](#)
- [IC 31-33-8-12: Classifying reports as substantiated or unsubstantiated](#)
- [IC 31-33-22-3: False reports; criminal and civil liability; notification of prosecuting attorney](#)
- [IC 31-39-8-4: Expungement of child abuse or neglect information](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 28: Removals from Parents, Guardians, or Custodians	
	Effective Date: January 1, 2026	Version: 15

POLICY OVERVIEW

A child may need removed from the parent, guardian, or custodian to ensure the child’s safety and well-being.

POLICY STATEMENT

If the Indiana Department of Child Services (DCS) decides an involuntary removal is needed, DCS will:

1. Ask for a court order to remove the child from their parent, guardian, or custodian; or
2. Remove the child **without** a court order if their physical or mental condition will be seriously harmed or endangered if not immediately taken into custody.

LEA Assistance

DCS will ask the local law enforcement agency (LEA) to be present at the removal. DCS will not remove a child without LEA present, unless:

1. There is an immediate concern for the child’s safety or well-being;
2. Emergency removal is necessary; and
3. LEA has been contacted but is unable to be present during the removal.

Situations That May Not Require Removal

An assessment involving the following does not mean an automatic removal is needed to ensure the child’s safety and well-being:

1. Domestic violence (DV) (see policy [2.30](#)); or
2. A new child in a household of a parent or caregiver with an open DCS case. This may include:
 - a. Newborn infant, or
 - b. A child that has moved into the home or regularly visits the home (see [4.50](#)).

Accommodation

DCS will provide appropriate, reasonable accommodations if:


1. There are any barriers to communication with the parent, guardian, or custodian; or
2. A reasonable accommodation is requested.

Foreign National or Indian Child

When a child is believed to be a foreign national or an Indian child and is removed due to an immediate safety concern, DCS will not delay or deny the child’s placement in an available resource home based on the child or resource parent’s race, color, or national origin.

LEGAL REFERENCES

- [42 USC Ch. 126 12102: Definition of disability](#)
- [42 USC 671 \(a\)\(29\): State plan for foster care and adoption assistance](#)
- [IC 31-9-2-88: "Parent"](#)
- [IC 31-9-2-107\(b\): "Relative"](#)
- [IC 31-10-2-1: Policy and purpose](#)
- [IC 31-27-4-6.5: "Disability"; foster family home](#)
- [IC 31-28-0.5: Chapter 0.5. Electronic Records](#)
- [IC 31-32-3-10.5: Civil immunity for placement of a child on a waiting list for guardian ad litem or court appointed special advocate services](#)
- [IC 31-33-8-8: Order for child's immediate removal; preparation of investigative report](#)
- [IC 31-34-2-3: Taking child into custody without court order; documentation](#)
- [IC 31-34-2-6: Documentation by person taking child into custody without court order; forms](#)
- [IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings; content](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-4: Temporary Placement of Child Taken into Custody](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessments Section 29: Joint Assessments with Law Enforcement Agency (LEA)	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Working together has many benefits for both the child and the professionals involved in assessing Child Abuse and/or Neglect (CA/N). When the Indiana Department of Child Services (DCS) and Law Enforcement Agencies (LEA) coordinate their responses and conduct joint assessments it may:

1. Reduce the number of interviews with the child;
2. Minimize the number of people involved in the assessment;
3. Speed up the delivery of assistance and services to the child and/or family; and
4. Improve the quality of evidence collected.

POLICY STATEMENT

DCS will:

1. Contact LEA and ask for a joint assessment when a report with CA/N allegations include, but are not limited to:
 - a. Reports needing a two (2) hour response time;
 - b. Child fatalities and near fatalities (see policy [4.31](#));
 - c. Child sexual abuse (see policy [3.08](#)); and
 - d. All reports of human trafficking (see policy [4.47](#)).
2. Join in interviews with the child and family, conducted by LEA when possible.


Note: During a criminal investigation of CA/N, DCS will cooperate with the county or district prosecutor and LEA. DCS will not act as law enforcement by gathering evidence or interviewing person for the sole purpose of a criminal investigation. DCS will focus on assuring the safety of the child.

3. Start the assessment on time even if LEA is delayed, unless:
 - a. The home may have dangerous and/or controlled substances present, or
 - b. Other safety concerns exist for the responding Family Case Manager (FCM) and an interview with the child at an alternate site is not practical.

The DCS Institutional Child Protection Service (ICPS) Unit may ask for a joint assessment for licensed childcare homes, residential childcare centers, or schools (including their employees or volunteers). DCS ICPS Unit will **not** do an assessment involving an unlicensed registered child care ministry without LEA involvement, unless the childcare ministry accepts Child Care Development Fund (CCDF).

LEGAL REFERENCES

- [IC 31-9-2-31: "Custodian"](#)
- [IC 31-33-7-7: Law enforcement agency investigation and communication of information](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-2: Investigations by Law enforcement agencies](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 30: Institutional Investigations	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

The Institutional Child Protection Services (ICPS) Unit investigates reports of Child Abuse and/or Neglect (CA/N) if the incident occurred while the child was in an institution's care.

POLICY STATEMENT

The DCS ICPS Unit will work with a Law Enforcement Agency (LEA) when looking into CA/N in the following (including their employees or volunteers):

1. Licensed child care homes;
2. Residential childcare centers; or
3. Schools.

The DCS ICPS Unit will not work an investigation on an unlicensed registered child care ministry without LEA involvement unless the child care ministry gets Child Care Development Fund (CCDF) vouchers.

The ICPS Unit will also look into a report of CA/N if the alleged victim is between 18 and 21 years old and lives or used to live at a DCS-licensed residential facility. They will investigate if the victim is harmed or threatened by a staff member because of:

1. A battery offense; or
2. Sexual activity.

Investigations involving Institutions Licensed, Certified, or Monitored by Another State Agency

If one of the below state agencies licenses, certifies, or otherwise monitors an institution where the CA/N assessment is happening, DCS will share information with that agency:


1. Indiana Department of Correction (DOC);
2. Family and Social Services Administration (FSSA): Bureau of Disabilities (BDS);
3. FSSA: Division of Mental Health; or
4. FSSA: Division of Family Resources.

If another executive branch state agency is involved with the child or family, DCS will work with the designated contact from the agency.

LEGAL REFERENCES

- [IC 31-9-2-133: "Victim of child abuse or neglect"](#)
- [IC 31-33: ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT](#)

- [IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 31: Child Fatality and Near Fatality Assessments	
	Effective Date: January 1, 2026	Version: 13

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) assesses the circumstances surrounding a child fatality and near fatality to determine if Child Abuse and/or Neglect (CA/N) was a factor. The safety of other children in the home is also assessed.

POLICY STATEMENT

DCS will complete a child fatality and/or near fatality assessment when:

1. There is reason to believe that Child Abuse and/or Neglect (CA/N) may have been a factor; and/or
2. The child fatality or a near fatality is sudden, unexpected, and unexplained and the child is under three (3) years of age.

DCS Coordination with Law Enforcement

DCS will work with a Law Enforcement Agency (LEA) and talk with the coroner as needed. A DCS assessment shall not interfere with the LEA investigation. The DCS local office shall complete an assessment including information from LEA or complete a joint DCS/LEA assessment.

Child Fatality Notification

The DCS Child Abuse Hotline (Hotline) and the local child fatality review team or the statewide child fatality review committee, will be notified by the coroner of the death of a child under age 18, or who appears to be under 18, and who has died in a sudden, unexpected, or unexplained manner.

Alcohol/Drug screening in a Child Fatality and/or Near Fatality

DCS or LEA **has the right to** ask the parent, guardian, or custodian to take an alcohol/drug screen if DCS has reason to believe they were impaired, intoxicated, or under the influence of drugs or alcohol immediately before or at the time of death. The request must be made **within three (3) hours** of the near fatality or death of the child for a refusal to screen to be treated as a positive screen for purposes of assessment.

Note: If DCS is unable to request a screen within the three (3) hour window and the parent, guardian, or custodian declines to screen, it may only be treated as a refusal, and not a positive test, but the request should still be made and documented.

DCS must document any signs of impairment of the parent, guardian, or custodian observed at any time during the assessment. If DCS is not on the scene of the fatality and/or near fatality,

the Family Case Manager (FCM) should talk to the professionals who were there (e.g., LEA and Emergency Medical Services [EMS]), and get any records about impairment or lack thereof.

Documenting Assessment Findings

Include the following information in the 311:

1. Summary of the CA/N report facts;
2. The child's date of birth and gender;
3. Cause of the fatality or near fatality if it has been determined; and
4. Prior DCS contact with the child or the perpetrator.


Note: If DCS had contact prior to the fatality or near fatality, include:

- a. Contact frequency with the child or a member of the child's family or household,
- b. Date of last contact,
- c. Prior assessments and their findings, and
- d. Case status summary, including:
 - Whether the child's case was closed by DCS before the fatality or near fatality,
 - Reasons for case closure, and
 - Date of case closure.

IC 16-49-3-3 outlines the child fatality records that may be reviewed by the local child fatality review team.

LEGAL REFERENCES

- [42 USC Ch. 67: Child Abuse Prevention and Treatment and Adoption Reform](#)
- [IC 16-49: ARTICLE 49. CHILD FATALITY REVIEWS](#)
- [IC 16-49-3-3: Review; records and information; not subject to subpoena or discovery or admissible as evidence](#)
- [IC 31-9-2-13: "Child"](#)
- [IC 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)
- [IC 31-33-8: Chapter 8. Investigation of Reports of Suspected Child Abuse or Neglect](#)
- [IC 31-33-18-1.5: Written findings; copies to the department of child services; certain records held by governmental entities not confidential if redacted; procedure for redacting records](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 31-34-12-7: Failure to submit to drug or alcohol test](#)
- [IC 36-2-14-6.3: Coroner notification of child deaths; coroner consultation with child death pathologist; suspicious, unexpected, or unexplained child deaths; autopsy](#)
- [IC 36-2-14-18: Public inspection and copying of information; investigatory records; copies of autopsy; availability of report](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 33: Standby Guardianship	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

If a parent or guardian dies or is unable to care for the child, a Standby Guardianship begins. The Indiana Department of Child Services (DCS) may work with the Standby Guardian to gather facts about the extended family and noncustodial parents to help ensure the child's safety, stability, permanency, and well-being.

POLICY STATEMENT

The parent or guardian may identify:

1. A Standby Guardian in the case of their death or incapacity; and
2. An Alternate Standby Guardian if the Standby Guardian is:
 - a. Not able to serve;
 - b. Says they do not want to serve;
 - c. Dies; or
 - d. Becomes incapacitated.

The Standby Guardianship:

1. Lasts for 90 days; and
2. Remains in effect until the court makes a ruling if the guardian files a petition for guardianship during that 90-day period.


DCS must consider a Standby Guardian or Alternate Standby Guardian for placement if the child is part of:

1. An allegation of Child Abuse or Neglect (CAN) (IC 31-33);
2. An open Child in Need of Services (CHINS) case (IC 31-34); or
3. An open delinquency case (IC 31-37).

Note: For the child to be placed with them, the Standby Guardian or Alternate Standby Guardian must still meet the placement requirements for a child who is a ward of DCS or Probation (see policy [8.01](#)).

LEGAL REFERENCES

- [IC 12-7-2-61: "Developmental disability"](#)
- [IC 29-3-1-7.5: "Incapacitated person"](#)
- [IC 29-3-3-7: Standby guardians](#)
- [IC 31-33: ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT](#)
- [IC 31-34: ARTICLE 34. JUVENILE LAW: CHILDREN IN NEED OF SERVICES](#)
- [IC 31-37: ARTICLE 37. JUVENILE LAW: DELINQUENCY](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 34: Abandoned Infants	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

To make sure an infant is safe and gets the care they need, the Indiana Department of Child Services (DCS) will care for an infant that is found abandoned.


POLICY STATEMENT

DCS will conduct an assessment regarding allegation of abandonment and will take care, control, and custody of an infant who is less than 12 months old if the parent, guardian, or custodian has:

1. Left the infant in a place that is dangerous to the infant's life or health; or
2. Left the infant in a hospital or medical facility, without a plan to take care of the infant.

LEGAL REFERENCES

- [IC 10-13-5: Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#)
- [IC 31-14-7-1: Presumptions: child's biological father](#)
- [IC 31-9-2-0.5: "Abandoned infant"](#)
- [IC 31-21-2-2: "Abandoned"](#)
- [IC 31-25-3-2: Duties of bureau; access to information](#)
- [IC 31-34-21-5.6\(b\)\(5\): Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [45 CFR 1356.21 Foster care maintenance payments program implementation requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 38: Assessment Initiation	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

Indiana law says the Indiana Department of Child Services (DCS) must initiate assessments within certain timeframes based upon the allegations in the Preliminary Report of Alleged Child Abuse or Neglect (310). Starting the assessment of Child Abuse and/or Neglect (CA/N) on time helps to ensure the child's safety and well-being.

POLICY STATEMENT

DCS will initiate assessments regardless of the time of day, including weekends and holidays.

Note: The response time begins when the DCS local office receives notification of the intake report.

DCS will initiate every CA/N assessment within:

1. Two (2) hours if the allegations would lead a reasonable person to believe the child is in immediate danger of serious harm;
2. Twenty-four (24) hours if the allegations involve abuse but not immediate danger; or
3. Five (5) days if the allegations involve neglect and there is no immediate danger or abuse.

Special Circumstances

Hospital Assessments

If a hospital makes a report and the child is expected to be released the same day, DCS will:

1. Respond within two (2) hours; and
2. Provide the hospital with a release form when it has been determined the child is safe to be released.

Note: Face-to-face contact should happen unless the child is unavailable due to medical intervention.

DV Assessments

For reports of alleged domestic violence (DV), DCS will initiate the assessment right away or within 24 hours, if any of these conditions are met (see policy [2.30](#)):

1. Incident happened in the past 48 hours, and the report does **not** suggest the child is in immediate danger of serious harm; or
2. Incident involved a deadly weapon; or
3. The parent, guardian, or custodian or the child makes the report, and the report does **not** suggest the child is in imminent danger of serious harm.

New Allegations

All new CA/N allegations must be reported to the Hotline and **cannot** be handled as a part of the current assessment or permanency case. If the allegations meet the legal definition of CA/N, the report will:

1. Be assessed separately; and
2. Not screened out.

If a DCS employee sees or gets a report of CA/N while on the scene and starts an assessment by making sure the child is safe through face-to-face contact, they must report it to the DCS Child Abuse Hotline within 24 hours of leaving the scene.

Emergency Shelter or Shelter Care Facility

If a child enters an emergency shelter or a shelter care facility without a parent, guardian, or custodian, DCS must:

1. Start the assessment within 24 hours of receiving the report; and


Exception: If allegations show the child is in immediate danger of serious harm, DCS must initiate the response within two (2) hours.

2. Notify the parent, guardian, or custodian where the child is within 72 hours of the child entering the facility.

Exception: If DCS believes the child is a victim of CA/N and the parent, guardian, or custodian the alleged perpetrator, they may not be told the specific shelter or facility the child has entered.

LEGAL REFERENCES

- [IC 31-33-8-1: Investigations by local child protection service; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-6: Investigatory duties of local child protection service; purpose](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)
- [IC 34-6-2.1-50: "Domestic or family violence"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 40: Drug Screening in Assessments	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Drug use or abuse may be a factor in an Indiana Department of Child Services (DCS) assessment of alleged Child Abuse and/or Neglect (CA/N) when there is:

1. Alleged drug use during a pregnancy, resulting in the live birth of a child; or
2. Alleged drug use by the parent, guardian, or custodian, resulting in a child's physical or mental condition being seriously impaired or seriously endangered.

When child maltreatment appears to be directly caused by or connected to drug use, drug screening may be used to gather evidence of CA/N.

POLICY STATEMENT


DCS will consider drug screening as part of a full assessment of the family when there is an allegation or indication of substance abuse in the CA/N report.

Note: Except for IC 31-34-1-10, the decision to substantiate or unsubstantiate a CA/N allegation should not be based solely on the existence or absence of drug use. Drug screen results alone should not determine the assessment outcome. There must be credible evidence showing a link between the drug use and harm to the child.

Any sign of drug use or misuse (self-disclosure or drug screening results) will be evaluated to see if it contributed to child maltreatment. The child's safety and the family's strengths, needs, and protective capacities will also be considered.

LEGAL REFERENCES

- [IC 31-34-1-1: Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision](#)
- [IC 31-34-1-2: Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health; victim of specified offense](#)
- [IC 31-34-1-10: Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body](#)
- [IC 31-34-1-11: Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 42: Plan of Safe Care	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

A Plan of Safe Care (POSC) helps keeps infants under age one (1) safe and healthy if they were exposed to drugs before birth. The POSC addresses the health and treatment needs of the infant and their parents and caregivers. A POSC is made with input from the parents and caregivers alongside healthcare providers and other professionals working with the family.


POLICY STATEMENT

A POSC will be completed regardless of the assessment outcome. The Indiana Department of Child Services (DCS) will regularly review and update an existing POSC throughout involvement until the infant turns one (1) year old and has been:

1. Born affected by or exposed in utero to drugs (legal or illegal);
2. Diagnosed with Neonatal Abstinence Syndrome (NAS); and/or
3. Diagnosed with Fetal Alcohol Spectrum Disorder (FASD).

LEGAL REFERENCES

- [Pub. L. No. 114-198: Comprehensive Addiction and Recovery Act of 2016](#)
- [42 USC Ch. 67: Child Abuse Prevention and Treatment and Adoption Reform](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 45: Assessment of DCS Staff Alleged Perpetrators	
	Effective Date: January 1, 2026	Version: 13

POLICY OVERVIEW

When a Department of Child Services (DCS) employee is accused of Child Abuse and/or Neglect (CA/N), an assessment will be completed.

POLICY STATEMENT

If a DCS employee is accused of CA/N, an assessment must be done by staff from a different DCS office.

Assessments will be done in the county where the complaint was filed (unless there is a conflict of interest) for the following DCS employee's:

1. Central Office;
2. Child Abuse Hotline (Hotline); and
3. Child Support Bureau (CSB)


DCS will keep records about the DCS employee private, except for the appropriate personnel. (see policy [4.39](#)).

DCS will also not allow an employee, accused of CA/N, to have direct contact with children and families (including resource parents) until the assessment is finished.

If the assessment finds the allegations to be true, DCS may take disciplinary action, which could include dismissal, even if the allegations were not part of the employee's job.

LEGAL REFERENCES

- [IC 31-9-2-123: "Substantiated"](#)
- [IC 31-33-26-8: Notification after index entry; notice to perpetrators; request for administrative hearing](#)
- [IC 31-33-26-13: Adoption of rules](#)
- [465 IAC 3-1-11: "Perpetrator" defined](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 49: Safe Haven Infants	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Indiana law requires the Indiana Department of Child Services (DCS) to assume the care, control, and custody of a safe haven infant if contacted.

POLICY STATEMENT

The Indiana Safe Haven Law lets a parent surrender their newborn to an emergency medical services provider or place the child in a newborn safety device (e.g. a Safe Haven Baby Box).

The law allows the emergency medical services provider to contact a licensed child placing agency (LCPA) or DCS. The parent's identity is protected; and the parent will not receive a substantiation for abandonment or neglect if the parent acts within 60 calendar days of the child's birth, and the child is not harmed.

Note: If there are other allegations of child abuse or neglect (CA/N), those allegations must be assessed on their merits. Even if there are other allegations, an infant who has been surrendered will still be treated as a safe haven infant.

When contacted by an emergency medical services provider, DCS will assume the care, control, and custody immediately after receiving notice that:


1. A parent knowingly or intentionally leaves the infant with an emergency medical services provider;
2. Someone leaves the infant with medical staff after delivery and the parent notified staff of the surrender;
3. Someone calls 911 due to extenuating circumstances and stays with the infant until an emergency medical services provider arrives; or
4. Someone places the infant in a newborn safety device and the parent does not plan to return for the infant.

Note: Unless prohibited by federal law, a safe haven infant in the custody of DCS is presumed eligible for Medicaid until a court grants a petition for adoption of the safe haven infant.

LEGAL REFERENCES

- [IC 10-13-5: Chapter 5. Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#)
- [IC 16-41-10-1: "Emergency medical services provider" defined](#)
- [IC 31-9-2-113.1: "Safe haven infant"](#)
- [IC 31-14-7-1: Presumptions; child's biological father](#)

- [IC 31-19-2.5-6: Provision of notice of petition for adoption or petition for termination of parent-child relationship of safe haven infant](#)
- [IC 31-21-2-2: "Abandoned"](#)
- [IC 31-25-3-2: Duties of bureau; access to information](#)
- [IC 31-34-2.5: Chapter 2.5. Emergency Custody of Certain Abandoned Children](#)
- [IC 31-34-21-5.6\(b\)\(6\): Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-35-1.5: Chapter 1.5. Termination of Parent-Child Relationship Involving Safe Haven Infants](#)
- [45 CFR 1356.21 Foster care maintenance payments program implementation requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 50: New Child in Household of a Parent or Custodian with an Open Case	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) looks at the whole situation when completing an assessment of alleged Child Abuse and/or Neglect (CA/N) involving a new child in the household of a parent, guardian, or custodian with an open DCS case. This helps to ensure the safety and well-being of the new child.

POLICY STATEMENT

DCS will assess reports of alleged CA/N involving a new child in the home of a parent, guardian, or custodian with an open case. This includes:


1. Informal Adjustments (IAs);
2. In-Home Child in Need of Services (CHINS); and
3. Out-of-Home CHINS.

A new child may include:

1. A newborn;
2. A child that has moved into the home; or
3. A child who visits the home regularly (or on a continual basis).

LEGAL REFERENCES

- [IC 31-33-8-1: Investigations by local child protective services; time of initiation](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [IC 31-33-8-7: Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)
- [IC 31-34-12-4.5: Presumption if living in household with adult who committed or has been charged with specified offense](#)
- [IC 31-34-12-4.6: Circumstances creating rebuttable presumption that child is in need of services](#)


	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Child Interviews	Effective Date: October 1, 2007
	Reference: 4.A (4.09 - Interviewing Children)	Version: 1

Tips for a Successful Interview

1. Greeting the child. It is important to ask the child directly what name they prefer to be called. You may also ask someone who knows the child (e.g. parent, guardian, custodian, teacher, social worker, etc.) what name the child prefers. The purpose of this interaction is to build a rapport with the child, allowing him or her some sense of control. Take time to get to know the child and make the child as comfortable as possible. The initial focus should be on the child and not on the allegation.
2. Introduce everyone present. The Family Case Manager (FCM) should always tell the child his or her name. You may introduce everyone by title or full name, but reassure the child that they may call them by their first name. Ideally, there should only be one (1), at the most two (2), individuals (professionals involved in the assessment) present when the child is being interviewed.
3. Attempt to accommodate any size differentials. The FCM may sit on the floor, be either at eye level or below the child's eye level. Attempt to interview in a private area, as space may allow.
4. Explain why the FCM is there. Tell the child it is your job to help and protect children; to find out if they are okay; and if they are not, to find ways to protect them. The choice of words should meet the developmental level of the child.
5. Explain in general terms the purpose for the interview. An appropriate response might be, "Remember how I said earlier my job is to find out if kids are okay? Someone asked me to talk to you because they were worried that you might not be okay." Do not offer rewards to the child or incentives.
6. Affirm the reason for the visit. Acknowledge the accuracy of the response if the child indicates that he or she knows the reason for the visit.
7. Address any feelings expressed by the child. It is helpful to acknowledge children's feelings and assure them that all children have different feelings. An example of a statement a FCM may use in assuring the child, "I know this subject is hard to talk about, but I talk to a lot of kids about the same thing, so there is nothing that you can say that I haven't heard before," and "In this room you can say anything as long as it is the truth. If I say something that isn't right then it is okay to tell me that it isn't right, because I want to make sure I understand everything that you are telling me and want me to know."
8. Gather information and make a behavioral observation. Everyone reacts differently to stressful situations. In addition to gathering information, the FCM must document the observed behavior of the child, (e.g. – whether the child's behavior is consistent with what is expected for his or her age. Document thoroughly any inconsistencies in behavioral expectations for the child's age and development). Do not show any signs of disbelief or disgust during the interview, as this may shut the child down. The FCM needs to be aware of their own body language as well as the child's. More than likely, the child is reading the FCM's body language too. While gathering information, it is of utmost importance not to encourage right answers that you are looking for or respond to or "discourage" wrong answers. Be as neutral as possible but encouraging to the actual answering of questions. Using "What happened next?" is a very good way to get details

from children, and promotes active listening on your part, expressing to the child that you are listening and interested. Be aware of the child's level of comfort, and if he or she becomes distracted or fidgety, use critical thinking skills on how to proceed (e.g. – continue interview or allow for a short break before continuing the interview). Don't utilize the interview time to determine if the child is telling the truth. Results of the FCM's interviews will assist in assessment determination.

9. Determine whether the child can make a differentiation between the truth and a lie. It is essential that the FCM establish whether the child knows the difference between the truth and a lie and documentation must describe the child's ability to discern. The FCM should also assure the child understands that it is okay to "not know the answer" to a question. An example of determining this would be, "If you (the child) were wearing a blue shirt, and I stated that your shirt was yellow, would that be a truth or a lie?" When using this kind of example it is essential to make sure that the child knows their colors. Also, you may ask the child "What happens if you tell a lie? What happens when you tell the truth?"
10. Allow the child to name the alleged perpetrator. Do not disclose the name of the alleged perpetrator until after the child says the name. It is important that the child discloses the name of the perpetrator without prompting. Also, keep in mind if assessing sexual abuse, the FCM should not call any body part by any name until the child identifies that particular body part. The FCM should then refer to that particular body part using the same name as the child. Depending on availability and resources, have the child identify the particular body part on a picture or by what that specific body part is used for.
11. Determine how the incident happened. When possible use a statement or directive, rather than a question. Use non-leading and open ended questions (e.g. – Tell me, Describe, How did, What, When, etc.). A statement such as, "I need to find out how you got the bruises on your back" or a directive such as, "Tell me about the bruises on your back" gives the child greater latitude to respond. You can determine time frames by the season, night time, day time, what was on television, etc. Keep in mind the developmental level of each child during your assessment.
12. Summarize the Interview. It is important to summarize what was said during the interview in the child's own words to verify that the FCM has understood the child and to clear up any misunderstanding. Summarizing can also provide the FCM the opportunity to identify additional areas that have not been discussed. After summarizing, ask the child if there is anything else he or she would like to tell you. Ask them if you understood correctly what they told you or if there was something they wanted to change that the FCM had stated incorrectly. Again, it is important not to offer the child any rewards or incentives.
13. Assure/affirm the child. Assure the child that he or she has done the right thing by telling the truth. It is important for this to be said to the child in simple, unconditional terms to counteract what may have been told to the child or what the child may think. Most children are understandably concerned about "telling on" an adult caretaker. Thank the child for talking to you.
14. Provide the child an opportunity for questions. Provide the child the opportunity to ask any questions or explore any issues not previously discussed in the interview.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool Name: 4.B Assessment Narrative	
	Reference: 4.25 Completing the Assessment Report, 4.31 Child Fatality and Near Fatality Assessments	
	Effective Date: December 19, 2025	Version: 6

This tool provides guidance to Indiana Department of Child Services (DCS) Family Case Managers (FCM) on the purpose and the completion of the Assessment of Alleged Child Abuse or Neglect (311) and the Safe Assessment of Alleged Child Abuse or Neglect (311S).

Purpose of the Assessment Narrative

The 311 may be used by DCS for the following purposes, including, but not limited to:

1. Notification of the assessment conclusions to the substantiated alleged perpetrator and/or parent, guardian or custodian of the alleged child victim;
2. Monitoring of assessments by management staff to ensure consistent compliance with DCS policy requirements and for case staffing purposes, to ensure best practices are being followed;
3. Approvals of relative placement for a child alleged to be a Child in Need of Services (CHINS), pre-adoptive placements and consents, and Foster Family Home license applications/revocations, including appropriate waivers;
4. Waivers of Child Protection Services (CPS) History by DCS; and
5. Evidence in an administrative appeal hearing, CHINS hearing, or Termination of Parental Rights (TPR) case.

Note: Others also use the 311 in discovery requests, law enforcement investigations, as evidence in criminal or juvenile delinquency cases, divorce or paternity actions, and in administrative appeal hearings or other civil matters. The 311 may also be requested by the public and media in fatalities through an information request made through Central Office. The 311 should be written accurately and professionally to reflect the outcome of the assessment and the evidence supporting the outcome.

Completion of the Assessment Narrative

When completing a 311 narrative, the FCM should follow these general guidelines:

1. Individuals referenced in the narrative should be specifically identified by name, as well as agency affiliation if relevant;
2. Write the narrative in paragraph format, using complete sentences, proper grammar and punctuation;
3. Use appropriate wording (e.g., no slang, no abbreviations unless previously identified, use quotes when quoting other sources or statements);
4. Be mindful of using words or phrases that can create bias or labeling (e.g., aggressive, defiant, filthy, noncompliant, unstable). Use nouns and verbs to describe behavior rather than value-based adjectives;
5. Avoid overusing pronouns;
6. Do not cut and paste contact logs into the narrative;
7. Do not use all capital letters;

8. Utilize spell-check prior to submitting for supervisory approval; and
9. Be mindful of confidentiality policies when there is more than one (1) alleged perpetrator (see policy 2.06 Sharing Confidential Information).

Each 311 assessment narrative should include a:

1. Summary of the Preliminary Report of Alleged Abuse or Neglect (310);
2. Scope of the assessment;
3. Initial and subsequent assessment of the child's safety;
4. Conclusion statement for each allegation assessed; and
5. Notice section.

Note: Additional guidance is provided below for assessments that involve a near fatality/fatality and Institutional assessments.

The following outlines information to be included in each 311 assessment narrative and 311S as applicable:

1. Summary of the Preliminary Report of Alleged Child Abuse or Neglect (310)
 - a. The report date and the allegations selected on the Standard Decision Making (SDM) Tool including any additional related allegations identified during the assessment;
 - b. The name and date of birth ([DOB] or approximate age if not known) of all alleged child victims;
 - c. The name and DOB (or approximate age if not known) of all alleged perpetrators including additional perpetrators identified during the assessment;
 - d. Each alleged perpetrators' relationship to each alleged child victim;
 - e. The name and title of the assessing FCM and the date the assessment was assigned to the FCM;
 - f. The date the FCM, or assigned DCS office staff, completed a CPS History and criminal history search, and the findings of the search. See policy 4.03 Conducting the Assessment-Overview. See policy 4.03 Conducting the Assessment and Chapter 13 – Background Checks.

Example of the 310 summary for 311 and 311S:

On January 1, 2024, the Department of Child Services (DCS) received a report alleging John Doe (age 12) is a victim of physical abuse. The alleged perpetrators are Jane Doe (age 36), mother of John, and Jim Doe (age 37), father of John.

A review of the SDM Tool indicated the report was sent for assessment for caregiver action that will likely cause injury.

Family Case Manager (FCM) Danielle Brown was assigned to this assessment on January 2, 2024.

On January 2, 2024, FCM Brown searched the Child Protection Index regarding Jane Doe and found the following:
10/29/20 Substantiation for neglect (educational neglect).

On January 2, 2024, FCM Brown searched the Child Protection Index regarding Jim Doe and found no history.

On January 2, 2024, FCM Brown completed a criminal history search for Jane Doe. The following was found:

07/16/2021 35-48-4-11(a)(1)/MB: Possession of Marijuana; 35-48-4-8.3(b)(1)/MC: Possession of Paraphernalia

On January 2, 2024, FCM Brown completed a criminal history search for Jim Doe and found no history.

2. Scope of the Assessment (not applicable for 311S)

- a. A summary of the events, interviews, and relevant facts that led to the assessment findings, not a step-by-step detailed account of the assessment. Provide an explanation if a required interview is not conducted. In some instances, documenting that a visit was unannounced may be relevant. The date or time frame of an alleged incident may be critical information necessary to reach an informed conclusion and should be included (see policies 4.03 Conducting the Assessment – Overview and 4.11 Interviewing the Alleged Perpetrator);
- b. Relevant observations, either as part of an interview or separately if no interview is conducted, including whether the FCM's observations were documented by photographs (see policy 4.14 Examining and Photographing a Child and/or Trauma);
- c. Relevant information obtained through records and reports the FCM reviewed (e.g., police reports, medical records, court orders). Document the date and outcome of a PEDS referral, if applicable (see policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations); and
- d. Any arrests made related to the alleged abuse or neglect incident. If charges are filed, state the charges and court case number.

Note: The 311S does not require the information listed in steps 1-4. The Scope of the Assessment section in the 311S should say, "Assessment".

Example for 311:

On January 2, 2024, FCM Brown interviewed the mother, Jane Doe, in the home. Jane reported she has never used physical discipline to punish John. Jane stated typical forms of punishment include John being sent to his room, getting his phone taken away, or being grounded from seeing his friends.

On January 2, 2024, FCM Brown interviewed John in the home. No pertinent information was disclosed at this time.

On January 3, 2024, John was forensically interviewed at Jenny's Place by Dan Jones. John disclosed numerous times he has been hit, kicked, and choked by his parents. John disclosed he has been choked to the point of losing consciousness multiple times. John disclosed his father has shoved him to the ground, kicked him multiple times, and then stepped on his neck. John appeared tearful and shaky while disclosing this information.

On January 3, 2024, FCM Brown observed an interview conducted by Officer Leonard Perkins with Jane and Jim Doe at the Elkhart County Jail. Jane admitted to the allegations stating she has hit, kicked, and choked Joey on multiple occasions as a form of discipline. Jim reported he would like his attorney present before making a statement.

On January 5, 2024, FCM Brown reviewed medical records received from Elkhart Memorial Hospital suggesting John could suffer from episodes of memory loss due to a reactionary response to the physical abuse in the household.

On January 7, 2024, Derek Fairchild, Jim's attorney, declined to have Jim make a statement at this time due to the pending criminal charges.

Example for 311S:
Assessment.

3. Initial and Subsequent Safety of the Child(ren)

- a. A brief statement indicating how the safety of each victim was ensured including each surviving child in the case of fatality assessments;
- b. The date the Initial Safety Assessment (as well as any subsequent safety assessments, if applicable) was completed and the outcome of the assessment;
- c. The date of removal, if the alleged victim was removed from the home, original placement type, and measures utilized to prevent the removal (e.g., safety plan, CFT Meeting [see policy 5.07 Child and Family Team Meetings]);
- d. The date and reason for the child's return if any child was removed from the home environment and returned home before the completion of the assessment;
- e. A brief description of any service referrals, including the identity of the agency or service provider;
- f. Any protective orders in place and the case number;
- g. A description of any casework plan that has been developed (e.g., Community Services and Safety Plan); and
- h. The date of any CFT Meetings and include information relevant to the outcomes reached by the CFT.

Note: The 311S does not require the information listed in 1-8. The Initial and Subsequent Safety of the Child(ren) section in the 311S should say, "Staffed with SafeACT."

Example for an unsubstantiated assessment for 311:

An Initial Safety Assessment was completed on 01/03/2024. Outcome: SAFE.

Jenny's safety was able to be established through safety planning with the family on January 04, 2024. Jenny's mother is a sober caregiver at her apartment, and Jenny's grandmother is a sober caregiver at her home. Both parents demonstrated knowledge relevant to Jenny's developmental milestones and appeared to have a strong relationship with Jenny. A Child and Family Team (CFT) Meeting was facilitated on 01/17/2024 to support the safety plan and the parents were able to identify informal supports they can utilize. FCM Brown put in a Community Partners referral on 01/20/2024.

Example for 311S:

Staffed with SafeACT.

Example for a substantiated assessment for 311:

An Initial Safety Assessment was completed on 01/03/2024. Outcome: UNSAFE.

Jenny's safety was unable to be ensured in her parent's home. During FCM's home visit on 01/01/2024, drug paraphernalia was observed throughout the home within the reach of Jenny. The parents were unwilling to clean up the home. Both parents tested positive for marijuana and heroin throughout the course of the assessment. Jenny was observed to have a flat affect and did not appear to have formed appropriate attachment to her parents.

Due to the nature of the concerns, Jenny was removed from the home on 01/03/2024 and placed with maternal grandparents, Bob and Joanne Doe.

4. Conclusion Statement

For each individual allegation (whether substantiated or unsubstantiated), include a brief synopsis of how relevant facts found during the scope of the assessment led to the assessment finding(s) (see policy 4.22 Making an Assessment Finding). The conclusion statement for the 311 and 311S should include the following:

- a. Whether the allegations were regarding abuse and/or neglect;
- b. The abuse or neglect maltreatment type (e.g., environment life/health endangering, sexual misconduct with a minor, inappropriate discipline, bruises/cuts/welts);
- c. Whether each allegation was substantiated or unsubstantiated;
- d. The date it was determined to substantiate or unsubstantiate the allegations;
- e. Alleged perpetrator's name;
- f. Alleged child victim's name;
- g. The relevant act or omission of the alleged perpetrator;
- h. How the act or omission impacted the alleged child victim;
- i. Any court action taken by DCS (e.g., Informal Adjustment [IA] or Child in Need of Services [CHINS]); and
- j. A statement indicating that the permanency FCM was notified of the conclusion of the assessment if an Informal Adjustment or CHINS case is open.

Example for an unsubstantiated assessment for a 311 and 311S:

Neglect (lack of supervision) is unsubstantiated on 06/09/2025 against Jason Doe in regard to John Doe due to a lack of the preponderance of the evidence to support the allegations as true. The Scott County Sheriff's Department received a report of a young child walking down the street unaccompanied by an adult. Shortly after LEA arrived, Jason appeared to be searching for John and reported he realized John was not in the home and immediately began searching for him. Time frames from LEA and Jason's interview indicate John was away from the home for less than 5 minutes before he was found. John appeared healthy, with clean clothes, and was happy to see Jason when he was found.

Example for a substantiated assessment for a 311:

Physical abuse (inappropriate discipline and bruises/cuts/welts) is substantiated on 06/09/2025 against Jane Doe in regard to Jenny Doe due to the preponderance of the evidence to support the allegations to be true. Jenny disclosed to DCS that Jane caused the bruising to her face after slamming her head into the wall as punishment. Jane's father, John Doe, informed DCS that Jane admitted to him that she caused the injury. Jane had told Jenny to be dishonest about the injury and kept her home from school to hide the injury. FCM Brown observed a blackish-purple bruise covering Jenny's entire left cheek, which was documented with digital photographs.

Example for a substantiated assessment for a 311 on an open case:

Sexual abuse (child molesting) is substantiated against Jason Doe on 06/09/2025 in regard to Jenny Doe due to the preponderance of the evidence to support the allegations to be true. During a forensic interview, Jenny disclosed Jason Doe to have touched her inappropriately under her clothes in the vaginal area. Jason Doe denied the allegations to law enforcement and DCS, and he stated he would comply with a voice stress test; however, Jason Doe did not attend the voice stress test at the time it was scheduled. Due to the disclosure made by Jenny, criminal charges of child molestation against Jason Doe

have been filed. At this time, Jenny is involved in a current out-of-home CHINS case and is receiving ongoing therapy services under DCS' supervision.

5. Notice Section

The 311 and 311S should include the following information regarding providing notices:

- a. The names of persons provided with the Notice of Availability of Completed Reports and Information and Request for Release of Completed Reports and Information and the dates the notices were provided; and
- b. For substantiated assessments: A statement indicating the Child Abuse Prevention and Treatment Act (CAPTA) forms will be sent by mail or hand delivered after the approval of the assessment. For Child Care Workers/Resource Parent assessments, add the date the Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect or the Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent was mailed or hand delivered, as well as the Child Care Worker Assessment Review (CCWAR) meeting date and the outcome of the CCWAR, if applicable.

Example for 311 and 311S:

A Notice of Availability was provided to Jane Doe on 02/15/2024.

A Notice of Availability was provided to John Doe on 02/15/2024.

A Request for Release of Completed Reports and Information was provided to Jane Doe on 02/15/2024.

A Request for Release of Completed Reports and Information was provided to John Doe on 02/15/2024.

Post Assessment Approval - Reversal Information Due to Administrative Process

Upon completion of an administrative appeal hearing, if the classification of allegations is reversed on one (1) or more allegations, the post assessment section should reflect the final decision. If any reversal of the classification of the allegations occurs after the original approval of the 311, the body of the narrative should remain intact.

If the allegations in an approved 311 are reversed, after the original narrative, state the following information in the statement:

1. The date of the reversal;
2. The name and title of the person who authorized the reversal (e.g., Administrative Law Judge [ALJ], court);
3. What procedure occurred that resulted in the reversal (e.g., administrative appeal hearing, Judicial Review); and
4. The basis of the reversal if the reversal is authorized through an administrative appeal hearing.

Example:

On February 15, 2024, an administrative appeal hearing was held and reversed the decision to substantiate allegations of neglect (environment life/health endangering) by Jane Smith in regard to Jason Doe, a minor child, because RM John Henry determined Jane Smith was not a parent, guardian, or custodian to Jason Doe.

Post Assessment Approval - Reversal Information Due to Adverse CHINS Findings

If a court having jurisdiction over a CHINS case under IC 31-34 has determined that the child was not a victim of abuse or neglect as substantiated or that the perpetrator did not commit the child abuse or neglect as substantiated, the post assessment section should reflect the final

determination. If any reversal of the classification of the allegations occurs after the original approval of the 311, the body of the narrative should remain intact.

If the allegations in an approved 311 are reversed, after the original narrative, state the following information in the statement:

1. The date of the reversal; and
2. The CHINS case in which the adverse judicial findings occurred.

Additional Information for Fatality/Near Fatality Assessments

The following information should also be included in the 311 for fatality/near fatality assessments:

1. The cause and manner of death identified in the autopsy reports and the State issued death certificate. Document the reason for not having an autopsy report if it is not available, and include additional documentation related to the death (e.g., coroner's report, coroner's inquest);
2. Provide a brief statement, for near fatalities, stating the child's condition was certified as life threatening by a licensed physician and include the licensed physician's name;
3. Whether DCS had any contact with the child or the perpetrator before the fatality or near fatality occurred. If DCS had contact, include the following information:
 - a. Frequency of contact or communication with the family (this includes face-to-face, telephonic, or written correspondence) and the date the last contact or communication occurred before the fatality or near fatality,
 - b. Any prior assessments and whether each assessment was substantiated or unsubstantiated, and
 - c. A summary of the child's most up-to-date case status at the time the fatality or near fatality assessment is closed, including:
 - i. Whether the child's case was closed before the fatality or near fatality,
 - ii. Reasons the case was closed if closure occurred prior to the near fatality or fatality, and
 - iii. Date of case closure.
4. A statement addressing any impairment, or lack thereof, on the part of parents/caregivers/alleged perpetrators at the time of the incident resulting in the fatality or near fatality;
5. A statement indicating whether drug or alcohol screens were conducted on parents/caregivers/alleged perpetrators and the results of those screens;
6. Statements regarding the following for sleep-related deaths:
 - a. Who placed the child to sleep,
 - b. The environment where the child was placed (e.g., adult bed, couch, crib, bedding),
 - c. Who last saw the child alive, and
 - d. Who found the child unresponsive.
7. Provide a statement that prescription medications were verified by the FCM for all household members and caregivers for ingestion related fatalities or near fatalities.

Additional Information for Institutional Assessments

The following information should also be included in the 311 for institutional assessments:

1. Include the Resource Number of the facility or the Licensed Child Placement Agency (LCPA) at the beginning of the assessment narrative if the institution is a residential treatment facility or resource parent licensed through an LCPA;

2. Whether the alleged child victim (and alleged perpetrator, if appropriate) was a private or agency placement. If an agency placement, state which agency (e.g., DCS, Probation, Department of Education [DOE], Division of Disability and Rehabilitative Services);
3. The last three (3) residential placements for the child victim, if applicable (see policy 4.30 Conducting Institutional Investigations by the ICPS Unit); and
4. A statement that the DCS licensing unit was notified of the assessment conclusion.

Forms and Tools


- Assessment of Alleged Child Abuse or Neglect (311) (SF 113) – available in the case management system
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#)
- [Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect \(SF 53030\)](#)
- [Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect \(CA/N\) by a Child Care Worker \(CCW\) or Licensed Resource Parent \(SF 53028\)](#)
- Preliminary Report of Alleged Abuse or Neglect (310) (SF 114) – available in the case management system
- [Request for Release of Completed Reports and Information: Assessment of Allegations of Child Abuse and/or Neglect \(SF 53112\)](#)
- [Safe Assessment of Alleged Child Abuse or Neglect \(311S\) \(SF 57056\)](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [4.03 Conducting the Assessment – Overview](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations](#)
- [4.22 Making an Assessment Finding](#)
- [4.30 Conducting Institutional Investigations by the Institutional Child Protection Services \(ICPS\) Unit](#)
- [4.31 Fatality and Near Fatality Assessments](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [Chapter 13-Background Checks](#)

Legal References

- [IC 4-21.5-2-6: Inapplicability to certain formulation, issuance, and administrative review](#)
- [IC 31-33-26-15: Expungement and amendment of record procedures](#)
- [IC 31-33-27-4: Expungement of records; amended information](#)
- [IC 31-34: JUVENILE LAW: CHILDREN IN NEED OF SERVICES](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Photographing Child Abuse and/or Neglect (CA/N)	Effective Date: April 1, 2023
	Reference: 4.F (4.14 Examining and Photographing a Child and/or Trauma)	Version: 3

Tips for Photographing Child Abuse and/or Neglect (CA/N)¹

1. Ensure an identifying photograph is taken of the child's face.
2. Identify each photograph by the date that the photograph was taken.
3. Ensure there is enough light in the room. If needed, turn on additional light or move toward a window. Take more than one (1) photograph if there are concerns that lighting or flash may cause issues with the photographs.
4. If possible, use an uncluttered neutral background. Skin is best photographed against a blue background. Do not be afraid to capture photographs from different angles, which will enhance revealing shadows or eliminate flash glare.
5. Take a photo of the injury, including an anatomical landmark such as an elbow, belly button, or knee to identify the location of the injury.
6. If possible, use a measuring device directly above or below the injury in one (1) of the photos. Examples of measuring devices can be, but are not limited to: rulers, coins or business cards.
7. Take photographs of the object allegedly used to inflict the injury or other pertinent objects related to CA/N (e.g., drug paraphernalia, bugs, feces).
8. If injury is related to a fall, take photographs of what the child fell from and where the child landed, if possible.
9. To capture scene photos, always take a photograph of the entire room in which the incident allegedly occurred.
10. If sending photographs to be reviewed by a medical professional expert or law enforcement agency (LEA), ensure they are transmitted via a secure email or secure website.


¹ Botash, A. S. (n.d.). *DOCUMENTATION: Photographic Documentation*. Retrieved October 23, 2013, from Child Abuse Evaluation & Treatment for Medical Providers: <http://www.childabusemd.com/documentation/documenting-photographic.shtml>

Specific Injury Documentation²

1. **Bruises:** Bruises should be photographed whether they are old or new.
Note: Areas of swelling sometimes have strong reflection caused by the flash bouncing off the injured site, this may obscure a photograph. In order to reduce flash reflection, take photographs from several different angles.
2. **Punctures, Bite Marks, Slashes, Rope Burns, and Pressure Injuries:** Take photographs straight on or at a slight angle. Take close-up photographs of patterned injuries or marks of restraint so photographs can later be compared to the object used to inflict the injury.
3. **Burns:** Take photographs of dirty abrasions and burns before cleaning and after. Photograph from all angles and prior to any cream being applied. If possible, photograph after medical treatment.
4. **Neglect:** Take photographs of child's general appearance, signs of neglect such as splinters, or blisters on feet, hair loss, extreme diaper rash, prominent ribs, and/or swollen belly.
5. **Facial:** Ask a health care provider to assist in mouth injury documentation. For eye injuries, distract child to look in opposite direction to photograph the extent of the injury to the eye.
6. **Sexual Abuse:** During a medical examination for sexual abuse have a medical professional take all photographs of alleged sexual trauma or injuries. DCS is permitted to accept and/or use LEA and medical professional's photographs of visible trauma or injury as documentation and evidence.

² U.S. Dept of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (2006). Photodocumentation in the Investigation of Child Abuse:

https://openlibrary.org/books/OL14554629M/Photodocumentation_in_the_investigation_of_child_abuse

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool 4.G: Community Resources and Prevention Services Reference: 4.26 Determining Service Levels and Transitioning to Permanency Services	
	Effective Date: April 1, 2024	Version: 1

The Indiana Department of Child Services (DCS) will connect the child and family to appropriate community resources and prevention services based on any challenges and needs identified by the family.

Community resources may be accessed through the local DCS office or by contacting Indiana 2-1-1 by going to the [Indiana 211](#) website or dialing 2-1-1 anytime a child and family identify a need that may benefit from additional resources and/or services. [Indiana 211](#) is a free and confidential service that provides information about local community resources 24 hours a day, seven (7) days a week. Community resources may include, but are not limited to:

1. Local DCS offices;
2. Hospitals;
3. Faith-based organizations;
4. Schools;
5. First Steps;
6. Head Start/Early Head Start;
7. Healthy Families Indiana (HFI); and
8. Family resource centers.

Connecting a child and family to community resources may include:

1. Calling the community resource during a home visit with the child and family;
2. Providing a list of specific resources to the parent, guardian, or custodian at a child family team (CFT) meeting;
3. Ensuring the child and family have transportation to access the community resource; and
4. Engaging the child and family after the community resource is accessed to monitor the outcome and address any concerns.

Below is a list of statewide community resources:

Child Care Finder

[Child Care Finder](#) is a webpage that searches for childcare providers currently licensed or registered with the State of Indiana. Filtered searches can be done to look for providers who accept certain age groups, days/times of the week, licensed or unlicensed centers, CCDF or On My Way Pre-K acceptance, and Paths to Quality rating. Visit the [Child Care Finder](#) webpage for more information.

Child Care and Development Fund (CCDF)

[CCDF](#) is a federal program that provides assistance to low-income families to obtain childcare so they may work, attend training, or continue their education.

On My Way Pre-K

[On My Way Pre-K](#) is a voucher program that awards grants to 4-year-olds from low-income families so that they may have access to a high-quality pre-K program before they begin kindergarten.

Community Mental Health Centers (CMHC)

Indiana has 24 CMHCs certified by the Division of Mental Health and Addiction. These agencies provide an array of behavioral health and addiction services for adults, adolescents, and children. Visit the [Family and Social Services Administration \(FSSA\)](#) webpage for more information on locating a local service provider.

Community Partners for Child Safety (CPCS)

[Community Partners for Child Safety \(CPCS\)](#) is a voluntary Indiana prevention program which supplies primary, secondary, and tertiary child abuse and/or neglect (CA/N) prevention services in every region of the state. This service collaborates with other community resources within each region to build a collaborative prevention network.

DCS staff may refer a family through KidTraks. Families may also access CPCS services through self-referral or a referral from another community agency. Contact the local CPCS for more information.

Family Resource Centers (FRC)

Family Resource Centers allow family members to access formal and informal supports to promote their health and well-being. FRC's are family centered and strength-based providing support at no or low cost for families. FRC's provide multiple services and resources, increase protective factors, and reduce the likelihood of child abuse and neglect. FRC's are located in areas with a local Community Partners agency. Visit the [Strengthening Indiana Families](#) webpage for more information.

Help Me Grow Indiana

Help Me Grow Indiana is designed to help communities leverage existing resources to ensure families are empowered to support their children's healthy development by linking them to community-based services. Help Me Grow Indiana offers one-on-one interaction with qualified care coordinators, free developmental questionnaires, community resources and referrals for children birth to age eight (8), information on general child development, parent topics, and fun developmental activities. Contact 1-844-624-6667 option 3 or HMGIndiana@isdh.in.gov for more information.

My Healthy Baby

[My Healthy Baby](#) is a collaboration with the Indiana Department of Health (IDOH), the Indiana FSSA, and the Indiana Department of Child Services (DCS). This initiative connects pregnant women to family support providers in their own communities. The My Healthy Baby Provider Referral Form can be accessed [here](#). A family support provider offers free, personalized guidance and support to the woman during her pregnancy for at least the first 12 months after her baby's birth. For more information, the [MOMS Helpline](#) can be contacted at 1-844-MCH-MOMS (1-844-624-6667) or download the Liv app to your mobile device. Liv is also available online at askliv.com.

My Healthy Baby encompasses Home-Based Early Headstart, Healthy Families Indiana, Nurse Family Partnership, and/or other local home visiting programs.

Head Start/Early Head Start

[Head Start](#) is a federal program that promotes school readiness for children under the age of five from low-income families by enhancing their cognitive, social, and emotional development. The Head Start program emphasizes the role parents assume in their child's growth and helps to build relationships with families that support family well-being and many other important areas.

Early Head Start is a home-based or center-based program that serves infants, toddlers, and pregnant women and their families who have income levels below the federal poverty level. Early Head Start recognizes that the earliest years matter significantly to a child's growth and development.

First Steps

The [Indiana First Steps](#) program is provided through the FSSA and is accessible to families in every county. This service uses professionals from education, health, and social services to provide coordinated early intervention resources. Families who are eligible to participate in First Steps have children under three (3) years of age who:

1. Are experiencing developmental delays, or
2. Have a diagnosed physical or mental health condition that has a high probability of resulting in a developmental delay.

While most First Step referrals originate from doctor's offices, hospitals, or social service agencies such as DCS, a parent may also initiate a "self-referral". For further information, visit the [Indiana First Steps](#) website.

Healthy Families Indiana (HFI)

Healthy Families Indiana (HFI) is a free, voluntary, evidence-based home visitation program designed to promote healthy families and children through a variety of services including child development, access to health care, and parent education to eligible families during pregnancy and three (3) to five (5) years after a child's birth. This program is administered by the Indiana Department of Child Services (DCS) and available in every region of the State. HFI targets those who are pregnant or recently given birth who are low income (below 250% federal poverty level) and have risk factors associated with child abuse and neglect. Contact the local [Healthy Families Indiana](#) provider for more information.

Nurse Family Partnership

Nurse Family Partnership has specially educated nurses regularly visit young, first-time moms-to-be, beginning in early pregnancy through the child's second birthday. Through this program, new mothers receive the care and support they need to have a healthy pregnancy, and the confidence and tools needed to provide stability and success for mom and child. Contact the local [Nurse Family Partnership](#) program for more information.

Youth Service Bureau (YSB) and Safe Place

A Youth Service Bureau (YSB) provides a variety of community-based programs aimed at preventing delinquent behavior in teens grounded in four core roles, including Delinquency Prevention, Information and Referral, Advocacy, and Community Education. YSB services may include, but are not limited to, mentoring, tutoring, skill development, shelter, counseling, and parent education. Safe Place provides short-term, crisis-oriented assistance for at-risk or in-crisis youth within the youth's neighborhood 24 hours a day, 365 days a year. Contact the local [YSB](#) and [Safe Place](#) provider for more information.


1-800-CHILDREN Service Line

The 1-800-CHILDREN Service Line is open 24 hours a day, 365 days a year and connects families with the Community Partners for Child Safety (CPCS) agency in their region. Callers can ask for resources to help themselves or a family they know with food, housing, utilities, children's behavior, mental health, or other resources. The purpose of the phone line is to prevent families from unnecessary involvement with DCS.

Visit the [DCS Prevention Team SharePoint](#) or [DCS Prevention Team webpage](#) for more information. The [DCS Prevention Team](#) can be contacted via email for any questions.

9-8-8 Indiana

The 988 Suicide and Crisis Lifeline is open 24 hours a day, 365 days a year and connects callers to specialists who are trained in suicide and crisis prevention. 988 provides support to anyone experiencing thoughts of suicide, a mental or substance use crisis, or any other kind of emotional distress. 988 is also available to those who may be concerned about a loved one who may need crisis support. Visit the [988 Indiana](#) webpage for more information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY TOOL	
	4.H Tool: Considerations for a Child with Complex Medical Needs	
	Effective Date: April 1, 2025	Version: 1

TOOL OVERVIEW

This tool provides guidance to Family Case Manager's (FCM's) when a child has been identified to have complex medical needs.

TOOL GUIDANCE

According to section 1945A(i)(1) of the Social Security Act, a child with medically complex conditions is defined to be an individual under 21 years of age who is eligible for medical assistance under the state Medicaid plan (or under a waiver of such plan), and who has at least:

1. One (1) life-limiting illness or rare pediatric disease, as defined at 21 U.S.C. 360ff(a)(3); or
2. One (1) or more chronic conditions that:
 - a. Cumulatively affect three (3) or more organ systems;
 - b. Severely reduce cognitive or physical functioning (e.g., the ability to eat, drink, or breathe independently); and
 - c. Requires the use of medication, durable medical equipment, therapy, surgery, or other treatments.

A child who has complex medical needs is medically fragile and has a medically diagnosed immuno-compromised 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, but are not limited to cancer, transplant care, and cystic fibrosis.

Assessment Finding for a Child with Complex Medical Needs

The following questions may assist in making an assessment finding when a child with complex medical needs has been identified:

Home and/or Placement

1. What is the child's feeding schedule/diet? What evidence supports this?
2. Is the home environment appropriate for the child's medical needs?

Medication

1. What medications has the child been prescribed and by whom?
2. What is the child's medication schedule and who administers medications?

3. What is the pill count on the medication? Based on the fill date, does the remaining pill count match the treatment plan/prescription usage)?
4. Does the child need to be seen by a physician to have blood and/or urine screens completed to ensure therapeutic levels?

Parents and Caregivers

1. Is there prior child abuse/neglect (CA/N) history (in-state and/or out-of-state) related to the child's medical condition? What were the outcomes of this involvement?
2. Who helps care for the child? Do other caregivers understand the child's medical condition and the treatment plan?
3. How does the parent, guardian, or custodian describe life with the child?
4. Is the parent, guardian, or custodian willing and capable of providing a safe environment for the child?
5. Is there risk of harm or child safety concerns resulting from inaction from the parent, guardian, or custodian?
6. What is the caregiver's description/understanding of the treatment plan?
7. Does the caregiver's description/understanding of the treatment plan match the provider's or medical records regarding the treatment plan?
8. Are there barriers preventing the parent, guardian, or custodian from seeking medical care for the child or complying with medical recommendations?
9. Did the hospital treatment team require the parent, guardian, or custodian to stay in the room (room in) with the child in the hospital and document their ability to adequately provide prescribed/required care? If so, has documentation been obtained from the treatment team/hospital?
10. Is the parent, guardian, or custodian attending medical appointments for the child regularly?

Service Providers

1. What providers are working with the child and the child's family (e.g., physical therapy [PT], occupational therapy [OT], specialty doctors, school, speech, First Steps, home health care provider, primary care physician) and what services are they providing?
2. Are caregivers involved in any support groups?
3. Are respite services provided for the child? If so, who provides the respite services?

Medical Records

1. What medical appointments (and with whom) did the child have during the last month?
2. What medical appointments (and with whom) are scheduled for the child within the next month?
3. How are appointments tracked and maintained?
4. How many hospitalizations has the child had in the past year?
5. Is the child appropriately gaining weight according to growth charts?
6. Are medical records showing a pattern of the child becoming stable in a controlled setting?
7. If there are multiple doctors involved in child's care, is there communication between them?
8. What releases of information are needed to access medical records?
9. Are the child's medical records accurately maintained on the child's profile page in Casebook (see policy 8.27 Maintaining Health Records – Medical Passport)?

Medical Equipment

1. Can the parent, guardian, or custodian explain how to care for the child and how to use and maintain the child's equipment?
2. Does the parent, guardian, or custodian have a backup plan if the equipment fails or is damaged?

Current Needs

Needs of Child:

1. What are the potential benefits of the child receiving the recommended treatment, and what are the medical implications if the child does not receive the recommended treatment?
2. Is the child able to understand/participate in the treatment plan if age and developmentally appropriate?
3. Does the child have any unusual, concerning, or problematic behaviors? If so, describe the behaviors and how the caregivers have helped or are currently helping the child to de-escalate or regulate?
4. Are there any accommodations needed (e.g., ramp, stair lift, bathtub rail, bath chair, hospital bed)?
5. If the child requires a car seat, is the car seat safe for transport?
6. Consider whether the child's race, gender, and/or culture are a factor in new or pre-existing medical concerns (e.g. child who is unvaccinated, sickle cell disease (SCD), hemophilia).

Note: SCD primarily affects people of African, Middle Eastern, Mediterranean, Central and South American, and South Asian descent. Hemophilia, a bleeding disorder, is more common in males.

6. Is a Pediatric Evaluation and Diagnostic Services (PEDS) referral needed to answer questions about the medical needs of the child?

Needs of the Parent, Guardian Custodian:

1. Does the parent, guardian, or custodian have identified needs that impede their ability to provide appropriate care for the child (e.g., mental health needs, substance use, domestic violence [DV], housing instability)?
2. Are there services/assistance that may be provided to the family to meet the child's medical needs?
3. Does the parent, guardian, or custodian have access to appropriate transportation?
4. Does the parent, guardian, or custodian have access to formal and informal supports that may support the family in providing care for the child?

Educational Needs

1. Does the school provide any accommodation for the child's medical needs?
2. Does the school have any issues providing care for the child when the child is at school?
3. Does the child have an Individualized Education Program (IEP) or 504 Plan, and if so, does it include the correct diagnoses?
4. Does the IEP or 504 Plan reflect accommodations that meet the needs of the child and make sense for the child?

Indicators for the Child to Remain in the Home

The following indicators may support a child with complex medical needs safely remaining in the home:

1. A detailed Safety Plan has been created with the family to address identified safety concerns, risk factors, and what could go wrong with the plan;
2. The child's medical records document no concerns for abuse or neglect;
3. The child's parent, guardian, or custodian acknowledges risk to the child and demonstrates the use of protective factors (e.g., nurturing and attachment to the child, knowledge of parenting and child youth development, parenting resilience, social connections, and concrete support for parents) to mitigate risks;
4. A care conference (see Resources) has been completed;
5. Additional concrete support has been identified to help provide care for the child or the household to assist the parent, guardian, or custodian in providing necessary care for the child;
6. The child can adequately communicate to express safety concerns within the home;
7. The parent, guardian, custodian is willing to work with community agencies for additional support and develop new skills to appropriately care for the child, and the Department of Child Services (DCS) has confirmed enrollment in these services; and
8. Follow-up recommendations by the child's treating physicians have been completed.

Indicators for Out-of-Home Placement

The following indicators may support placing a child with complex medical needs in out-of-home care:

1. Other types of CA/N exist creating threats to the child's safety;
2. The child's medical records show a pattern of the child growing appropriately when in a hospital setting but not in the home setting;
3. There is a documented history of safety and risk concerns that have not been remedied through community-based services;
4. The child has increased vulnerability due to the child's physical, emotional, developmental ability, and/or age;
5. The parent, guardian, or custodian's substance use presents additional safety threats in the home;
6. There is a documented pattern of delayed medical treatment or missed medical appointments directly related to the child's physical health and/or development;
7. There is evidence supporting the parent, guardian, or custodian's inability and/or refusal to appropriately follow medical recommendations pertinent to the child's physical health and/or development; and/or
8. No other workable plan may be put in place that ensures child safety.

Considerations Prior to Case Closure

The following may be considered prior to case closure involving a child with complex medical needs:

1. All parents, guardians, custodians, or caregivers have completed all necessary medical training to appropriately care for the child (if applicable);
2. A care conference has been completed with the team having a shared understanding of next steps and ongoing care expectations;

Note: The treating physician should provide approval for the plan created by the team.

3. The parent, guardian, or custodian has appropriately demonstrated new skills that directly correlate to the child's ongoing medical and daily care;
4. The parent, guardian, or custodian has additional formal and/or informal supports in place to help with ongoing care for the child;
5. The parent, guardian, or custodian has a Safety Plan in place that is being followed;

6. Other issues (e.g., substance use) are resolved or not affecting parenting ability; and
7. Results of the In-Home/Out-of-Home Risk and Safety Reassessment.

Resources for Children with Complex Medical Needs

Bureau of Developmental Disability Services (BDDS)

BDDS services are available through Medicaid Waivers, such as the Family Supports (FS) Waiver and Community Integration and Habilitation (CIH) Waiver. For more information, visit the BDDS website or call (800) 545-7763.

DCS Training

Developmental Disabilities Training

Field Staff may attend the Developmental Disabilities training located in Success Factors for further education.

PDS Training

Pediatric Evaluation and Diagnostic Services (PEDS) Academy Training

The PEDS Academy training, developed in 2024, is currently available for Family Case Manager (FCM) Supervisors. The training is provided by the Riley Child Protection Team and offers education on common medical topics related to child abuse and neglect, as well as education on the PEDS program. Contact local DCS office management (Local Office Director [LOD], Division Manager [DM], or Regional Manager [RM]) for further information.

Doctors for Indiana Child Abuse Screening & Education (Docs InCASE)

Docs InCase are the pediatricians who provide local expertise and assistance to DCS through consultation and participation in community child protection and fatality review teams. They participate in educational training and case reviews on child protection issues. Educational programs focusing on community and medical providers are also provided.

Child and Adolescent Needs and Strengths (CANS) Assessment

The CANS Assessment is available to assist in identifying the needs and strengths of the child (see policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment).

RELEVANT INFORMATION

Definitions

FINDER is a free, online directory of services and resources from across the state to support individuals (children and adults) with disabilities.

Bureau of Developmental Disability Services (BDDS)

BDDS is a division of the Family and Social Services Administration (FSSA) which administers programs that support children and adults with intellectual and developmental disabilities to enable them to live as independently as possible.

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.

Resources

- [BDDS website](#)
- [Docs InCASE](#)
- [FINDER](#)
- [Indiana Co-care](#)
- [Safety Plan \(SF 53243\)](#)
- [1945A\(i\)\(1\): State Option to Provide Coordinated Care Through a Health Home for Children with Medically Complex Conditions.](#)
- [21 U.S.C. 360ff\(a\)\(3\): Rare pediatric disease](#)

Related Policies

- [4.22 Making an Assessment Finding](#)
- [7.07 Health Care Services](#)
- [8.25 Health Care Services \(Overview\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 03: Engaging the Family	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Engaging the child and family is important to build trust and understand the family’s strengths and needs. Showing empathy and cultural humility is important in creating a family-centered working relationship. When families are a part of decision making and case planning, they understand their roles and are more empowered and motivated to make lasting changes to protect the child.


POLICY STATEMENT

The Department of Child Services (DCS) will engage the mother’s and father’s family members and kin in the case planning process. DCS will make reasonable efforts to help two-way communication between the child’s parent, guardian, or custodian and any licensed foster parent or kinship caregiver.

Note: DCS will engage the alleged father and his family and kin before paternity is established.

LEGAL REFERENCES

- [IC 31-10-2-1: Policy and purpose](#)
- [IC 31-34-15-4: Form; contents](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 04: Locating and Engaging Noncustodial Parents	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Locating and engaging the noncustodial parent can lead to good outcomes for the child. It may help the child build a relationship with their parent, other relatives, or kin. This can also help the child reach permanency faster.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make diligent efforts to locate and engage the noncustodial parent. This will start during the assessment and continue through the case.

DCS will consider placement with the noncustodial parent before choosing an out-of-home placement if a child must be removed from their custodial parent (see policy [8.01](#)).

The noncustodial parent may:


1. Be a possible permanency option and lifelong connection for the child;
2. Share medical history about the child or family;
3. Give information about benefits the child may be eligible to receive (e.g., child support and health benefits);
4. Participate in the Child and Family Team (CFT) meeting or Case Plan Conference and help make the child's Permanency Plan; and
5. Help find family or kin and may be:
 - a. A placement option if the noncustodial parent is not,
 - b. A member of the CFT meeting or Case Plan Conference, and/or
 - c. A permanency option for the child.

DCS will use the information from the noncustodial parent when:

1. Developing the Case Plan/Prevention Plan or IA/Prevention Plan (see policies [5.08](#) or [5.09](#));
2. Planning services for the child and family; and
3. Checking if the child is eligible for federal funding (see policy [15.01](#)).

LEGAL REFERENCES

- [IC 31-9-2-22.1: Concurrent Planning](#)
- [IC 31-34-19-7: Placement of child; relative evaluation; background checks](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 05: Establishment of Paternity	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) helps figure out who a child’s father is by doing genetic testing. DCS may do this in cases where there is one (1) or more alleged fathers.

POLICY STATEMENT


DCS will ask the child’s mother and each alleged father to voluntarily complete genetic testing. For those who refuse or those who are incarcerated, DCS will petition the court to order them to complete genetic testing. If the child’s mother is not available, a single-parent test for an identified alleged father may be offered to the alleged father.

DCS will help a parent or alleged parent that lives outside of Indiana get genetic testing at a vendor site close to where he lives. This is called a “long arm draw”.

DCS will offer services to alleged fathers while awaiting the establishment of paternity.

LEGAL REFERENCES

- [IC 16-37-2-2: Birth Certificate and paternity affidavit; person responsible for filing or preparation; release of paternity affidavit](#)
- [IC 31-9-2-9: “Alleged father”](#)
- [IC 31-9-2-88: “Parent”](#)
- [IC 31-9-2-100: “Putative father”](#)
- [IC 31-14-2: Methods of Establishing Paternity](#)
- [IC 31-14-5-7: Registration with putative father registry](#)
- [IC 31-14-7-1: Presumptions of Paternity](#)
- [IC 31-19-5-1: Application of chapter](#)
- [IC 31-34-15-6: Filing of paternity action by local prosecuting attorney's office](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 06: Locating Absent Parents	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW


The Indiana Department of Child Services (DCS) knows that parents are the main caregivers for their children. When a parent is absent from a child’s life, DCS works hard to find them. This helps DCS tell the parents about court hearings and involve them in planning and services for the child. It can also help the child and parent, or other relatives, build a relationship, which can lead to a faster permanent home for the child.

POLICY STATEMENT

If DCS doesn't know who or where a parent is, they will try to find them using different tools like the Putative Father Registry and Federal Parent Locator Services (FPLS). DCS will start looking for the parent as soon as possible and keep looking until the case is closed or the court ends the parent's rights. See policy [5.23](#).

LEGAL REFERENCES

- [IC 31-34-3-2: Procedures for notice; custodial parent, guardian, or custodian who cannot be located](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 08: Developing the Case Plan/Prevention Plan	
	Effective Date: January 1, 2026	Version: 13

POLICY OVERVIEW

Federal law requires a written Case Plan/Prevention Plan be made for any child getting foster care maintenance payments. These plans help the Indiana Department of Child Services (DCS) identify and monitor the activities and services children and families need to reach successful outcomes.

POLICY STATEMENT

DCS will create and approve a Case Plan/Prevention Plan in the case management system within 45 days of removal or disposition, whichever comes first, for all children who:

1. Have an open Child in Need of Services (CHINS); or
2. Have an open Informal Adjustment (IA); and

Note: For children on an IA, the signed IA/Prevention Plan serves as the Case Plan/Prevention Plan (see policy [5.09](#)).

3. Are at imminent risk of removal (see policy [7.01](#)).

Note: Indiana law uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

DCS will also make sure a Case Plan/Prevention Plan is completed (within federal guidelines) for all Juvenile Delinquent/Juvenile Status (JD/JS) cases when DCS is ordered to pay for placement.

The Case Plan/Prevention Plan will address the child’s:

1. Safety;
2. Stability;
3. Permanency;
4. Well-being;
5. Educational needs (if identified); and
6. Any cultural considerations.

DCS will work with the following to develop the plan:

1. The child (if developmentally appropriate);
2. Parent, guardian, or custodian (including noncustodial and incarcerated parents);
3. Extended family members; and
4. Members of the Child and Family Team (CFT) using the CFT Meeting process (if applicable).

DCS will update the Case Plan/Prevention Plan:

1. At least every 180 days from the effective date of the previous plan; and
2. Anytime there is a significant change in the child and/or family needs.

Case Planning for Older Youth

DCS will make concerted efforts to include children in creating the Case Plan/Prevention Plan goals (as developmentally appropriate).

Youth ages 14 and older are required to participate in the Case Plan/Prevention Plan process.

DCS may excuse the youth if they are unable to participate due to a:

1. Physical;
2. Mental;
3. Emotional;
4. Developmental; and/or
5. Intellectual disability.

The reason the youth is unable to participate must be documented in the Case Plan/Prevention Plan.

Note: If the youth refuses to participate, DCS must document the refusal and all efforts made to get the youth's input and participation in the Case Plan/Prevention Plan process.


Youth ages 14 and older may choose up to two (2) child representatives to be a part of their CFT and help with the Case Plan/Prevention Plan.

DCS must:

1. Give all youth ages 14 and older a copy of the Indiana DCS Bill of Rights for Youth in Foster Care;
2. Inform them of their rights; and
3. Have the youth sign the completed Case Plan/Prevention Plan.

LEGAL REFERENCES

- [IC 31-9-2-22.1: "Concurrent planning"](#)
- [IC 31-34-15: Chapter 15. Case Plan](#)
- [IC 31-34-15-4: Form; contents](#)
- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [IC 31-37-19-1.5 Completion of case plan; copies of case plan; contents; review and update](#)
- [P.L. 96-272 Adoption Assistance and Child Welfare Act of 1980](#)
- [42 USC 675\(1\) and \(5\): Definitions](#)
- [42 USC 671 \(a\)\(16\) State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payment program](#)
- [42 USC 12102: Definition of disability](#)
- [45 CFR 1356.21\(g\): Case plan requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 09: Informal Adjustment/Prevention Plan (IA)	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

The Informal Adjustment/Prevention Plan (IA) is a written agreement that goes to the court. The IA lists the steps the parent, guardian, or custodian needs to do to keep the child safe and healthy. An IA may be offered to a family to help them keep the child safe in the home when there is probable cause to believe Child Abuse and/or Neglect (CA/N) exists.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will offer an IA when:

1. There is proof of CA/N;
2. Voluntary participation in services is the best way to protect the safety and well-being of the child;
3. The parent, guardian, or custodian agrees to an IA; and
4. The juvenile court approves the IA.

Exception: The IA is automatically approved if the court does not approve, deny, or set a hearing within 10 calendar days of filing the IA. The IA is also approved if the hearing is set within 10 calendar days, but not held, and no action is not taken within 30 calendar days of submission to the court.

The start date of the IA is the date of court approves it. If the court does not approve or deny it, the IA starts 10 calendar days after it is filed with the court. The IA may last up to six (6) months. If needed, an extension may be requested for no longer than three (3) months.

DCS will use the Progress Report on Program of Informal Adjustment/Prevention Plan (IA) form to:

1. End the IA if the family has met the terms of the IA;
2. Extend the IA for three [3] months if needed;
3. End the IA if:
 - a. The family has not followed the rules of the IA and DCS is not requesting an extension (e.g.; the family is moving out of state, DCS is involved due to truancy issues and probation is now involved, and/or custody changes and the child is no longer living in the home where the IA started.

Note: DCS may file a petition for compliance if a parent, guardian, or custodian does not comply with the services outlined in the IA.

- b. DCS has obtained court approval to file a Child in Need of Services (CHINS) petition.


4. Notify the court that DCS will be filing a subsequent report because:
 - a. The family has not complied with the terms of the IA, and DCS is reviewing the situation to suggest next steps, or
 - b. Services have not worked to keep the child to safely in their home, and a petition requesting court approval to file a CHINS has been filed.

Note: DCS may file a CHINS petition if the family does not follow the terms of the IA or the child needs additional help that requires court intervention. If the child turns 18 years of age during the term of the IA, the 18-year-old cannot be considered a CHINS.

If the parent, guardian, or custodian has initiated an Administrative Appeal of the substantiation determination, consideration of the appeal will be delayed until after completion of the IA (see policies [2.01](#) and [2.05](#)).

LEGAL REFERENCES

- [IC 31-34-8-1 Implementation of program; statement by court of reasons for denial; program considered approved in certain circumstances](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 10: Family Services	
	Effective Date: January 1, 2026	Version: 12

POLICY OVERVIEW

Family services are given to all children and families with an open case to help with their needs.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will work with the Child and Family Team (CFT) to find services that help the child and family. They will make a plan called a Program of Informal Adjustment/Prevention Plan or a Case Plan/Prevention Plan (see policies 5.07, 5.08, and 5.09).

Note: If a parent is in jail, they can still get services and treatment. DCS will talk about and write down any services or visits the jailed parent can have in the plan.

DCS will keep checking what strengths and needs the child and family have. As a result, DCS will change services if needed. DCS will keep offering services until:

1. The court closes the case;
2. The court orders that services are not needed anymore; or
3. The court rules that reasonable efforts to reunify the family are not required.

DCS will provide accommodation for parents with disabilities and will provide services no matter the family's immigration status.

Note: A person with a disability has the right to parent their child. This right may not be denied or restricted just because the person has a disability.

Service Impact from TPR

All services, including visits, should stop when Termination of Parental Rights (TPR) is filed.

DCS will get a court order that says no more efforts to reunite the family are needed before stopping services.

Reunification Services

If a child has been removed from the parent, guardian, or custodian, reunification services will be given for:


1. 15 months if the child was removed between June 30, 2025, and July 1, 2026, or
2. 12 months if the child was removed after June 30, 2026.

Exception: A court may allow more reunification services if the parent, guardian, or custodian was not given a chance to participate in the process. The court can also extend reunification services for:

- a. 90 days if the parent, guardian, or custodian has followed the child's dispositional decree and the extension is in the child's best interest, and
- b. An additional 90 days if the parent, guardian, or custodian continues to comply with the child's dispositional decree and the extension is in the child's best interest.

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-25-2-7.5: Remote child and family services](#)
- [IC 31-34-15-4: Form; contents](#)
- [IC 31-34-20-1: Entry of dispositional decree; placement in home or facility outside Indiana: findings and conclusions](#)
- [IC 31-34-20-1.6: Limitation on provision of reunification services to parent, guardian, or custodian following removal of child](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)
- [42 USC 671\(a\)\(15\)\(B\): State plan for foster care and adoption assistance](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 12: Closing a Child in Need of Services (CHINS) Case	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

When a child is ready to leave the care of the Indiana Department of Child Services (DCS), it is important to have a plan to make sure they are safe and supported.

POLICY STATEMENT


DCS will give the permanent caregiver (if the child is under age 18) the following documents, including, but not limited to:

1. A copy of the child’s Medical Passport and/or medical records,
2. A copy of the child’s birth certificate (if available),
3. Child’s social security card,
4. Child’s insurance records, and
5. Child’s driver’s license or state identification card, if applicable.

Note: A youth 16 years of age and older at the time of case closure must be provided certain documentation.

LEGAL REFERENCES

- [IC 31-28-2-4: Copies to foster parents and certain foster care recipients](#)
- [IC 31-28-3-3: Maintenance of records](#)
- [IC 31-34-21-7.6: Documents provided to individual leaving foster care](#)
- [IC 31-34-21-11: Discharge of child](#)
- [42 USC 675 \(5\)\(D\) Definitions](#)
- [42 USC 675 \(5\)\(I\) Definitions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 13: Transferring a Case Between DCS Local Offices	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Decisions to transfer a case from one county to another are based on the principles of child safety, permanency, and well-being and focused on meeting the family’s needs.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will:

1. Consider transferring a case when the family moves out of the jurisdiction of the local office. This applies to all case types:
 - a. Informal Adjustment (IA),
 - b. In-home Child in Need of Services (CHINS), and
 - c. Out-of-home CHINS.

2. Make sure that when a case is transferred to another county, a child’s safety will be maintained;

Note: Not recommend that the court transfer a case if the child’s safety and well-being cannot be guaranteed.


3. Not transfer any cases unless the court transfers the case.

DCS will facilitate a Child and Family Team (CFT) meeting or Case Conference when:

1. A transfer is requested; or
2. DCS learns that a family has moved out of the jurisdiction of the local office.

LEGAL REFERENCES

- [IC 31-32-7-1: Venue of proceedings](#)
- [IC 31-32-7-2: Change of Venue](#)
- [IC 31-32-7-3: Assignment of case or supervision of child to county of child’s residence](#)
- [IC 31-9-2-22.1: "Concurrent planning"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 14: End of Life Care	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will notify the juvenile court if a doctor or hospital contacts DCS that a child, under the jurisdiction of the court, is near death or has a chronic disease that will result in death and is recommending a Do Not Resuscitate (DNR).

POLICY STATEMENT

DCS staff, resource parents, and Guardian ad Litem (GAL)/Court Appointed Special Advocates (CASA) **do not** have the legal authority to make a final decision about removing life support or issuing a DNR Order for a child under of DCS care. **The final decision must be made by the juvenile court based on the recommendations of a qualified doctor and the child’s parents decision.**

Situations involving the life support removal, DNR Orders, or organ donation require careful communication with all persons involved including the child’s parents or individuals authorized by statute to make this decision, parent attorney (if applicable), DCS staff, medical personnel, hospital ethics committee, and the court. DCS staff members cannot share personal opinions or give recommendations to families, medical personnel, and/or attorneys in situations regarding the removal of life support or the issuance of a DNR Order.


Note: If an older youth has an advanced directive, it should be reviewed and discussed during decision making.

The child’s legal parents are to be involved in the decision about the removal of life support, the issuance of a DNR Order, or organ donation regardless of the status of the case. The child’s parents will be excluded from the decision-making process only when a court finds and orders that neither parent is physically and/or emotionally able to make the decision when needed and proceeding without the parents’ consent is in the best interests of the child.

The decision to donate a deceased child’s organs should be made by the child’s parents. If Termination of Parental Rights (TPR) has occurred, the individuals authorized to make the decision are identified in Indiana Code.

LEGAL REFERENCES

- [IC 29-2-16.1-8 Revised Uniform Anatomical Gift Act](#)
- [IC 29-2-16.1-1\(8\) Definition of Donor](#)
[IC 29-2-16.1-1\(12\) Definition of Guardian](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 15: Concurrent Planning/Second Permanency Plan	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

Concurrent Planning means working on two plans at the same time to help children get a safe, permanent home faster:

1. **Reunification** – helping the child return home safely.
2. **Another permanency plan** – like adoption or guardianship, in case reunification is not possible.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will look at each case to decide if concurrent planning is best. If it is, DCS will recommend it to the court. See policy [6.10 Permanency Plan](#).

When Concurrent Planning is Required

DCS will use concurrent planning at the beginning of a case if any of these are true:

1. A parent has had their parental rights terminated (TPR) before;
2. A parent, guardian, or custodian has been diagnosed with a mental illness or substance use disorder that renders them unable to provide for or protect the child and, upon assessment, indicates:
 - a. A history of treatment without response, or
 - b. A pattern of not complying with their medication or treatment plan.
3. The parent, guardian, or custodian has asked to give the child up on more than 1 occasion following initial intervention;
4. A parenting is a youth under 16 that:
 - a. Has no support system, and
 - b. A past placement together with their child did not work because of their behavior.

When Concurrent Planning May Be Used

DCS may develop a Case Plan/Prevention Plan with two permanency plan goals for a child that meets at least 1 of the following potential Concurrent Planning Indicators:

1. There has been a severe incident of Child Abuse and/or Neglect (CA/N), such as:
 - a. A near fatality of the child,
 - b. A near fatality of the sibling, or
 - c. A fatality of a sibling.
2. The family has a history of trying multiple times to correct the conditions which resulted in child maltreatment;
3. The child or siblings:

- a. Have been in out-of-home care on at least one other occasion for a period of 6 months or more, or
 - b. Have had two or more prior placements with DCS involvement.
4. There has been an ongoing pattern of documented domestic violence (DV) lasting at least one year in the household; or
 5. The parent, guardian, or custodian has a developmental disability or emotional impairment, which upon assessment by a qualified provider, indicates the parent, guardian, or custodian may be unable to provide for, protect, or nurture the child and does not have relatives or social supports able or willing to assist in parenting.

Note: If any of the above indicators are present, the case should be staffed with the Family Case Manager (FCM) Supervisor to determine the appropriateness of Concurrent Planning.

Other Important Rules

DCS may consider Concurrent Planning for other children in DCS care when appropriate.

If a child has been removed from the child's parent, guardian, or custodian for 12 of the last 22 months, the recommended permanency plan **must** include a goal that does not return the child to the person they were removed from.

Reunification services will be provided for:

1. 15 months if the child was removed between July 1, 2025 and June 30, 2026, or
2. 12 months if the child was removed after June 30, 2026.


Exception: The court can give up to two 90 day extensions.

The court can give more time if:

1. The parent, guardian, or custodian was not given a chance to participate, or
2. They are following the dispositional decree and it's in the child's best interest for an extension to be granted.

LEGAL REFERENCES

- [IC 31-9-2-22.1: "Concurrent planning"](#)
- [IC 31-34-15-4: Form; contents](#)
- [IC 31-34-20-1.6: Limitation on provision of reunification services to parent, guardian, or custodian following removal of child](#)
- [IC 31-34-21-5: Determination; written findings; permanency plan requirements](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-34-21-7: Deadline for permanency hearing; permanency plans; continuing juvenile court jurisdiction](#)
- [Adoption and Safe Families Act \(ASFA\) of 1997](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 22: Missing and Runaway Children	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) has steps to locate a child involved with DCS who is missing and/or has run away.

POLICY STATEMENT

DCS will keep trying to quickly find any missing child who is involved with DCS, including when the child is:

1. Part of an open assessment;
2. Involved in an Informal Adjustment/Prevention Plan (IA);
3. Living in an out-of-home placement (including a residential facility);
4. In an in-home Child in Need of Services (CHINS) case; or
5. On a Trial Home Visit (THV).

DCS will keep making foster care maintenance payments (FCMPs) to the resource parent for up to five calendar days if a child in out-of-home care goes missing or runs away – as long as the plan is for the child to return to the same home. If the child does not return to the placement within five calendar days, the placement and daily payment (per diem) will stop – unless approved by a DCS Regional Director or Assistant Regional Director. Requests received from a Licensed Child Placing Agency (LCPA) to continue placement and daily payment (per diem) beyond five days will be reviewed by the Chief Deputy Director of Field Operations.

DCS will make sure the parent, resource parent, or residential provider **immediately** contacts the following if a child goes missing or runs away:


1. The Local Law Enforcement Agency (LEA) in the area the child went missing, and
2. The Indiana Child Abuse and Neglect Hotline (Hotline) at 1-800-800-5556 or DCSHotlineReports@dcs.in.gov

DCS will ensure the child’s information is entered into the National Center for Missing and Exploited Children (NCMEC) within 24 hours.

LEGAL REFERENCES

- [IC 10-13-5-4: “Missing Child”](#)
- [IC 10-13-5-4.4: “Missing endangered child”](#)
- [IC 31-33-18-2 \(25\): Disclosure of unredacted material to certain persons](#)
- [IC 31-34-1-3.5: Victim of human or sexual trafficking](#)
- [IC 31-34-1-8: Missing child](#)
- [IC 31-37-23: Chapter 23. Interstate Compact on Juveniles](#)
- [34 USC 11201-11281: Runaway and Homeless Youth](#)

- [34 USC 11291-11298: Missing Children](#)
- [Interstate Commission for Juveniles \(ICJ\) Rules \(2024\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 23: Diligent Search Efforts	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) conducts a diligent search for parents, adult relatives, kin, and case participants to locate support for the child or a safe possible placement option.

POLICY STATEMENT

DCS will conduct a diligent search starting from the child’s first contact with DCS and continuing throughout the case to find:

1. Absent and noncustodial parents, to notify them of an assessment, court hearings, and engage them in case planning and services unless:
 - a. A parent is deceased (certified by a death certificate),
 - b. A parent has signed a Consent to Adoption,
 - c. A parent has surrendered the child for adoption,
 - d. Termination of Parent Rights (TPR) has been finalized, or
 - e. DCS has visited the home within the last month and confirmed the address.
2. All individuals named on a Preliminary Report of Alleged Child Abuse or Neglect (310), if their location is unknown, to conduct an assessment;
3. Relatives required by law to be notified within 30 days of a child’s removal;
4. All adult relatives/kin and other significant individuals who have a relationship with the child, to find the best and earliest placement for the child that may lead to permanency, childcare, or other family support;
5. Siblings to place the siblings together or have regular visitation;
6. Potential informal supports identified by the child and/or family;
7. Any child absent from their DCS placement without the consent of the caregiver or DCS; and
8. Any child placed in protective custody and who has been abducted or their location is unknown during an assessment or pending case.


The following individuals must be notified of a child’s removal within 30 calendar days:

1. Maternal and paternal grandparents;
2. Adult aunts and uncles;
3. A sibling’s parent if they have legal custody of the sibling;
4. All siblings who are at least 18 years of age; and
5. Any other adult relatives suggested by the parent or child.

Note: When provided notice that a child has been removed, each relative must be provided documentation outlining the information that must be provided by law. DCS can only share the information outlined in the documentation.

LEGAL REFERENCES

- [IC 31-9-2-107: "Relative"](#)
- [IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings; content](#)
- [IC 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caretaker](#)
- [42 USC 671 \(a\)\(29\): notification of parents of siblings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 24: Child-Focused Treatment Review (CFTR)	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

For urgent placement in residential treatment or out-of-state residential treatment, see policies 8.04 and 8.53.

The Child-Focused Treatment Review (CFTR) process is used to review requests for residential treatment. Residential treatment should only be used when a child shows the need for that level of care. It should be seen as a short-term and time-limited service whenever possible.

POLICY STATEMENT

The CFTR will:

1. Evaluate the child’s needs;
2. Decide if residential treatment is appropriate; and
3. Identify a facility that best meets the child and family’s needs, if treatment is approved.

The CFTR will include:


1. The child’s Family Case Manager (FCM) and FCM Supervisor;
2. The child, if appropriate;

Note: When deciding if the child should attend the CFTR, consider their age, maturity, development, and behavioral needs. The Child and Family Team (CFT) should talk with the child about the CFTR, if appropriate, to see if the child understands and is willing or able to participate. If it is not appropriate for the child to attend, make sure to share the child’s voice during the CFTR.

3. The child’s family, if Termination of Parental Rights (TPR) has not occurred;
4. The resource parent, if applicable;
5. A Field leadership member or Designee;
6. A Clinical Services Specialist (CSS) or Probation Services Consultant (PSC) for dual status youth, if asked for by leadership;
7. A Regional Foster Care Specialist (RFCS) or Kinship Navigator (KN);
8. The child’s Guardian Ad Litem (GAL) and/or Court Appointed Special Advocate (CASA);
9. Service providers working with the child or family; and
10. Other DCS support staff involved in the case (e.g., Educational Liaison [EL], Adoption Consultant, and Regional Services Consultant).

LEGAL REFERENCES

- [IC 31-25-2-23: Permanency roundtable duties; residential placement committee](#)
- [42 USC 672: Foster care maintenance payments program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 25: New Child in the Household of a Parent or Custodian with an Open Case	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) makes sure that all new children in the home are safe and well. This is especially important if the parent guardian, or custodian already has an open DCS case (i.e., Informal Adjustment [IA], In-Home Child in Need of Services [CHINS], and Out-of-Home CHINS).

POLICY STATEMENT


DCS will make sure a report is called into the Hotline when there is a new child residing in the home of the parent, guardian, or custodian who already has an open DCS case.

A new child may include:

1. A newborn,
2. A child that has moved into the home, or
3. A child who visits the home regularly (or on a continual basis).

LEGAL REFERENCES

- [IC 31-34-12-4.5: Presumption that child is child in need of services if child resides with adult who has committed or been charged with specific acts](#)
- [IC 31-34-12.4.6: Circumstances creating rebuttable presumption that child is in need of services](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 26: Duty to Report Child Abuse and/or Neglect (CA/N)	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW


In Indiana, anyone who thinks a child is being abused or neglected must report it. This includes people who work for the Department of Child Services (DCS). If someone reports child abuse and/or neglect (CA/N) because they truly believe something is wrong (in good faith), they are protected from any civil or criminal liability, even if it turns out they were wrong.

POLICY STATEMENT

If a DCS Family Case Manager (FCM) sees or hears about new child abuse or neglect while doing their job, they must report it right away to the DCS Child Abuse Hotline (Hotline). They should not handle it as a part of the current case if one is open. See policies 3.08 and 4.38.

LEGAL REFERENCES

- [IC 31-33-5: Duty to Report Child Abuse or Neglect](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-22-1: Failure to make report](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Face-to-Face Contact Guide	Effective Date: October 1, 2025
	Reference: 5.C Face-to-Face Contact [SF 53557]	Version: 4

This tool may help guide the Family Case Manager (FCM) to conversationally discuss the child’s safety, stability, permanency, and well-being, as well as the caregiver’s strengths and needs in caring for the child during face-to-face contact with the child, parent, guardian, custodian, and/or resource parent. The [Face-to-Face Contact \(SF 53557\)](#) form may be utilized to document notes if necessary.

SAFETY
<p>Child Abuse and/or Neglect (CA/N)</p> <ul style="list-style-type: none"> • Is the child free from CA/N (i.e., exploitation, domestic violence, exposure to substance use)? • Who are the family’s informal supports (e.g., family and friends) outside of the home that are able to help support and care for the child, and is the family utilizing the informal supports? • Is there evidence to support that the parent or caregiver has the ability and willingness to protect all children, including a new child, residing in their home?
<p>Home Safety</p> <ul style="list-style-type: none"> • Is the child’s environment safe (e.g., following age appropriate safe sleep, meeting sanitary standards, pest control, restricting access to medication)? • Is there anyone in the home, or any home circumstance, that would pose a threat to any children, including a new child, residing in the home?
<p>Child’s Feelings</p> <ul style="list-style-type: none"> • Does the child feel safe in all environments (i.e., home, placement, school, community, during services)? • What are the child’s feelings regarding current placement, services, and/or the permanency plan?
<p>Protective Strategies</p> <ul style="list-style-type: none"> • What are the shared protective strategies with the team? • Have all Child and Family Team (CFT) and Case Plan Conference members been afforded the opportunity to provide input into the Safety Plan and/or Plan of Safe Care? • What is the parent or caregiver’s plan to ensure the child’s safety for the new child residing in their household? • What are the resources available and accessible to the family? What resources are they engaged in currently? • What resources has the family identified that they may need?

STABILITY
<p>Consistency</p> <ul style="list-style-type: none"> • Does the child have consistent routines, relationships, etc.? • Has the child experienced recent changes in the child's daily setting (e.g., change in household composition and school)?
<p>Placement Needs (if applicable)</p> <ul style="list-style-type: none"> • Is the current placement meeting the needs of the child? • Assess the needs of the resource parent in caring for the child (i.e., access to community resources, financial need, licensure, etc.)
PERMANENCY
<p>Daily Living</p> <ul style="list-style-type: none"> • Is the child's daily living stable and free from risk of disruption? • Have there been recent changes to the composition of the home?
<p>Behavioral and Emotional</p> <ul style="list-style-type: none"> • Has the child experienced a change resulting from behavioral difficulties or emotional disorders since the last visit?
<p>Permanency Plan</p> <ul style="list-style-type: none"> • Are all CFT and Case Plan Conference members aware of the child's permanency plan? • Does the team have a shared understanding of the long-term view for the child? • Does the child's permanency plan include relationships that will endure lifelong? • Is there a second permanency plan in place for the child?
WELL-BEING
<p>Emotional</p> <ul style="list-style-type: none"> • Does the child display age-appropriate emotional development, coping skills, self-control, and behavioral functioning in daily settings and activities with others? • Does the child express a sense of belonging or seem bonded to family and/or friends?
<p>Physical</p> <ul style="list-style-type: none"> • Observe and document the child's physical condition (e.g., child's skin [free from marks and bruises], teeth, hair, etc.). Repositioning, removing blankets, and changing light may be necessary to appropriately observe the child. • Are there concerns regarding personal hygiene practices (e.g., bathing, dental, etc.)? • Is the child achieving key physical (e.g., growth-height, weight, head circumference) and developmental milestones?
<p>Health Care</p> <ul style="list-style-type: none"> • Is the child achieving their optimal and best attainable health status? • Is the child's Medical Passport up to date? • Does the parent and/or caregiver have the capacity and support necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physical and/or specialist appointments, emergency procedures, and appropriate food and/or supplement for a special diet)?

Educational

- Is the child achieving at a grade level appropriate for their age?
- Has the child experienced recent successes and/or disciplinary actions at school?
- Has the child experienced any behavioral or social issues that are impacting the child's school performance or ability to learn?
- Is the child able to attend both school and social functions?
- Discuss recent Individualized Educational Program (IEP) or other school related meetings.

Adjustment

- How does the child adapt to changes that affect their life?
- How is the youth (age fourteen [14] and older) working toward independence and achieving Transition Plan goals?

FAMILY BACKGROUND AND NEEDS

Background

- What are the family's norms, values, major life events that shaped current functioning?
- Are there family dynamics that are affecting the case & functioning of the family?

Needs

- What are the family's underlying needs, as seen from their own perspective?
- Are the services meeting the family's needs?
- Are there barriers to meeting the family's needs?


OTHER

Case Plan Goals

- Is the pace for achieving safe, sustainable case closure consistent with the following guidelines?
 - Reunification: 12 months
 - Guardianship: 18 months
 - Adoption: 24 months
- Discuss the Case Plan Goals and progress made toward meeting the goals.

Parent/Child Relationship

- Assess and discuss the relationship between the child and the parent, step-parent/significant other, siblings, and/or other household members, and address how any issues or concerns are impacting the child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 01: Detention/Initial Hearing	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

A Detention Hearing and Initial Hearing are different court hearings, with different purposes, but are often held together. The purpose of the Detention/Initial Hearing is for the court to decide if the Indiana Department of Child Services (DCS) has probable cause to take custody of the child and for the parent, guardian, or custodian (or the child if required) to admit or deny the allegations in the Child in Need of Services (CHINS) Petition. The Initial Hearing also advises the parent, guardian, or custodian of their rights.

POLICY STATEMENT

DCS will make sure a Detention Hearing or a combined Detention/Initial Hearing is held no later than **48 hours** (excluding weekends and certain legal holidays) after a child’s removal. If the Detention Hearing is not held in time, DCS will return the child to their parent, guardian, or custodian.

Exception: For a safe haven or abandoned infant, DCS will make sure a Detention/Initial Hearing is held by the **next business day**.

If the child’s removal was ordered by the court at a Detention Hearing, the next hearing is an Initial Hearing.

DCS will request an Initial Hearing within **10 business days** after filing a CHINS Petition for an In-Home CHINS. If the court chooses to schedule an additional Initial Hearing, it must be held within **30 calendar days** of the date of the Detention/Initial Hearing or Initial Hearing. Extensions can be made for extraordinary circumstances.

If the parent, guardian, or custodian admits to the allegations during the Initial Hearing, the court will either take the admission under advisement or issue an order adjudicating the child to be a CHINS. If the court adjudicates the child to be a CHINS, a Dispositional Hearing will be set. If the parent, guardian, or custodian denies the allegations, the court will set the matter for further hearings, as appropriate. Alternatively, the court may dismiss the proceedings if the court does not find probable cause.

DCS will notify the following about the Detention/Initial Hearing:

1. The child;
2. The child’s parent (including noncustodial, absent, and alleged), guardian, or custodian, if able to be located;
3. The child’s Guardian Ad Litem (GAL), Court Appointed Special Advocate (CASA), or attorney, if assigned;


Note: If no one has been appointed to represent the child, the custodial parent will be notified. If there is no custodial parent, the resource parent will be notified. If the child is age 14 or older, they will be directly notified.

4. The resource parent; and
5. Any other person necessary for the proceedings.

Anyone required to be notified will have an opportunity to speak in court and share their thoughts. If the child is too young or is unable to speak with the court, the DCS Staff Attorney will provide information to the court detailing why (e.g., physical or mental challenges).

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-34-2: Chapter 2. Taking a Child in Need of Services Into Custody](#)
- [IC 31-34-2.5: Chapter 2.5. Emergency Custody of Certain Abandoned Children](#)
- [IC 31-34-5: Chapter 5. Detention Hearing](#)
- [IC 31-34-6: Chapter 6. Detention of Alleged Child in Need of Services](#)
- [IC 31-34-7-1: Preliminary inquiry](#)
- [IC 31-34-10-2: Initial hearing; service of petition and summons; determination of referral for dual status assessment; CHINS petition; additional initial hearings](#)
- [IC 31-34-10-6: Admission or denial of allegations by parent, guardian, or custodian](#)
- [IC 31-34-10-9: Dispositional hearing; factfinding hearing; consent](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 02: Filing a Child in Need of Services (CHINS) Petition	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

A Child in Need of Services (CHINS) case starts when:

1. There is sufficient reason to believe a child is a victim of Child Abuse and/or Neglect (CA/N);
2. Allegations meet one (1) or more legal definitions of CHINS; and
3. Court intervention is needed.

POLICY STATEMENT

To file a CHINS petition:


1. The Department of Child Services (DCS) must file a Request for Filing of Petition with the Preliminary Inquiry (PI) attached;

Note: The right to parent a child cannot be denied only due to disability.

2. The court will issue an order authorizing the CHINS petition if the court finds probable cause; and
3. DCS may file the CHINS petition after the court issues the order (if it was not filed with the PI and Request for Filing of Petition).

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-34-9: Chapter 9. Filing of Petition Alleging That Child Is Child In Need of Services](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 03: Fact-Finding Hearing	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

A Fact-Finding Hearing is when the Department of Child Services (DCS) must prove that a child's situation matches the conditions listed in Indiana Code. This hearing happens if a parent or another person named in a Child in Need of Services (CHINS) proceeding disagrees with what DCS says in their CHINS Petition. DCS must show that the child's situation meets one (1) or more of the CHINS definitions and that the court's help is necessary to protect the child.

POLICY STATEMENT

When either parent or another person named in the CHINS petition disagrees with what DCS says in their petition. DCS will:

1. Proceed with Child in Need of Services (CHINS) Fact-Finding Hearing;
2. Provide notice to everyone named in the case (including the resource parent or other caretaker (see policy [6.04](#)):
3. Request separate hearing for parents, guardians or custodians when there are concerns about safety;
4. Protect the confidentiality of information shared during court proceedings;

Timeline


The juvenile court will hold the Fact-Finding Hearing within 60 calendar days of the CHINS petition being filed. The court may extend the time for an additional 60 calendar days if everyone agrees.

Notification

If the Fact-Finding Hearing is not held immediately after the Detention and Initial Hearing, DCS will notify everyone involved, unless the court already provided written notice at the previous hearing. Each person who is required to be notified will have an opportunity to be heard at the Fact-Finding Hearing.

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child is a Child in Need of Services](#)
- [IC 31-34-10-6: Admission or denial of allegations by parent, guardian or custodian](#)
- [IC 31-34-10-9: Dispositional hearing, fact finding hearing: consent](#)
- [IC 31-34-11-1: Hearing requirements; extension of time; notice; opportunity to be heard](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 04: Providing Notice of Hearings	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

Written notices for Child in Need of Services (CHINS) and Termination of Parental Rights (TPR) hearings are sent according to Indiana Trial Rules and related statutory law to help ensure these cases move forward timely.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will give notice about CHINS and TPR hearings. This notice will be given by mail, hand delivery, or verbal notice to:

1. The child;
2. Each parent, guardian, or custodian and their attorney;
3. The Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL); and
4. The resource parent or long-term foster parent.

Note: Resource parents who are required to be notified, also have the right to be heard in all court proceedings pertaining to a child in their care.

For Periodic Case Reviews and Permanency Hearings, DCS will also send notice to:

1. Any fit and willing relative or person whom DCS identifies as having a significant relationship with the child,
2. The prospective adoptive parent (if required consent to adoption has been received or TPR filed), and
3. A Licensed Child Placing Agency (LCPA) representative currently providing services to the child so they may attend the child’s CHINS and TPR court proceedings.

When Notice Must Be Given

DCS must give legal notice at least 10 calendar days before these hearings:

1. Periodic Case Review Hearings;
2. Permanency Hearings; and
3. TPR proceedings.

How Notice Can Be Given

DCS will use one of the following to provide notice of a hearing:

1. **Mail:** Must be sent at least 10 calendar days before the hearing;
2. **Hand delivery:** A written notice can be delivered in person. The person delivering it must confirm to the court at the hearing that notice was given; or
3. **Verbal Notice:** Verbal notice may be the only option if the court hearing is less than 48 hours away from when it was set by the court (not counting weekends or state holidays):

- a. Verbal notice should be given in addition to the written notice in any other circumstance,
- b. The person delivering it must confirm to the court at the hearing that notice was given,
- c. It must include the date, time, location, and purpose of the hearing, and
- d. It cannot be left on voicemail or with someone that is not a party to the case.


Notice of Placement Change

If a child has been in the same placement for 12 months or more, DCS must notify all persons affected before making a planned placement change. Those people have 10 calendar days to file an objection.

Note: The child's placement cannot be changed before the court gives permission – unless the child's safety cannot be ensured.

LEGAL REFERENCES

- [IC 31-9-2-76.5: "Long term foster parent"](#)
- [IC 31-32-1-4: Hearing notices regarding CHINS or delinquent cases](#)
- [IC 31-32-2-3.5: Right of attendance at hearings](#)
- [IC 31-34-2.3-4: Hearing; notice](#)
- [IC 31-34-5-1: Time for hearing; notice; petition alleging a child is a child in need of services](#)
- [IC 31-34-10-2: Initial hearing; service of petition and summons; determination of referral for dual status assessment; CHINS petition; additional initial hearings](#)
- [IC 31-34-11-1: Hearing requirements; extension of time; notice; opportunity to be heard](#)
- [IC 31-34-19-1.3: Notice of disposition of hearing; duties of court](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-22-2: Providing copies of reports and factual summaries of reports](#)
- [IC 31-34-23-3: Notice and hearing requirements; change in out-of-home placement; temporary order for emergency change of placement](#)
- [IC 31-34-23-6: Notice and hearing requirements; change in out-of-home placement](#)
- [IC 31-35-2-6.5: Notice of hearing](#)
- [Indiana Trial Rule 5](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 06: Predispositional Report (PDR)	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) writes a Predispositional Report (PDR) and submits it to the court at least **10 calendar days** before the Dispositional Hearing for any child that a court adjudicates a Child in Need of Services (CHINS). This report provides the court with information outlined in Indiana law.

POLICY STATEMENT

DCS will talk with experts related to the child’s needs when writing the PDR. The PDR will include:


1. A statement of the child’s needs for care, treatment, rehabilitation, or placement;
2. A description of the ongoing efforts to identify all adult relatives/kin;
3. Recommendations for the care, treatment, rehabilitation, or placement of the child;
4. A Financial Report on the parent and child;
5. Details on the parent, guardian, or custodian’s involvement, including recommended services, visitation, and alternate forms of contact;
6. Information on the custodial parent or caregiver’s current residence;
7. Information about Child and Family Team (CFT) Meetings or Case Plan Conferences and their outcomes, including information about a second Permanency Plan for the child, when concurrent planning; and
8. Input and recommendations from the resource parent.

The following individuals may write their own report for the court to review:

1. The child, based upon age and developmental level; and
2. The child’s:
 - a. Parent, guardian, or custodian,
 - b. Resource parent, and
 - c. Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL).

LEGAL REFERENCES

- [IC 31-34-18: Chapter 18. Predispositional Report](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [42 USC 672: Foster care maintenance payments program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 07: Dispositional Hearing	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

The Dispositional Hearing helps the court decide the best plan of care for the child. The court looks at options for the child’s treatment, rehabilitation, and placement that best meets the needs of the child and family.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will participate in a Dispositional Hearing for every parent, guardian, or custodian named in cases where a child is found to be a Child in Need of Services (CHINS).

The court will hold a Dispositional Hearing **within 30 days** after deciding the child is a CHINS. The court will consider:

1. Options for the child’s care, treatment, rehabilitation, or placement;
2. The involvement that is needed from the parent, guardian, or custodian in the child’s program of care, treatment, or rehabilitation for the child;
3. The financial responsibility of the parent or guardian for the services for the parent, guardian, or child;

Note: The parent is assumed to be indigent unless the court makes a finding that states otherwise.

4. The report and recommendations from the dual status assessment team if the child is a dual status child; and
5. The child’s legal settlement school if the child has been removed from the home.

If the child is removed from the home, DCS will ask the court to include this federal language in the **first court order** from the hearing that authorizes the removal of the child:


1. It is in the child’s Best Interest (BI) to be removed from the home, and remaining in the home would be Contrary to the Welfare (CTW) of the child;
2. Reasonable Efforts (RE) were made to prevent or eliminate the need for removal, or RE were not required because of the emergency nature of the situation; and
3. DCS is given Placement and Care (PC) responsibility for the child.

If DCS plans to ask for a No Reasonable Efforts finding, see policy [6.10](#).

LEGAL REFERENCES

- [IC 31-34-5-3\(b\): Release; findings required for detention order; approval of services, programs, and placement; court order; appeal; payment of costs](#)

- [IC 31-34-19: Chapter 19. Dispositional Hearing](#)
- [IC 31-34-20: Chapter 20. Dispositional Decrees](#)
- [IC 31-34-20-3: Order for participation by parent, guardian, or custodian in program of care, treatment, or rehabilitation for child; failure to participate](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-40-1-3: Payment by parent or guardian for cost of services provided by or through department of child services; presumption of indigency](#)
- [42 USC 671 et. seq.: State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payments program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 08: Progress Report	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

To keep the court updated on an open Child in Need of Services (CHINS) case, the Indiana Department of Child Services (DCS) completes a Progress Report to the court at least every three (3) months. This report shows the progress made based on the Dispositional Decree goals and the families work towards a permanent solution for the child.

POLICY STATEMENT

The Progress Report updates the court on these areas:

1. The child's voice;
2. Services for the child and/or parent, guardian, or custodian (including health and education information) (see policy [5.10](#) for reunification timelines);
3. Status of the parent, guardian, or custodian and their progress in meeting parenting responsibilities;
4. Visits between the child and their siblings and/or parent, guardian, or custodian (including visits with noncustodial and incarcerated parents);
5. Compliance and cooperation with following court ordered services;
6. Child's placement;
7. Outcomes and important changes;
8. Updates received from consultations with professionals, Child and Family Team (CFT) members, and other individuals involved in the case;
9. Recommendations for treatment, rehabilitation, permanency plan, and the child's placement;
10. Diligent efforts of DCS to identify and locate all adult relatives of the child throughout the life of the case (see policy [5.23](#)); and
11. Reasonable Efforts DCS has made to finalize the Permanency Plan (REPP) for the child.

DCS will send a Progress Report for every child with an open CHINS case, as follows:

1. At least every three (3) months after the Dispositional Decree; and
2. Anytime the court may order one after the original Dispositional Decree.

DCS will send a Progress Report to the court at least 10 calendar days prior to a Periodic Case Review Hearing or as otherwise ordered by the court (see policy [6.09](#)).

DCS will make a copy of the Progress Report and provide proof of service to the following people at least 48 hours before the hearing:

1. The child/youth, based on their age and understanding (All youth 14 and older should get a copy of the report and have the right to attend court);
2. Each parent (including noncustodial parent), guardian, or custodian of the child;

Note: The court may also provide a factual summary of the Progress Report to each parent, guardian, or custodian or resource parent of the child if the court has determined the report contains information that should not be released to an individual entitled to receive the report.

3. An attorney who representing the child's parent, guardian, or custodian;
4. Resource parent and/or long-term foster parent, if applicable;
5. Prospective adoptive parent named in a petition for adoption of the child if:
 - a. Each Consent to Adoption form of the child has been signed and received by the DCS local office,
 - b. The court having jurisdiction in the adoption case has determined that consent to adoption is not required from a parent, guardian, or custodian, or
 - c. A petition has been filed to terminate the parent-child relationship between the child and any parent who has not signed a written Consent to Adoption form.
6. Anyone who is currently caring for the child and is not required to be licensed under IC 12-17.2 or IC 31-27 to provide care for the child;
7. Any other suitable relative or person who has a significant relationship with the child; and
8. Court Appointed Special Advocate (CASA) and/or Guardian ad Litem (GAL).


Exception: If the court determines, on the record, that the Progress Report contains information that should not be released to any person who is otherwise entitled to receive a Progress Report, the court is not required to make the Progress Report available to that person. The court may provide the individual with a redacted copy of this report. However, the court will provide a copy of the Progress Report to the following:

- a. Each attorney or CASA/GAL that represents the child, and
- b. Each attorney that represents the child's parent, guardian, or custodian.

LEGAL REFERENCES

- [IC 12-17.2: DAY CARE REGULATION](#)
- [IC 31-27: CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-34-20-1.6 Limitation on provision of reunification services to parent, guardian, or custodian following removal of child](#)
- [IC 31-34-20-7: Provision of information by department of child services](#)
- [IC 31-34-21-1: Progress reports; procedure for modification of decree](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-22-1: Progress report; modification report](#)
- [IC 31-34-22-2: Providing copies of reports and factual summaries of reports](#)
- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 09: Periodic Case Review Hearing	
	Effective Date: January 1, 2026	Version: 12

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will consistently attend and participate in Periodic Case Review Hearings. These hearings help to make sure:

1. The child is getting the care and services they need;
2. DCS is making reasonable efforts to provide family services; and
3. There is a clear plan to move the case forward.

DCS is responsible for giving notice of the hearings and preparing progress reports.

POLICY STATEMENT

DCS will ask the court to hold a Periodic Case Review Hearing at least every six months. These hearings help the court:

1. Decide what should happen next for the child (for example, return to a parent or guardian, stay in out-of-home care, be adopted, live with a legal guardian, a fit and willing relative, or under Another Planned Permanent Living Arrangement [APPLA]);
2. Decide if it is in the child’s best interest for the juvenile court to keep jurisdiction for any dually adjudicated child (meaning involved in both the child welfare and juvenile justice systems; see policy 2.25);
3. Review and decide if a change is needed to the Permanency Plan, based on input from people who have a strong relationship with the child (see policies 5.08 and 6.10);

Note: If the child has been removed from the care of their parent, guardian, or custodian for at least 12 of the last 22 months, the plan must include one goal that does not involve returning the child to the person they were removed from (see policy 5.15).

4. Decide if the current Dispositional Decree (court order) should stay the same or be changed, and whether it is likely to succeed;

Note: See policy 5.10 for timelines related to reunification services.

5. Identify the steps DCS takes to make sure parents’ legal rights are protected during a child welfare case;
6. Decide if DCS has made Reasonable Efforts to Finalize the Permanency Plan (REPP);
7. Decide if DCS should continue to be responsible for Placement and Care (PC) of the child;
8. Identify any parts of the Dispositional Decree that have not been completed;


9. Give the child a chance to share with the court how they feel about their current placement and Permanency Plan; and
10. Review the child's treatment if they are in a QRTP (Qualified Residential Treatment Program) to make sure it is still appropriate.

DCS will give at least 10 days notice before a Periodic Case Review Hearing to these people:

1. The child involved in the case;
2. The child's parent, guardian, or custodian;
3. Any lawyer officially representing a parent, guardian, or custodian;
4. The CASA (Court Appointed Special Advocate) or GAL (Guardian ad Litem);
5. The resource parent or long-term foster parent;
6. A prospective adoptive parent who is named in an adoption petition if:
 - a. A Consent to Adoption form has been signed and received by the local DCS office,
 - b. The court has decided that consent is not needed from a parent, guardian, or custodian, or
 - c. A Termination of Parental Rights (TPR) petition has been filed for a parent who has not signed a written consent to adoption.
7. Anyone else currently caring for the child who does not need a license under Indiana law;
8. Any other suitable relative or person who has a significant or caretaking relationship with the child; and
9. Service providers or others who are expected to attend the hearing.

LEGAL REFERENCES

- [IC 12-17.2: ARTICLE 17.2. DAY CARE REGULATION](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-34-20-1.6: Limitation on provision of reunification services to parent, guardian, or custodian following removal of child](#)
- [IC 31-34-21-2: Periodic case review](#)
- [IC 31-34-21-3: Progress report required before case review](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-5: Determinations; written findings; permanency plan requirements](#)
- [IC 31-34-21-7: Deadline for permanency hearing; permanency plans; continuing juvenile court jurisdiction](#)
- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)
- [42 USC 675\(5\)\(B\): DEFINITIONS](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 10: Permanency Plan	
	Effective Date: January 1, 2026	Version: 15

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) believes children deserve a permanent home. A Permanency Plan is created for every child adjudicated as a Child in Need of Services (CHINS) to make sure a permanent or long-term arrangement is found for the child.

POLICY STATEMENT

All decisions made by DCS shall be made in consideration of the child’s best interests. A second Permanency Plan will be identified if concurrent planning is appropriate.

The initial Permanency Plan will be reviewed with the Child and Family Team (CFT) and/or at the Case Plan Conference and identified in the Case Plan/Prevention Plan within **45 calendar days** after the child’s removal or the date of disposition, whichever comes first.

DCS will make reasonable efforts to reunify the child with their family unless the court finds that it is not required.

Note: If the court determines no reasonable efforts are required, a Permanency Hearing must be held within **30 calendar days** of the finding.

For a child who has been removed from the home, reunification services will be provided for:

1. 15 months if the child was removed after June 30, 2025 and before July 1, 2026, or
2. 12 months if the child was removed after June 30, 2026.

Exception: A court may allow more time for reunification services if the parent, guardian, or custodian was not given a chance to participate in the process. A court may also extend reunification services for:


- a. **90 days** if the parent, guardian, or custodian has followed the dispositional decree and the extension is in the child’s best interest, and
- b. **An additional 90 days** if the parent, guardian, or custodian continues to comply with the dispositional decree and the extension remains in the child’s best interest.

When reunification is not possible, DCS will make and recommend an alternate Permanency Plan to the court in a timely manner. All Permanency Plans and changes require court approval.

Note: When the child has been removed from their parent for at least 12 months out of the most recent 22 months, the recommended Permanency Plan **must** include at least one (1) intended Permanency Plan goal that is not reunification.

LEGAL REFERENCES

- [IC 31-9-2-22.1: "Concurrent planning"](#)
- [IC 31-10-2-2: Consideration of the best interests of the child](#)
- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-34-20-1.6 Limitation on provision of reunification services to parent, guardian, or custodian following removal of a child](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required](#)
- [IC 31-34-21-5.8: Certain reasonable efforts required if preservation and reunification inconsistent with permanency plan; progress reports, case reviews, and postdispositional hearings not required](#)
- [IC 31-34-21-7: Permanency hearing](#)
- [IC 31-34-21-7.5: Placement prohibited in residence of individual who has committed certain acts or offenses; criminal history check, contents of permanency plans](#)
- [IC 31-34-21-7.7: Permanency plan; guardianship; requirements and terms and conditions in order; jurisdiction](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 11: Permanency Hearing	
	Effective Date: January 1, 2026	Version: 14

POLICY OVERVIEW

Every child has the right to safe care and a forever home. A Permanency Hearing in a Child in Need of Services (CHINS) case helps decide the long-term plan for a child who has been removed from their parent, guardian, or custodian because of abuse and/or neglect. This hearing also lets DCS share the child’s views about the proposed Permanency Plan.

POLICY STATEMENT

Permanency Hearing Frequency

A Permanency Hearing will be held for a child:

1. **Within 30 days** after the court finds that Reasonable Efforts (RE) to reunify or preserve a child’s family are not required, and then every 12 months;
2. **Every 12 months** after the original Dispositional Decree or the date the child was removed, whichever comes first;
3. Who has been removed from their parent, guardian, or custodian for **at least 12 months**;
4. When a party to the CHINS case asks for a hearing and:
 - a. Efforts to reunite or keep the family together are not in the child’s best interest, and
 - b. It has been **at least 12 months** since the Dispositional Decree.
5. More often if ordered by the court.

Note: The Indiana Department of Child Services (DCS) may ask the court to hold a Permanency Hearing at any time.

Notice Requirements

DCS will give written notice **at least 10 calendar days** before the Permanency Hearing to:

1. The child;
2. The child’s parent, guardian, or custodian;
3. The child’s representatives, if applicable;

Note: Starting at age 14, youth may choose up to two (2) child representatives. The child representatives:

- a. Must be at least 18 years of age,
- b. Must be a member of the Child and Family Team (CFT), and
- c. Cannot be a foster parent or Family Case Manager (FCM).
4. An attorney for the child’s parent, guardian, or custodian;
5. The child’s Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL);

6. The child's resource parent and/or long-term foster parent; and
7. Any witnesses for the hearing.

Reasonable Efforts

DCS will make reasonable efforts to keep families together or reunite them. These efforts include:

1. Efforts to prevent removal of a child who is still at home; or
2. Efforts to return the child home safely as soon as possible if the child has been removed.

Note: When deciding on the reasonable efforts needed to reunify or preserve the family, the child's health and safety comes first.

The court will issue a finding on Reasonable Efforts to Finalize the Permanency Plan (REPP) at least once every 12 months. This is needed to ensure the child remains eligible for federal funding to reimburse the costs of the child's care and DCS' administrative costs (see policy [15.10](#)).

Child's Views on Permanency Plan

DCS will:

1. Share the child's wishes regarding the proposed Permanency Plan in the Progress Report-Permanency; and
2. Make diligent efforts to include the child in court proceedings, if appropriate.


Note: DCS may ask the court to excuse the child from court if DCS decides the youth is not able to participate in the hearing because of a physical, mental, emotional, or intellectual disability.

If the child has been out of the home for at least 12 of the most recent 22 months, the recommended permanency plan **must** include at least one (1) permanency plan goal that does not return the child to the care and custody of the parent, guardian, or custodian from whom they were removed.

Note: If the child is under 16, the permanency plan may only be changed to guardianship or placement with a permanent custodian if the proposed guardian or custodian testifies in court that they are willing to take custody of the child.

LEGAL REFERENCES

- [IC 31-9-2-76.5: "Long-term foster parent"](#)
- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-32-1-4: Hearing notices regarding CHINS or delinquent cases](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-7: Deadline for permanency hearing; permanency plans; continuing juvenile court jurisdiction](#)
- [IC 31-34-22: Chapter 22. Reports Required for Reviewing Dispositional Decrees](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [42 USC 675 Section 675\(5\)\(C\)\(i\)](#)
- [42 USC 121 Section 02: "disability"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 12: Involuntary Termination of Parental Rights (TPR)	
	Effective Date: January 1, 2026	Version: 14

POLICY OVERVIEW

Every child deserves proper care and a forever home. The main goal is to give a child a safe and nurturing home, and to help them build strong and positive relationships. Termination of Parental Rights (TPR) means the legal connection between a parent and a child has ended. Involuntary TPR happens when it is best for the child and allows them to find a permanent home, or when the law requires it.

POLICY STATEMENT

DCS will petition the court to end the parent-child relationship according to Indiana Code (IC) 31-35-2-3.5 and 31-35-2-4.

Note: To petition for involuntary TPR involving safe haven infants, see IC 31-35-1.5 and policy [4.49](#).

The petition for involuntary TPR provides an outline of the conditions that caused the petition to be filed. In the petition and during the TPR Fact-Finding hearing, DCS will show the following:

1. The existence of one (1) or more of the reasons listed in IC 31-35-2-3.5(b) and/or IC 31-35-2-4(d);
2. There is a good plan for the child’s care and treatment; and
3. Ending the parent-child relationship is best for the child.

The court must start the TPR hearing within 90 days of the petition being filed and finish it within 180 days. If the court denies the petition for TPR, efforts to reunite the family must start again.

If there are good reasons not to file for TPR, DCS will ask to dismiss the TPR petition. If the Permanency Plan is adoption, DCS will have a legal staffing every 3 months to decide if they should file the TPR petition again. A TPR petition must be filed but can be dismissed for these reasons:

1. The child is being cared for by a parent or specified relative (e.g., stepparent, grandparent, aunt, uncle, adult sibling, or relative guardian);
2. The child does not have a plan for adoption.
3. DCS has documented in the Case Plan/Prevention Plan good reasons for deciding that termination of the parent-child relationship would not be in the best interests of the child;
4. DCS has not given the family the needed services to safely return the child home within the timeframes in Case Plan/Prevention Plan;
5. DCS has not given the services as stated in the Case Plan/Prevention Plan and the time for providing those services has not expired; or


Note: The clock will not start over once the 15 of 22 months has been met. Once the DCS obligation to file the TPR has been met and the dismissal has been granted, DCS will file a new TPR if the reason for dismissal no longer applies.

DCS will talk with the child's Probation Officer (PO) in all Juvenile Delinquency/Juvenile Status (JD/JS) cases and:

1. Consider the recommendations of the PO regarding TPR, and
2. Follow local inter-agency agreements.

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-19-9-1: Consents required](#)
- [IC 31-34-6-2: Placement with relative or de facto custodian; evaluation; background checks](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-35-1.5: Chapter 1.5. Termination of Parent-Child Relationship Involving Safe Haven Infants](#)
- [IC 31-35-2: Chapter 2. Termination of Parent-Child Relationship Involving a Delinquent Child or a Child in Need of Services](#)
- [IC 31-35-2-3.5: Conditions for filing of petition to terminate parent-child relationship](#)
- [IC 31-35-2-4: Petition to terminate parent-child relationship; filing; required allegations; required filing of permanency plan](#)
- [IC 31-35-3: Chapter 3. Termination of Parent-Child Relationship with Individual Convicted of Criminal Offense](#)
- [IC 31-35-3.5: Chapter 3.5. Termination of Parent-Child Relationship of an Individual Who Committed an Act of Rape](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [45 CFR 1356.21\(i\): Foster care maintenance payments program implementation requirements: Application of the requirements for filing a petition to terminate parental rights](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 13: Voluntary Termination of Parental Rights	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

A Petition for Voluntary Termination of Parental Rights (TPR) is filed when:

1. It is in the child’s best interest;
2. The parent(s) agree to the termination; and
3. It will help the child reach permanency.

The main goal in permanency is to give the child a safe, supportive home and help them build and keep meaningful relationships.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will accept a signed Voluntary Relinquishment of Parental Rights form (referred to as “form”) from a parent or alleged parent who gives the completed form to DCS. The following are true:

1. Signing the form does not terminate the parent’s rights right away.
2. The parent still has the right to be given notice of related court proceedings.
3. However, the parent gives up the right to be notified of a Voluntary TPR Hearing.

Note: DCS cannot accept the form or adoption consent from a mother of a newborn within the first 48 hours of the child’s birth.

DCS will stay in contact with the parent (or alleged parent) unless rights are terminated. This may happen after DCS files a Petition to Voluntarily TPR with the signed form attached. DCS will review the signed form and decide if filing the petition is in the child’s best interest.

Note: A court must hold an Initial Hearing within 30 days after the Petition for Voluntary TPR is filed.

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-35-1: Chapter 1. Voluntary Termination of Parent-Child Relationship by Parents](#)
- [IC 31-35-1-6: Consent; written denial of paternity or consent to termination of relationship before birth of child bars challenge to adoptions or termination of parental rights](#)
- [IC 31-35-1-8: Advice to parents](#)
- [42 USC 12102: Definition of disability](#)



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Chapter 6: Court
Section 15: Court Process for Qualified Residential Treatment Program (QRTP) Admission

Effective Date: January 1, 2026

Version: 2

POLICY OVERVIEW

After a child is admitted to a Qualified Residential Treatment Program (QRTP), the court assesses whether the QRTP is best for the child.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will ask for a hearing about 45 days after the child is admitted to a QRTP for the court to:

1. Assess if the placement is suitable; and
2. Approve or disapprove of the QRTP.

Note: The court will continue to assess whether the QRTP is best for the child at each hearing while the child is in the QRTP.

LEGAL REFERENCES

- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)



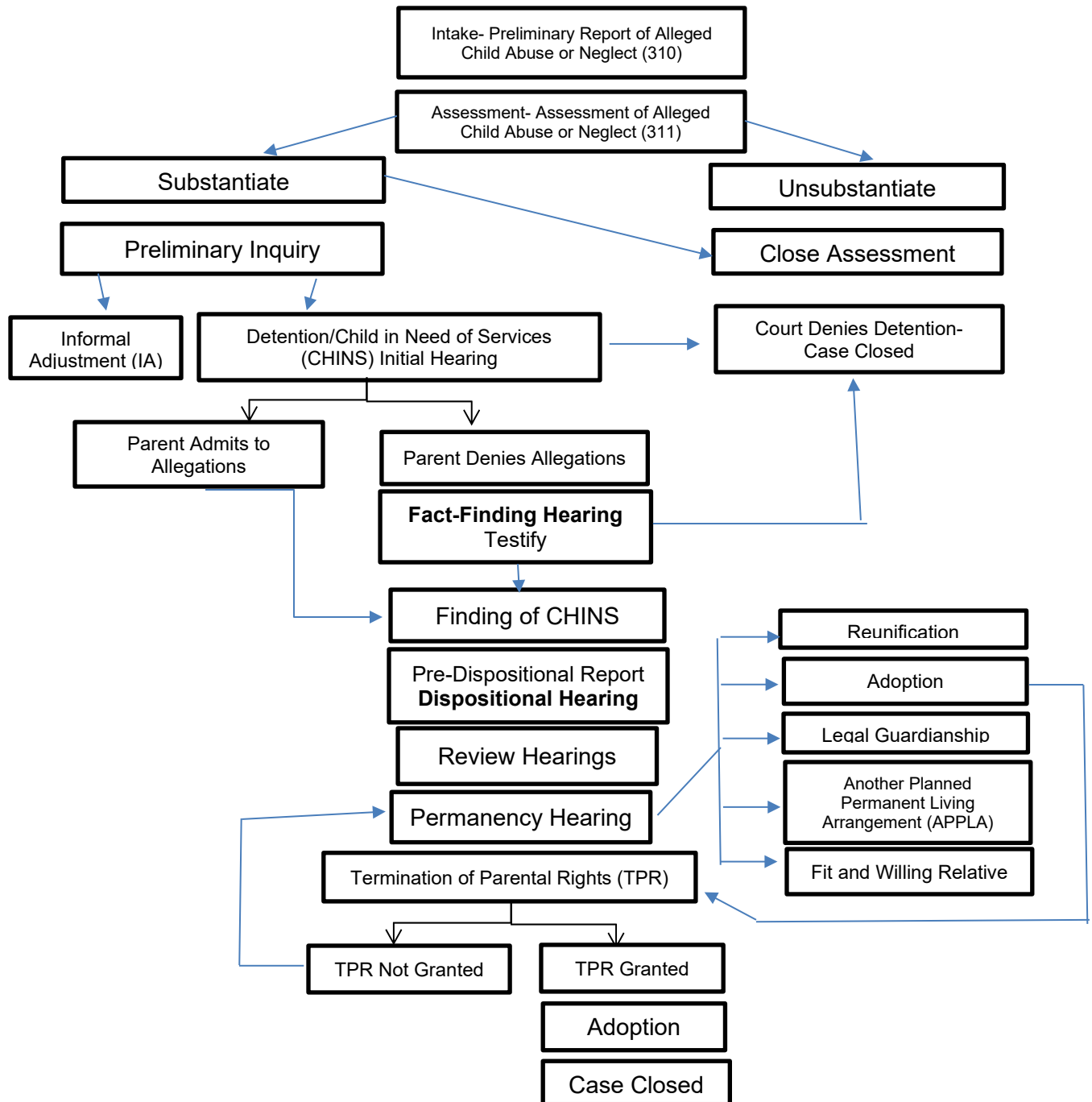
INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY


Tool Name: 6.A Tool: Legal Process Overview

Reference: Chapter 6

Effective Date: July 1, 2023

Version: 3



	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services Section 01: Determining Imminent Risk of Removal	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Concerted efforts should be made to keep a child from being removed from their home because it is important to decide if they are in immediate danger and need foster care.

POLICY STATEMENT

A child is at imminent risk of removal from their home when the Indiana Department of Child Services (DCS) finds that Child Abuse and/or Neglect (CA/N) has happened and reasonable efforts were made to prevent the child’s removal from their home. This is determined by:

1. An approved assessment;
2. An Informal Adjustment/Prevention Plan (IA); or
3. An In-home Child in Need of Services (CHINS) case.


DCS will make an initial determination as to whether a child is at imminent risk of removal and therefore a candidate for placement in out-of-home care. Imminent risk as it relates to candidacy (see Definitions) does NOT mean the immediate removal of a child from the home. DCS will re-determine imminent risk of removal at least every 180 days.

Note: Indiana Code uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

States may receive Title IV-E funds to help assist with the administrative costs of a child determined to be at imminent risk of removal.

LEGAL REFERENCES

- [IC 31-26-5-1: Child at imminent risk of placement](#)
- [42 USC 672 \(i\)\(2\): Administrative costs associated with otherwise eligible children not in licensed foster care settings](#)
- [42 USC 5106a: Grants for programs and projects](#)
- [465 IAC 2-7-5: Title IVE; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services Section 03: Minimum Contact (In-Home Services)	
	Effective Date: January 1, 2026	Version: 13

POLICY OVERVIEW

Regular face-to-face contact with the parent, guardian, or custodian, the child who has been identified at imminent risk of removal is the most effective way to:

1. Assess safety, stability, well-being, and permanency of the child;
2. Promote timely implementation of a Case Plan/Prevention Plan or an Informal Adjustment/Prevention Plan (IA) for a child and family served by the Indiana Department of Child Services (DCS); and
3. Monitor progress and revise services as needed.

Note: Indiana Code (IC) uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

POLICY STATEMENT

DCS will have **monthly** face-to-face contact with a child and the parent, guardian, or custodian of the child who is under the care and supervision of DCS and has been identified as “at imminent risk of removal”. Frequency of contact each month will be in accordance with the Minimum Service Level Contact Standards:


1. Low service level case - DCS will have a minimum of one (1) face-to-face contact per month with the child and each parent, guardian, or custodian. This visit must be in the home;
2. Moderate service level case - DCS will have a minimum of two (2) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. One (1) of the two (2) contacts may be designated to a service provider;
3. High service level case - DCS will have a minimum of three (3) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. Two (2) of the three (3) contacts may be designated to a service provider; and
4. Very high service level case - DCS will have a minimum of four (4) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least two (2) of these contacts must occur in the home. Three (3) of the four (4) contacts may be designated to a service provider.

Note: A court order for more frequent face-to-face contact with the child and/or parent, guardian, or custodian supersedes the above Minimum Service Level Contact Standards.

DCS will make contact with the child and family within 24 hours of receiving notice of a critical case juncture involving the child and/or family. DCS will monitor and evaluate the situation and convene a Child and Family Team (CFT) Meeting and/or a Case Plan Conference to assess whether the situation warrants additional services or supports for the family. See policies 5.07 and 5.10.

LEGAL REFERENCES

- [42 U.S.C. 622\(b\)\(17\): State plans for child welfare services](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services Section 06: Educational Services	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

Children do better in school when their home life and well-being are safe and stable. School help is given to the child and family through a plan to support the child's learning goals.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will work with the Indiana Department of Education (DOE), local school, and the child's parent, guardian, or custodian to make sure a child receiving in-home services get the educational services that meet their needs. If a child is expelled from school, DCS will assist the parent, guardian, or custodian in identifying an alternate education plan.

DCS will make sure every school-age child receiving in-home services is enrolled in school unless one (1) of the following situations exists:

1. The youth is working on the High School Equivalency (HSE) Diploma;
2. The school has suggested a different learning plan;

Note: If this plan is part of the Dispositional Order or the main reason DCS is helping, the plan should be submitted to the court for approval.


3. The youth have already finished high school or have earned their HSE Diploma;
4. The child is enrolled in a home school program and is learning at the same age and grade level as a child in a public school; or

Exception: Education through an accredited school is the best in most situations. However, home school or private school education may best meet the child's educational needs in some situations. The decision to pursue home school or private school education shall be decided in a Child and Family Team (CFT) Meeting and agreed on by the parent, guardian, or custodian.

5. A doctor says the child has a health condition that keeps them from going to school.

LEGAL REFERENCES

- [IC 20-33-2: Compulsory School Attendance](#)
- [IC 21-12-6-5.5: Identification and notification of eligible students](#)
- [IC 21-12-6-6.7: FAFSA](#)
- [IC 31-34-15-4: \(Case Plan\) Form; contents](#)
- [511 IAC 7-32 through 511 IAC 7-49: Special Education](#)
- [20 USC 1232: Regulations](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services Section 10: Transition to Out-of-Home Care	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

Out-of-home care is used when there is no other way to ensure a child’s safety and well-being in the home. Whenever possible, the Child and Family Team (CFT) should plan for the child’s out-of-home care to help reduce trauma. The transition should always be in the child’s best interest.

POLICY STATEMENT

If a child is part of an Informal Adjustment (IA) or In-Home Child in Need of Services (CHINS), the Indiana Department of Child Services (DCS) may ask the court to place the child in out-of-home care if:


1. There are new reports of child abuse and/or neglect (CA/N) by the parent, guardian, or custodian or someone else living in the home;
2. The child needs more help to stay safe, and the safety risk cannot be reduced through a CHINS action; or
3. The parent, guardian, and/or custodian has not followed the Case Plan/Prevention Plan, and Reasonable Efforts (RE) failed or were not made due to an emergency.

DCS will ask for a new Detention Hearing to remove the child if the court already:

1. Issued an order about Best Interest (BI) and RE to Prevent Removal; and
2. Gave Placement and Care (PC) Responsibility to DCS but allowed the child to remain at home (see policy [15.01](#)).

LEGAL REFERENCES

- [IC 31-34-3: Child Taken Into Custody](#)
- [IC 31-34-3-4.7: Notice to the child’s school](#)
- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 31-34-5-1: Time for hearing; notice; petition alleging a child is a child in need of services](#)
- [IC 31-34-5-2: Findings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 01: Selecting a Placement Option	
	Effective Date: January 1, 2026	Version: 16

POLICY OVERVIEW

When a child needs to live somewhere else to stay safe, the Department of Child Services (DCS) will carefully review the situation to find the safest and most supportive place. The goal is to choose the least restrictive setting, keep care consistent, and help the child feel stable.

POLICY STATEMENT

When a child is removed from their home, DCS will find a safe and appropriate place for them to live. Before considering a relative, kinship, or foster care placement, DCS will first look at whether the child can safely live with a parent, guardian, or custodian. The goal is to keep the child’s care consistent and place them in the least restrictive setting possible.

DCS will consider the following factors when identifying placement options for a child:

1. Noncustodial Parent: If a parent who does not have custody is able and willing to care for the child;

Note: DCS will always consider a noncustodial parent first before looking at other placement options.

2. Relatives or Kin: If there are other family members or close family friends who are suitable and willing to care for the child;

Note: If there is no suitable noncustodial parent, DCS will look at relatives or kin before considering foster care.

3. Siblings: Keeping siblings together, unless it would not be in the best interest of one or more children;
4. Tribal Membership: If the child is a member of, or could be a member of, a federally recognized Indian tribe;

Note: See policy 2.12.

5. Medically fragile or an infant under 6 months: Special care is taken for babies and children with serious medical needs;
6. Former Resource Parents: If the child has lived with foster parents before who may still be a good fit;
7. CANS Assessment: DCS will consider recommendations from the Child and Adolescent Needs and Strengths (CANS) assessment;


Note: See policy 5.19.

8. Least Restrictive Setting: DCS will try to place the child in a setting that feels as normal and supportive as possible, while still meeting their needs;
9. Close to Home: DCS will try to place the child in their own community, school district, and near their parent, guardian, or custodian whenever possible; and
10. Victim of Human Trafficking or Domestic Violence: DCS will consider any experiences the child has had with trafficking or domestic violence.

Note: See policies 4.47 and 2.30.

LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-32-2.5: Chapter 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: Chapter 4. Temporary Placement of Child Taken into Custody](#)
- [IC 31-34-6: Chapter 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: Chapter 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: Chapter 3.5. Human and Sexual Trafficking](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 02: The Interethnic Placement Act (IEPA)	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

This policy does not affect the provision of the Indian child in the Indian Child Welfare Act (ICWA).

The Indiana Department of Child Services (DCS) follows the Interethnic Placement Act (IEPA) of 1996 and will not deny placement of a child based on their race, color, or national origin.

POLICY STATEMENT


DCS will recruit a diverse group of resource and prospective adoptive parents to reflect the children in out-of-home care.

DCS will not delay a child’s placement because of the race, ethnicity, or culture of the resource parent or child, regardless if the removal was voluntary or involuntary.

Note: Exceptions may be considered if there are compelling reasons in the best interest of the child.

LEGAL REFERENCES

- [42 U.S.C. Sec. 1996b: Interethnic Adoption \(Inter-ethnic Placement Act \[IEPA\]\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 04: Emergency Shelter Care & Urgent Residential Treatment	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

It is important for the Indiana Department of Child Services (DCS) to try all placement options before recommending Emergency Shelter Care (ESC) or urgent residential treatment. ESC and urgent residential treatment are **only** used for a short time and when in the child’s best interest.

POLICY STATEMENT

If a child must be removed from their parent, guardian, or custodian to protect their safety, DCS will first attempt to find a family-like setting that fits the child’s needs (see policies [4.28](#) and [8.01](#)).

Emergency Shelter Care (ESC)

ESC is an emergency short-term placement used to meet a child’s basic needs. A child should not stay in ESC longer than the maximum stay (60 consecutive days) without DCS approval.

Urgent Residential Treatment


Urgent residential treatment is used to meet a child’s mental health and behavioral needs.

Residential treatment facilities include:

1. Child Caring Institutions (CCIs);
2. Private Secure Facilities (PSFs) with or without Psychiatric Residential Treatment Facility [PRTF] certification; and
3. Group Homes (GHs).

LEGAL REFERENCES

- [IC 31-9-2-16.7: Child Caring Institution](#)
- [IC 31-9-2-43.6: “Emergency Shelter”](#)
- [IC 31-9-2-48.5: Group Home](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATIONS OF RESIDENTIAL CHILD CARE](#)
- [IC 31-27-3-10: Waiver of maximum stay for child](#)
- [IC 31-34-20-1: Entry of dispositional decree; placement in home or facility outside Indiana; findings and conclusions](#)
- [IC 31-37-20-3: Formal hearing on continued jurisdiction; periodic jurisdiction review; referral to permanency roundtable](#)
- [IC 31-40-1-2: Obligation of parent, guardian, or department for costs of services or return of child](#)
- [465 IAC 2-11-22: Private Secure Facility](#)
- [42 USC 672: Foster care maintenance payments program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 05: Out-of-County Placements	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

When a child must leave their parent, guardian, or custodian, placement within the child’s community helps to lessen the trauma. The child can still see people they know and be in settings they are familiar with. Careful assessment and evaluation must be used when making placement decisions to promote placement safety and stability for the child.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will try to place a child in out-of-home care within their home county when possible. Sometimes the child may need to live in a different county. This can happen if one (1) or more of the following situations:


1. A parent who does not have custody lives in another county;
2. A suitable relative or kinship caregiver lives in another county;
3. The child cannot return to their parent or efforts toward reunification have failed and an alternative permanency placement is in another county;
4. The child’s home county does not have an appropriate resource home available;
5. The child has siblings in another county and they may be placed together; and/or
6. The child needs special care (i.e. residential treatment or Emergency Shelter Care [ESC]) and that option is not available in their home county.

If the resource home is unlicensed, the receiving county has the responsibility for licensing the home regardless of where the Child in Need of Services (CHINS) petition has been filed.

Note: The receiving county must notify the placing county if licensure for the home is denied.

LEGAL REFERENCES

- [IC 31-34-6-3: Placement in facility located outside child’s county of residence](#)
- [IC 31-34-23: Modification of Dispositional Decrees](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 09: Placing a Child in Out-of-Home Care	
	Effective Date: January 1, 2026	Version: 12

POLICY OVERVIEW


Every child deserves safe, healthy, and supportive care. When a child cannot be safely cared for in the home, they may be placed in out-of-home care.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will provide the resource parent with information about the child, as allowed under the law.

LEGAL REFERENCES

- [IC 31-27-2-12: Statement of rights and responsibilities of foster parent](#)
- [IC 31-28-2-4: Copies to foster parents and certain foster care recipients](#)
- [IC 31-34-2.3-4: Hearing; notice](#)
- [IC 31-34-15-3: Provision of copy of completed case plan](#)
- [IC 31-34-15-5: Cooperation of development of plan](#)
- [IC 31-34-19-1.3: Notice of disposition of hearing; duties of court](#)
- [IC 31-34-19-8: Provision of copies of dispositional report](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-22-2: Providing copies of reports and factual summaries of reports](#)
- [IC 31-34-23-3: Notice and hearing requirements; change in out-of-home placement; temporary order for emergency change of placement](#)
- [IC 31-35-2-6.5: Notice of hearing](#)
- [20 USC 6311\(g\)\(1\)\(E\) State plans; Other plan provisions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Section 10: Minimum Contact	
	Effective Date: January 1, 2026	Version: 20

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) sets minimum contact requirements to:

1. Assess the child's safety, stability, well-being, and permanency;
2. Make sure court orders, the Case Plan/Prevention Plan, and the Safety Plan are being followed, along with service provider and the Child and Family Team (CFT) recommendations; and
3. Track progress and update services as needed.

POLICY STATEMENT


Requirements for face-to-face minimum contact are different depending on who the contact is with:

1. The child (including a child placed out-of-state or admitted to a residential treatment facility);
2. The resource parent; or
3. The child's parent, guardian, or custodian.

During case junctures, there must be weekly face-to-face contact with the child; parent, guardian, or custodian; and resource parent. Any concerns should be discussed with the resource parent; the parent, guardian, or custodian; and the child (as appropriate, based on the child's age and development).

LEGAL REFERENCES

- [42 U.S.C. 622\(b\)\(17\): State plans for child welfare services](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 11: Parental Interaction and Involvement	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) wants children and their parents, guardians, or custodians to spend as much time together as possible, unless this interaction conflicts with a judge’s order. Spending time together helps the relationship between parent and child grow stronger and helps the child feel safe and cared for while living in a different home.

POLICY STATEMENT

DCS maintains regular contact (see Definitions) with the parent, guardian, or custodian to check on how things are going and will make changes as needed to the Case Plan/Prevention Plan. DCS will also decide the appropriate amount of interaction and involvement between the child and the parent, guardian, or custodian. DCS will make reasonable efforts to support and facilitate two-way communication between a child’s parent, guardian, or custodian and any resource parent caring for the child. Child safety and well-being is the priority in this decision.

Visiting in person is just one way for children and their parent, guardian, or custodian to stay connected. Other ways include:

- Talking on the phone;
- Sending emails;
- Writing letters; or
- Sharing special things like drawings, photographs, and small gifts.


Note: These other ways of staying connected become even more important when face-to-face contact is not regular or consistent.

Even if a parent, guardian, or custodian is not allowed any interaction with their child they may still be involved in making important decisions. Examples include, but are not limited to, making decisions about:

- The child’s health care;
- School, learning and meetings;
- Extracurricular activities;
- Hair length and styles;
- Attendance at medical appointments;
- Participation in Child and Family Team (CFT) Meetings.

LEGAL REFERENCES

- [IC 31-10-2-1: Policy and purpose](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 12: Developing the Visitation Plan	
	Effective Date: January 1, 2026	Version: 13

POLICY OVERVIEW


When a child has to live somewhere else for a while (called out-of-home care), it is very important they stay in touch with people they care about. Regularly seeing and talking to parents, brothers and sisters, and other important people helps minimize trauma. These visits can lower the stress of being away from home, help the child feel connected to their family, and support reunification.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure every child in out-of-home care has a visitation plan, unless a judge says visits are not allowed. Visits will happen regularly while the child is in care.

LEGAL REFERENCES

- [IC 31-28-5-3: Persons who may request sibling visitation; department establishment of sibling visitation](#)
- [IC 31-34-12-9: Rebuttable presumption to prohibit in person contact with child](#)
- [IC 31-34-15-4: Form; content](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 14: Internet Access and Use of Online Photos	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) has rules for internet use and online photos to protect the confidentiality and safety of children in out-of-home care.

POLICY STATEMENT

Internet Access

A child in out-of-home care may use the internet outside of school-related purposes if they are supervised by the resource parent or residential treatment staff while using any device with internet access (e.g., computer, phone, tablet, or gaming system).

Use of Online Photos

A child in out-of-home care **cannot** be shown, described, or identified as a foster child (in public media for any purpose without permission from:

1. The child’s parent, guardian, or custodian; or
2. The child, if age and developmentally appropriate.

Note: If Termination of Parental Rights (TPR) has been granted and all appeals exhausted, DCS must give consent.

The use of online photos includes, but is not limited to:

1. Recruitment;
2. Training for resource parents;
3. Public awareness; and
4. Social media.


Except for extenuating circumstances (e.g., needing to make a report to the National Center for Missing and Exploited Children [NCMEC], see policy [5.22](#)), DCS will only consent to the use of a child’s photo or description if the child’s parent, guardian, or custodian or the child (if age and developmentally appropriate):

1. Agrees to the use of the child’s photo or description; and
2. Signs the Authorization to Use and Release Information, Story, Photos, or Video form.

Note: If TPR is finalized, DCS must decide whether sharing the photo or information is safe and not harmful to the child. Special consideration should be taken for youth 18 and older.

LEGAL REFERENCES

- [IC 5-14-3-10: Classified confidential information; unauthorized disclosure or failure to protect; offense; discipline](#)
- [IC 31-27-4.5-1: Foster parent's right to disclose confidential information; limitations; exceptions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 16: Resource Parent Role	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

Foster care provides a safe, nurturing, and stable temporary home for children who cannot stay in their own homes because of abuse or neglect (CA/N). The resource parent (also called a foster parent) takes care of the child full-time and makes sure the child is safe and supervised. The resource parent also helps the child feel good about who they are and supports their relationship with their birth family.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) requires resource parents to abide by federal and state statutes including:

1. Give the child a safe, caring home where they feel comfortable sharing their feelings. This includes feelings about:
 - a. Being removed from home,
 - b. Abuse or neglect,
 - c. Visits, or
 - d. Going back home.
2. Participate in planning meetings (like the Child and Family Team [CFT] Meetings and Case Conferences);
3. Support the child’s case plan goals including any concurrent plan;
4. Make sure the child has their basic needs met. This includes making sure they have food, clothing, and shelter;
5. Keep information about the child confidential (private) as explained in the Resource Parent Role Acknowledgement form;
6. Call right away if the child is missing or runs away:
 - a. Call the local police where the child went missing, and
 - b. Call the DCS Child Abuse and Neglect Hotline (Hotline) at 1-800-800-5556 or email DCSHotlineReports@dcs.in.gov.

Note: DCS will make sure the child’s information is entered into the National Center for Missing and Exploited Children (NCMEC) within 24 hours.

7. Stay neutral when talking to the child about visits or time with their parent, guardian, or custodian;
8. Encourage and support as much contact as possible between the child and their parent, guardian, or custodian, based on:
 - a. The child’s comfort level;
 - b. Safety concerns;

- c. The needs of the child; and
 - d. Court orders.
9. Avoid speaking negatively about the child's family or anyone the child has a significant relationship with;
 10. Make sure the child gets regular health care;
 11. Keep the child's Medical Passport up to date and make sure the FCM can access the child's electronic medical records;
 12. Participate in court hearings and encourage youth age 14 and older to attend court hearings;


Note: Resource parents can share information with the court verbally or in writing using the Indiana Relative/Kinship/Foster Placement Reporting Form or another format.

13. Use the Reasonable and Prudent Parent Standard when deciding if a child should participate in extracurricular, enrichment, cultural, and social activities;
14. Make sure the child has an opportunity to complete a Lifebook;
15. Complete the Resource Parent Travel Request form for all non-emergency travel requests for a child and return the form to the FCM within the timeframes specified in policy 8.24;
16. Tell DCS when there is a change in household members.

Note: A foster family home (FFH) cannot provide overnight or regular and continuous care and supervision to a child who is the subject of a power of attorney while providing care to a child placed in the home by DCS or probation without an exception.

LEGAL REFERENCES

- [IC 29-3-9-1: Delegation of powers by executed power of attorney; limitations](#)
- [IC 31-9-2-101.5: "Reasonable and prudent parent standard"](#)
- [IC 31-27-4-20.5: Use of reasonable and prudent parent standard](#)
- [IC 31-28-0.5: Electronic Records](#)
- [42 USC 675 \(10\)\(A\): Definitions of "reasonable and prudent parent standard"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 18: Discipline in Resource Homes	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) assists resource parents in developing safe, age-appropriate discipline plans to meet the child’s needs.

POLICY STATEMENT

DCS will:

1. Make sure the resource parent is responsible for using appropriate discipline with the child in their care; and
2. Support two-way communication between the child’s parent, guardian, or custodian and the resource parent to talk about effective discipline practices (see [Indiana Co-Care](#)).

Discipline must:

1. Not be given by other children or strangers;
2. Be age and developmentally appropriate;
3. Be related and fair based on the child’s behavior; and
4. Be handled without prolonged delay.

DCS allows a resource parent to use the following discipline:

1. Verbal or written behavior plans, when age and developmentally appropriate;
2. Behavior management through incentives and rewards; and

Note: The behavior plan should be created with input from the resource parent; parent, guardian, or custodian; Family Case Manager (FCM); Child and Family Team (CFT) members; and other professionals (e.g., child’s psychologist), as needed.

3. Corrective action to change behavior (but **never** physical discipline).

Note: DCS encourages using lesser forms of discipline (e.g., plans and behavior management) before using corrective action.

DCS **prohibits** resource parents from using (this is not a full list):

1. Corporal punishment (e.g., spanking);
2. Physical exercise (e.g., push-ups and running);
3. Forcing uncomfortable physical positions;
4. Verbal remarks that ridicule the child or the family;
5. Punishing appropriate emotional responses (e.g., punishing the child for crying after getting hurt);

6. Denying essential services and basic needs (e.g., family visitation/communication, mail, health care, food, shelter, clothing, bedding, and sleep);
7. Threatening removal or denying reunification;
8. Shaking;
9. Locking the child in a room; and/or
10. Using mechanical or chemical restraints.

Physical restraint may only be used if **all** of the following are true:

1. It is approved in writing by DCS in advance and included in the child's Case Plan/Prevention Plan, as part of the child's behavior management plan (see [8.D Tool](#));
2. The resource parent is trained and certified by a DCS-approved provider in prevention and use of physical restraint;
3. A trained adult who is not involved in the restraint watches the child during the restraint;
4. It is an emergency situation, and the child is a clear danger to self or others; and

Note: If a child has a weapon and is threatening others (but not attacking), the resource parent should:

- Give the child space;
- Move others away from the child; and
- Call 911 or local Law Enforcement Agency [LEA] to help disarm the child.

5. Less restrictive interventions have already be tried and did not work.

Note: In an emergency, the child's safety comes first. Action should be taken to make sure the child and others are not harmed. DCS must be **notified immediately** if physical restraint is used.


The resource parent must keep a record of each physical restraint and share it with DCS. The record must include:

1. Date and time of the incident;
2. Child's name;
3. Type of restraint used;
4. How long the restraint lasted;
5. Name and title of the person who used the restraint;
6. Name of the person observing the child during the restraint; and
7. Description of the child's behavior before, during, and after the restraint.

Note: The resource parent or Licensed Child Placing Agency (LCPA) must notify the DCS local office immediately, but no later than one (1) business day after any restraint. if anyone is injured, DCS must be notified immediately.

LEGAL REFERENCES

- [465 IAC 2-1.5-16 Care of children; discipline](#)
- [465 IAC 2-1.5-17 Physical restraint](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 20: Educational Services	
	Effective Date: January 1, 2026	Version: 15

POLICY OVERVIEW

Children do better in school when their safety, stability, well-being and permanency is part of their educational plan. The Indiana Department of Child Services (DCS) makes sure children in foster care get the school help they need as part of their Case Plan/Prevention Plan.

POLICY STATEMENT

To see how the child’s education needs are being met, DCS will gather education records and mental health records that directly affect the child’s education. DCS will review and discuss these records at the Child and Family Team (CFT) Meeting or a Case Plan Conference.

DCS will invite the child’s school to provide information and/or participate in the case planning process. DCS will also make sure a member of the Education Services team is present, when appropriate, to help decide if an Individualized Education Program (IEP) or a Section 504 Plan (504 Plan) may be helpful to the child and their school performance. The CFT will then develop a plan to ensure the child’s educational needs are met.

DCS will make sure every school-aged child in out-of-home care is enrolled in school full-time, unless one (1) of the following situations exists:

1. The youth is eligible for, and pursuing, a High School Equivalency (HSE) Diploma;

Note: Some scholarships and grants will not be available if an HSE Diploma is completed instead of obtaining a high school diploma.

2. An alternate education plan has been suggested by the school the child attended, at the time of placement, and the plan has been approved by the court;
3. The youth has graduated from high school or has completed an HSE Diploma; or
4. A doctor says the child has a health condition that keeps them from attending school.

In accordance with Every Student Succeeds Act (ESSA), DCS, schools, and the Indiana Department of Education work together to help children in out-of-home care do well in school. Each agency chooses special people called State and Local Points of Contact (POC) to help make the best educational decisions for the child. DCS has appointed the Education Services Program Director as the agency’s State ESSA POC and the DCS Education Services Team as the agency’s Local ESSA POCs. Additionally, in the best interest of a child, arrangements should be made to keep the child at their current school of origin when possible.


DCS will not approve a child in out-of-home care to enroll in a private educational program, unless an exception is approved by DCS and the court.

DCS will **not** pay for the costs related to attendance at a private school unless it is included in services provided by a residential treatment facility through an Individual Child Placement Referral (ICPR). DCS will **only** pay educational fees associated with the **repair or replacement of textbooks, devices, or musical instruments..**

Note: If offered by the school, resource parents are required to purchase insurance for any school-issued devices. DCS will reimburse resource parents for the cost of the insurance and deductible.

LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students; Transfer Tuition](#)
- [IC 20-50-3-3: "School of origin"](#)
- [IC 20-51-1: Definitions](#)
- [IC 20-51-4: Choice Scholarship](#)
- [IC 21-12-6-5.5: Identification and notification of eligible students](#)
- [IC 21-12-6-6.7: FAFSA online form; information](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-15-4\(8\)\(c\): Form; contents](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-10: Review of child's legal settlement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 21: Special Education Services	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Working together is important. The Indiana Department of Child Services (DCS), the child's school, and the Child and Family Team (CFT) must work as a team to make a good plan for special education services for children in out-of-home care.

POLICY STATEMENT

DCS will ask for a copy of any existing Individualized Education Plan (IEP) or Section 504 Plan (504 Plan). DCS will make sure the child is getting the services listed in the plan. If there is a concern, field staff will work with DCS Education Services to gather information to see if an education evaluation is needed for the child.

Note: A 504 Plan will be requested for a child who does not qualify for an IEP yet has a medical or mental health diagnosis and might need help in school.

DCS will use a CFT Meeting or Case Plan Conference to help the child's parent, guardian, custodian, and resource parent make decisions about disabilities and education needs.

If the child's parent, guardian, custodian or resource parent is not able to make decisions, DCS will work with the Court and the Indiana Department of Education (DOE). They will make sure the child is appointed an Educational Surrogate Parent (ESP) to represent the child. When an ESP is needed, DCS will tell the child's school.


Note: The school is responsible for appointing an ESP when needed.

DCS will invite the child's school to share information and participate in the case planning process. DCS will make sure the following are included in the Case Plan/Prevention Plan:

1. Educational goals;
2. Needs; and
3. Efforts to enable the school to provide appropriate support and to protect the safety of the child.

LEGAL REFERENCES

- [IC 20-18-2-9: "Individualized Education Program"](#)
- [IC 20-35-1-4: "Division"](#)
- [IC 20-35-6: General Provisions](#)
- [IC 31-34-15-4: Form; contents](#)
- [511 IAC 7: Indiana Board of Special Education Rules](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 22: School Notifications and Legal Settlement	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Children are likely to do better in school when their safety, permanency, and well-being are part of their educational plan. The Indiana Department of Child Services (DCS) works with the child’s school to help them succeed, including during placement changes and legal decisions.

POLICY STATEMENT


Federal law requires DCS and other state and local education agencies to have Points of Contact (POC) who help meet the educational needs of children in out-of-home care.

Note: The DCS Education Services Program Director is the agency’s state POC and the DCS Education Services Team is the agency’s local POC.

DCS will provide the court with information outlined in law to determine legal settlement.

LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students; Transfer Tuition](#)
- [IC 20-26-11-2: Legal settlement](#)
- [IC 20-50-3-3: "School of origin"](#)
- [IC 31-34-3-4.7: Notice to the child’s school](#)
- [IC 31-34-15-4: Form; contents](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-10: Review of child's legal settlement](#)
- [20 U.S.C. § 6301, et seq.: Every Student Succeeds Act \(ESSA\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 23: Extracurricular Activities	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) supports out-of-home children’s participation in extracurricular activities for healthy development emotional growth.

POLICY STATEMENT

Children in out-of-home care may participate in extracurricular activities if reasonably safe.

Note: Resource parents and caregivers should use the Reasonable and Prudent Parent Standard to decide if the activity is a good fit based on the child’s wishes, age, interests, abilities, mental and physical health, behavioral issues, and safety needs.


For concerns about the safety or appropriateness of an activity, the Child and Family Team (CFT) should:

1. Meet to review the activity; and
2. Make a recommendation using the reasonable and prudent parent standard.

DCS may deny the request if the activity is not in the child’s best interest.

LEGAL REFERENCES

- [IC 31-9-2-101.5: Reasonable and prudent parent standard](#)
- [IC 31-27-3-18.5: Use of reasonable and prudent parent standard](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 26: Authorization of Health Care Services	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will make every effort to make sure a child gets timely health care for their needs.

POLICY STATEMENT

General Rule

1. DCS will get consent from the parent, guardian, or custodian before approving **non-routine** health care treatment for the child, when possible;
2. Unless it is an emergency, DCS will ask the court for approval, before any treatments that require anesthesia; and
3. Youth age 18 or older may consent to their own health care.

Emergencies


The resource parent(s) must contact DCS as soon as possible to update them on the child’s condition and give the medical provider consent for treatment.

Exceptions

1. Resource parent(s) do not need prior approval for:
 - a. Routine health care treatment; and
 - b. Emergency health care treatment, including mental health, when there is no time to contact DCS.
2. For youth age 18 or older, deemed incompetent or unable to consent, DCS must get a court order before approving non-routine health care treatment.

LEGAL REFERENCES

- [IC 16-36: Medical Consent](#)
- [465 IAC 2-1.5-19: Care of children; health](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 27: Maintaining Health Records – Medical Passport	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Keeping clear records of a child’s health care helps protect their safety and ensures they get the care they need.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will keep written or electronic records of health care services for children who are:

1. Under the care and supervision of DCS; and
2. Placed in out-of-home care.

Note: A summary of the child’s medical history should be included in the child’s Case Plan/Prevention Plan.

Medical Passport

Each child in out-of-home care will have a Medical Passport (hard copy or electronic).

The following forms must be included with the Medical Passport:

1. Statement of Care and Supervision/Authorization for Health Care Card and/or Authorization for Health Care Form;
2. Consent to Release Mental Health and Addiction Records;
3. Record of Medical Treatment; and
4. Log of Medical Treatment.

All health care information should be recorded in the child’s Medical Passport, including:

1. Dental,
2. Mental health,
3. Developmental,
4. Vision,
5. Hearing,
6. Speech, and
7. Specialized treatments (e.g., substance abuse, behavioral counseling, and chiropractic therapy).

Health Care Records

Health care records must be stored in the child’s Medical Passport and/or electronically in the case management system.


The case management system allows the Family Case Manager (FCM) to review the child’s

health care information, as needed, and acts as a “backup” if the Medical Passport is lost.

Note: If a child is in a residential treatment facility and is prescribed psychotropic medication, the provider must upload a report to KidTraks every 30 calendar days. This report includes medical treatment and medication details.

LEGAL REFERENCES

- [IC 31-27-9-3: Psychotropic medication](#)
- [IC 31-28-0.5: Electronic Records](#)
- [IC 31-28-1: Health Summary Records of Children Receiving Foster Care](#)
- [IC 31-28-2: Medical Records of Children Receiving Foster Care](#)
- [IC 31-28-3: Medical Passport Program for Children Receiving Foster Care](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 28: Payment for Health Care Services	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

When a child in out-of-home care, the Indiana Department of Child Services (DCS) will make sure they can go to the doctor, get medication, and stay healthy. DCS will check to see if the child can get Medicaid. If the child cannot get Medicaid, and does not have any other health insurance, DCS will pay for the health care services the child needs.


POLICY STATEMENT

For a child in out-of-home care who is covered by private health insurance from their parent, guardian, or custodian, DCS will utilize the private health insurance for all required health care services.

Note: DCS will accept the financial responsibility for the child's required health care service when the child's private health insurance does not cover all or some of the bill for a health care service the child receives.

LEGAL REFERENCES

- [IC 12-7-2-60: "Destitute child"](#)
- [IC 12-15-2-16.2: Eligibility of foster children; enrollment assistance](#)
- [IC 31-34-2.5-6: Safe haven infant presumed eligible for Medicaid](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 29: Routine Health Care	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

It is important that children in out-of-home care get the routine health care they need. This includes mental, dental, vision, hearing, and development needs. Children should get this care on time. Every effort should be made to keep the same doctors and providers who cared for the child before they were removed. This helps keep their care steady (make sure they have continuity of care).

POLICY STATEMENT

For every child in out-of-home care, the Indiana Department of Child Services (DCS) will make sure a general health exam is scheduled within 10 business days of placement. This must include Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, called HealthWatch in Indiana.

Note: If the Governor of Indiana declares a state of disaster emergency (under IC 10-14-3-12), the DCS director, or someone the director chooses, may change or pause the rule that says how soon a foster parent must take a child to see a doctor, physical assistant, or advanced practice registered nurse after the child is placed in their home. This is allowed under IC 31-27-2-13.

The child’s pediatrician, family doctor, or general practitioner will do a general exam. This exam will check the child’s physical, dental, vision, hearing, and developmental health.

Note: A first general health exam is not required if the child:

1. Was placed right from a hospital or doctor’s office;
2. Had a medical examination within 30 days before placement, as part of a Child Abuse/Neglect (CA/N) investigation, and is not showing signs of illness or new injuries; or
3. Moved to a new home, unless the move was because of allegations of CA/N or the child is showing signs of illness or injury.

DCS will make sure a child’s first dental exam and cleaning is scheduled within six months of their last known exam and cleaning. If there are no records, the child will get a dental exam and cleaning within 90 days of placement.

Note: DCS will not be financially responsible for cosmetic procedures (like braces, Lasik eye surgery, or acne treatments) not covered by private insurance or Medicaid. A, Family Case Manager (FCM) will not offer these services.

DCS will make sure children get timely follow-up care if any physical, mental, dental, vision, or development issues are found during the first health exam or later. The following are routine health care services:

1. Physical check-ups, including immunizations, based on the schedule from the American Academy of Pediatrics and as recommended by the child's doctor;
2. Dental exams and cleanings every six months;
3. Vision exam every 12 months for children who wear glasses or contacts; and


Note: For all other children in out-of-home care, the vision check done by the child's doctor during a check-up, or at school, is enough.

4. Hearing exam every 12 months for children who use hearing aids or tubes, or as recommended by the child's doctor.

Note: For all other children in out-of-home care, the hearing check done by the child's doctor during a physical exam or at school is enough.

LEGAL REFERENCES

- [IC 10-14-3-12: Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-27-2-13: Modification or suspension of medical examination requirement during declared disaster emergency](#)
- [IC 31-28-0.5: Chapter 0.5. Electronic Records](#)
- [IC 31-28-1-3: Health summary record; contents](#)
- [465 IAC 2-1.5-19\(b\): Care of children; health](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 30: Psychotropic Medication	
	Effective Date: January 1, 2026	Version: 1

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) wants to make sure that children in its care only take psychotropic medications when it's safe and necessary. These medications are used to treat emotional and behavioral health issues and must be used carefully. DCS works to include the child's parent, guardian, or custodian in decisions about these medications whenever possible. The Child and Family Team (CFT) may also seek other treatments to meet the child's needs.

POLICY STATEMENT

DCS will get consent, when possible, from the parent, guardian, or custodian before approving psychotropic medication for a child under DCS care and supervision. Diligent efforts must be made to involve them in this decision.

Note: If a parent, guardian, or custodian cannot be found within 24 hours and waiting would impact the child's health, DCS will approve the use of the medication.

DCS will seek a court order for the **continued** use of psychotropic medication if:

1. Waiting on parental consent may impact the child's well-being;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian cannot make decisions due to physical or mental impairment;
4. The child is in acute psychiatric treatment; or
5. A court has already approved the requested medication.

Acute Psychiatric Stays

Only DCS consent is necessary for prescribing a psychotropic medication to a child under DCS care and supervision during an acute psychiatric stay.

Note: Psychotropic medication may be administered without DCS consent when:


1. The child is an immediate danger to self or others; and
2. No other treatment will reduce the danger.

Psychotropic Medications During Residential Treatment

If a child is prescribed psychotropic medication and is in a residential treatment facility (excluding emergency shelter care [ESC]), the provider must upload a report from the licensed professional to KidTraks every 35 calendar days that includes the child's health care information (e.g., medical treatment and psychotropic medication) and the licensed professional's in-person observation of the child, at least every 93 calendar days.

LEGAL REFERENCES

- [IC 16-36-1: Health Care Consent](#)
- [IC 25-22.5: Physicians](#)
- [IC 25-23: Nurses](#)
- [IC 25-27.5: Physician Assistants](#)
- [IC 31-27-9: Health Records and Medications](#)
- [IC 31-27-9-3: Psychotropic medication](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 31: Testing and Treatment of Communicable Disease	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Under IC 16-41-6, the medical need for testing or treatment of communicable diseases must be decided by a physician or the physician's authorized representative.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure any child in out-of-home care who meets **high risk** criteria is scheduled for an appointment with a physician or authorized representative to decide if testing or treatment is needed. High risk criteria may include:

1. Known exposure to a communicable disease;
2. Living with someone who has a communicable disease;
3. History of high-risk behavior;
4. Living in or coming from a high-risk area; and
5. Requesting testing (if age and developmentally appropriate).

DCS employees will use Universal Precautions when working with children and families.

Child Consents for Care or Treatment

Under IC 16-36-1-3(d), a child who may consent to their own care or treatment if they:

1. Have been diagnosed with,
2. Thinks they have, or
3. Have been exposed to the human immunodeficiency virus (HIV) or a sexually transmitted infection (STI).

If a child chooses to use their right to consent:

1. Written consent is required to release any related information; and

Note: The child **must** give written consent before DCS or any other person can discuss the testing, results, or treatment with anyone else, including the court and the parent, guardian, or custodian.

2. All medical information related to a communicable disease must be clearly marked as confidential when submitted to the court for private review.

Requesting a Hearing or Court Order


If needed, DCS will:

1. Request a hearing and court order to release or share of medical information related to a communicable disease testing or results;
2. Ask the court to review the confidential medical information privately; and

3. Recommend that the court order for medical information disclosure include:
 - a. Only necessary medical information,
 - b. Limited access to those who need the medical information or are authorized through written consent of the parent or child,
 - c. Privacy protections to limit further sharing of the confidential information, and
 - d. Confidential handling of all court documents and transcripts.

LEGAL REFERENCES

- [IC 16-36-1-3: Consent for own health care; minor's blood donation](#)
- [IC 16-36-1-4: Incapacity to consent; invalid consent](#)
- [IC 16-36-1-5: Persons authorized to consent for incapable parties; minors](#)
- [IC 16-36-1-6: Delegated authority to consent on behalf of incapable party](#)
- [IC 16-36-1-9: Disqualification of person to consent for patient or health care recipient](#)
- [IC 16-41-6-1: HIV screening and testing](#)
- [IC 16-41-6-2: Informed consent; court ordered examinations](#)
- [IC 16-41-8-1\(b\): "Potentially disease transmitting offense"](#)
- [IC 31-32-12-1: Mental or physical examination or treatment](#)
- [IC 31-34-1-14: Exception for failure of parent, guardian, or custodian to provide medical treatment because of religious beliefs; rebuttable presumption; effect of presumption](#)
- [IC 34-18-12-2: Informed consent; rebuttal presumption](#)
- [IC 34-18-12-3: Informed written consent; explanation of proposed treatment, outcome, and risks](#)
- [IC 16-36-1-3\(d\): Consent for own health care](#)
- [410 IAC 1-2.5-14 "Communicable disease" defined](#)
- [410 IAC 1-2.5-66 "Sexually transmitted disease" defined](#)
- [410 IAC 1-2.5-75\(d\) and \(g\): Reporting requirements for physicians and hospital administrators](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 32: Substance Use Assessment and Testing for a Child in Out-of-Home Care	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will refer a child for a substance use assessment if there is concern for the child’s overall safety, health, and well-being.


POLICY STATEMENT

Depending on the assessment information received, DCS will make sure the child has access to counseling, treatment, and medical services as recommended.

DCS will obtain consent from the child’s parent, guardian, or custodian before referring the child for substance use testing or ask for a court order if testing is recommended and consent was not granted.

LEGAL REFERENCES

- [IC 12-23-12: Voluntary and Involuntary Treatment by Division for Minors](#)
- [42 CFR Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records; Subpart C 2.31 Form of Written Consent](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 34: Participation in Medical Studies and Drug Trials	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

This policy applies to youth under 18 years of age and those over 18 years of age who are not able to consent to their own care.

Some children may benefit from joining medical studies or drug trials. These studies may give them access to new treatments or medicines that are not yet available to others.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) must get court approval before a child in out-of-home care can join a medical study or drug trial. DCS will ask the court for permission after **all** of the following are true:


1. The child agrees to take part, if they are old enough and able to understand; and
2. The child's parent, guardian, or custodian gives written consent, unless the law says their consent is not needed;

Exception: DCS will ask the court for an order if the parent, guardian, or custodian:

1. Refuses to give consent,
 2. Cannot be found, or
 3. Has had their parental rights terminated.
3. The Child and Family Team (CFT) recommends the child's participation;
 4. DCS gets written approval from:
 - a. The child's doctor or therapist, and
 - b. The Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL), if one is assigned.
 5. The study must include children who are not in the child welfare system.

LEGAL REFERENCES

- [IC 16-36-1-3: Consent for own healthcare; minor's blood donation](#)
- [21 CFR 50.56: Protection of Human Subjects, Wards](#)
- [45 CFR 46.409: Additional Protections for Children Involved as Subjects in Research](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 35: Sex Education and Family Planning Services	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Children in out-of-home care will receive sex education and family planning services, as age and developmentally appropriate.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure children have access to the following services including, but not limited to:

1. Counseling;
2. Parent education, including birth control methods;
3. Medical exams, including pregnancy tests and tests for sexually transmitted infections (STI); and

Note: According to state law, a person may consent to their own medical/hospital care if they have an STI or have been exposed to an STI.

4. School-based health services.


DCS will not approve birth control prescriptions for children in out-of-home care. If a youth is already on birth control when entering out-of-home care, DCS will collect copies of the medical records and needed consents.

If the child's doctor recommends birth control for any medical reason, DCS may seek a court order if:

1. The parent, guardian, or custodian refuses to approve the prescription; and
2. The Child and Family Team (CFT) decides the prescription is in the child's best interest.

LEGAL REFERENCES

- [IC 16-34-2: Requirements for Performance of Abortion; Criminal Penalties](#)
- [IC 16-36-1-3: Consent for own health care; minor's blood donation](#)
- [42 CFR 59: Title X Family Planning; Confidentiality](#)
- [42 USC 1396a\(a\)\(7\): Family Planning Services; State Plan: Medicaid](#)
- [42 USC 1396d\(a\)\(4\)\(C\): Family Planning Services; Definitions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 36: Expectant Youth and Youth with Children	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

All expectant or parenting youth in out-of-home care receive services to support their safety and well-being.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure a youth who is a parent and the youth's child stay together in the same home, unless extenuating circumstances exist (e.g., medical needs, psychological needs, home environment) that make it unsafe.

DCS will not file a Child in Need of Services (CHINS) case or remove the child of a parenting youth who is in out-of-home care unless:

1. The child is in danger; and
2. The intervention of the court is needed to keep the child safe.


If the parenting youth's child is found to be a CHINS and DCS is given wardship, DCS will:

1. Create a new case in the case management system; and
2. Complete a separate Title IV-E eligibility determination (see policy [4.28](#)).

Note: DCS recognizes that all parenting youth, regardless of gender, have the same rights and duties as all parents. All expecting and parenting youth in out-of-home care may be referred for services to help them build their parenting skills (e.g., fatherhood classes, counseling, parenting classes).

LEGAL REFERENCES

- [IC 16-36-1-3.5: Consent by pregnant minor for pregnancy health care; contacting minor's parent or guardian](#)
- [IC 16-41-6-8: Informing pregnant woman of information; documenting information given and a refusal of test; information if test results positive; confidentiality](#)
- [42 USC 672: Foster Care Maintenance Payments Program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 38: Placement Changes	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

When a child's placement changes and includes residential treatment, see policies 8.04 and 8.53.

The child's safety and best interest must always come first. A placement change may be recommended if the current home is unsafe or if a better home is found.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) must make sure children live in safe, stable homes with caregivers who can meet their needs. DCS will try to limit how often a child changes placement and will act quickly if something affects the child's safety or well-being.

Note: If a child is in an out-of-home placement with a sibling, DCS will consider if separating the child from their sibling is in their best interest before changing placement.

DCS will recommend a placement change to the court if:

1. There is a substantiation of Child Abuse and/or Neglect (CA/N) in a resource home by the resource parent or any household member that has not been waived;

Note: DCS will move the child right away if they are not safe in the current placement.

2. An appropriate placement becomes available where the child can live with siblings, unless that's not best for one or more of the children;
3. An appropriate relative or kinship caregiver is identified and living with them is in the child's best interest;
4. The current placement has asked for the child to be moved;

Note: The resource parent must give DCS at least 14-days notice if they are no longer able or willing to take care of the child. This is important to give a the child a smooth transition. DCS will try to work with the resource parent before changing the placement.


5. Disruption of a Trial Home Visit (THV);
6. A pre-adoptive home has been found and is in the best interest of the child;
7. The child needs a more or less restrictive placement; or

Note: Reuniting a child with the parent, guardian, or custodian is not a placement disruption, nor is a planned move out of residential treatment into less restrictive care.

8. The residential treatment facility where the child is receiving treatment is in the process of license revocation or contract termination.

LEGAL REFERENCES

- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-4: Chapter 4. Temporary Placement of Child Taken Into Custody](#)
- [IC 31-34-4-8: Change in temporary out-of-home placement; consideration of separation of siblings](#)
- [IC 31-34-18-4: Recommendation on care, treatment, rehabilitation, or placement](#)
- [IC 31-34-19-7: Placement of child; relative; evaluation; background checks](#)
- [IC 31-34-20-1: Dispositional decrees; conditions or placement of child in home or facility outside Indiana; written findings and conclusions](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-21-7.5: Placement prohibited in residence of individual who has committed certain acts or offenses; criminal history check; contents of permanency plans](#)
- [IC 31-34-23-3: Notice and hearing requirements; change in out of home placement; temporary order for emergency change of placement](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)
- [IC 31-34-23-6: Notice and hearing requirements: change in out-of-home placement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 39: Trial Home Visits (THV)	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

A Trial Home Visit (THV) transitions the child from out-of-home care to live with their parent, guardian, or custodian to help reach reunification and permanency.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will get a court order to start a THV, lasting up to three (3) months. During the THV, DCS still has placement and care responsibilities for the child.

Note: DCS will make contact with the child and family **within 24 hours** of learning of a critical incident (e.g., risk of removal, new child abuse and/or neglect (CA/N) allegations, runaway situations, pregnancy of the child, lack of parental contact). DCS will monitor the situation and meet with the Child and Family Team (CFT) to decide if additional services or supports for the family are needed.

Trial Home Visit Extensions

DCS will seek a court order for a 3-month THV extension, before the end of the first three (3) months, if needed.


The following conditions must be met to extend a THV:

1. The child’s permanency goal is reunification;
2. There is documented progress toward Case Plan/Prevention Plan goals;
3. Safety concerns have been addressed; and
4. The service level of the case can be decreased at least one (1) level.

Note: Each three (3) month extension must be approved by the court before the current order ends.

LEGAL REFERENCES

- [IC 31-34-3-4.7: Notice to the child’s school](#)
- [IC 31-34-4-8: Change in temporary out-of-home placement; consideration of separation of siblings](#)
- [IC 31-34-23-3: Notice and hearing requirements; change in out of home placement; temporary order for emergency change of placement](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)
- [IC 31-34-23-6: Notice and hearing requirements: change in out-of-home placement](#)
- [45 CFR 1356.21 \(e\): Trial home visits](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Section 41: Transitioning from Out-of-Home Care	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

Helping a child transition from out-of-home care to a permanent living situation is an ongoing process that takes time and planning. This planning helps the child have a safe and successful transition. It also gives time for start services and make sure they match the child's needs and Permanency Plan.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will offer transition services to any child who leaves out-of-home care through:


1. Reunification;
2. Adoption;
3. Emancipation; and
4. Guardianship.

DCS will:

1. Consider whether keeping a child and their sibling together is in the child's best interest;
2. Ask the caregiver if they need reasonable accommodations due to a disability to keep the child in the permanent home; and
3. Talk with the Child and Family Team (CFT) about the child and family's transitional needs every time the Permanency Plan is talked about or changed.

LEGAL REFERENCES

- [IC 31-10-2-1: Policy and purpose](#)
- [IC 31-26-5: Family Preservation Services](#)
- [IC 31-34-4-8: Change in temporary out-of-home placement; consideration of separation of siblings](#)
- [IC 31-34-19-6: Dispositional decree; considerations](#)
- [IC 31-34-21-7.6: Documents provided to individual leaving foster care](#)
- [IC 31-34-23-7: Change in out-of-home placement; consideration of separation of siblings](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 48: Relative or Kinship Placements	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

Sometimes a child needs to be removed from their parent, guardian, or custodian to keep them safe. Placing the child with a relative or kinship caregiver helps them stay connected with their family, culture, and traditions.

POLICY STATEMENT


If a child cannot live with their noncustodial parent, the Indiana Department of Child Services (DCS) will look to place the child with a willing and able relative or kinship caregiver.

Note: When a child is a member of an American Indian/Alaska Native tribe and eligible under the Indian Child Welfare Act (ICWA), the ICWA placement preferences apply (see [policy 2.12](#)).

Before a child is placed, DCS will visit the home and conduct background checks on all household members.

LEGAL REFERENCES

- [IC 31-9-2-107: "Relative"](#)
- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 31-34-6-2: Placement with relative or de facto custodian; background checks](#)
- [IC 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caregiver](#)
- [25 U.S.C. 1915: Placement of Indian children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Care Section 49: Funeral Services	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Department of Child Services (DCS) considers the wishes of the family, along with Acceptable Standards, when planning funeral and burial services for a child in out-of-home care.

POLICY STATEMENT

If Child Abuse or Neglect (CA/N) is suspected as the cause of death, a report should be made immediately to:

1. The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) at 1-800-800-5556; and
2. The Local Law Enforcement Agency (LEA).

DCS will work with the child’s family, or others listed in IC 29-2-19-17, to plan the funeral, burial, or cremation.

If the child’s family is able and willing to pay for the funeral, burial, or cremation, they should be encouraged to do so.

If the child’s family is unable to pay for the funeral, burial, and/or cremation, DCS may:

1. Give financial assistance to the family; and/or
2. Contact local funeral homes and cemeteries to arrange a basic service and burial.


DCS may provide financial assistance up to:

1. \$4,000.00 for funeral and burial costs for children not eligible for Medicaid; or
2. \$2,150.00 for funeral and burial costs for children eligible for Medicaid benefits.

Note: If costs go over the approved amount for financial assistance, a request for additional funding must be made. DCS staff will let the family know if any funding amounts are approved. All approved vendors must fill out an Automated Direct Deposit Authorization Agreement form to receive payment.

LEGAL REFERENCES

- [IC 12-14-17-2\(b\): Application of section; funeral expenses payment; preferred claim](#)
- [IC 12-14-17-3: Cemetery expenses payment; preferred claim](#)
- [IC 29-2-19-17: Priority among individuals as to right to control disposition of decedent’s body and make other arrangements](#)
- [IC 29-3-5-3: Findings; appointment of guardian; limited guardianship; protective orders](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 53: Out-of-State Residential Treatment Review and Approval	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

Residential treatment should only be used when a child really needs it. Before a child can go to a residential treatment program in another state, the plan must be reviewed and approved. This makes sure the child stays safe, stable, and well during this short-term service.

POLICY STATEMENT

Out-of-state residential treatment can be considered when it is best for the child and all in-state options have been tried or are not appropriate.

Note: Facilities in other states that already have an active contract with DCS should be considered first. DCS will not approve a child’s admission to an out-of-state treatment program without a fully executed contract, unless the DCS Agency Director makes an exception.

LEGAL REFERENCES

- [42 USC 672: Foster care maintenance payments program](#)



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Tool: Placement Needs Summary

Effective Date: June 1, 2008

Reference: 8.A ([8.1 Selecting a Placement Option](#))

Version: 1

This tool may be used to assist the Family Case Manager (FCM) in identifying the needs of a particular child. This is not a formal assessment of the child's needs. Rather, it is a place to gather information about the child. There is no scoring system associated with this summary. The FCM and the Child and Family team should use the information collected on the summary to begin discussion of the child's needs and determination of the most appropriate placement and level of care. Together the Child and Family team should make a recommendation on the best possible, least restrictive and most family-like placement option.

Instructions: Check all boxes that apply, then complete the summary section. The summary should be based on the average abilities, behaviors and health of children in the same age group, i.e. a baby would not be expect to feed himself/herself; however, one would expect that a 6-year old could feed himself/herself.

CHILD'S NAME: _____

CHILD'S AGE: _____

Area of Concern	Special Needs – Mild	Special Needs – Moderate	Special Needs – Severe	Therapeutic/ Treatment Needs
<input type="checkbox"/> Attention Deficit (ADD) <input type="checkbox"/> Attention Deficit – Hyperactivity (ADHD)	<input type="checkbox"/> ADD, mild <input type="checkbox"/> ADHD, mild	<input type="checkbox"/> ADD, moderate <input type="checkbox"/> ADHD, moderate	<input type="checkbox"/> ADD, severe <input type="checkbox"/> ADHD, severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Basic Care		<input type="checkbox"/> Excessive Crying – Baby/Toddler <input type="checkbox"/> Excessive Crying- older child	<input type="checkbox"/> Constant Crying – Baby/Toddler	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Blood Disorders		<input type="checkbox"/> Sickle Cell, infrequent episodes	<input type="checkbox"/> Blood Disorder <input type="checkbox"/> Sickle Cell, frequent episodes <input type="checkbox"/> HIV Positive <input type="checkbox"/> May require transfusion	<input type="checkbox"/> Additional precautions must be taken <input type="checkbox"/> Other _____
<input type="checkbox"/> Communication	<input type="checkbox"/> Stutters <input type="checkbox"/> Lisps	<input type="checkbox"/> Speech is hard to understand <input type="checkbox"/> Child does not speak English <input type="checkbox"/> Uses Sign Language	<input type="checkbox"/> Will always have trouble speaking and/or being understood <input type="checkbox"/> Mute <input type="checkbox"/> Communication Disorder	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mild delay, less than 6 months behind	<input type="checkbox"/> Moderate delay, 6-12 months behind <input type="checkbox"/> Autism, mild	<input type="checkbox"/> Severe delay, more than 12 months behind <input type="checkbox"/> Autism, severe <input type="checkbox"/> Autism, no communication <input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Requires specialized treatment

<input type="checkbox"/> Eating	<input type="checkbox"/> Hoarding food <input type="checkbox"/> Over-eating	<input type="checkbox"/> Binging/Purging	<input type="checkbox"/> Currently being treated for an eating disorder	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Education	<input type="checkbox"/> Has IEP, but participates in regular classes <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Dyslexic <input type="checkbox"/> Gifted Student <input type="checkbox"/> Alternative school <input type="checkbox"/> Behavior plan	<input type="checkbox"/> Special education program <input type="checkbox"/> Expulsion or refusal to go to school	<input type="checkbox"/> Will always need supervision and/or sheltered educational environment	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Failure to thrive			<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Feeding		<input type="checkbox"/> Feeding Problems	<input type="checkbox"/> Feeding Tube <input type="checkbox"/> Unable to feed self - older child <input type="checkbox"/> Will never be able to feed self	<input type="checkbox"/> Requires a feeding tube <input type="checkbox"/> Requires other specialized treatment
<input type="checkbox"/> Fetal Alcohol/Drug Exposure		<input type="checkbox"/> Drug Exposed Child <input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Fetal Drug Addiction	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Hearing		<input type="checkbox"/> Hearing problem, hearing aid will correct <input type="checkbox"/> Hearing problem, hearing aid will not correct	<input type="checkbox"/> Deaf, but able to speak <input type="checkbox"/> Deaf, unable to speak <input type="checkbox"/> May require inner ear surgery	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Wetting during day, occasionally <input type="checkbox"/> Bed wetting, occasionally	<input type="checkbox"/> Bed Wetting, nightly <input type="checkbox"/> Wetting during the day, more than twice per month	<input type="checkbox"/> Bowel Problems <input type="checkbox"/> Will always wear diapers.	<input type="checkbox"/> Requires a Colostomy Bag
<input type="checkbox"/> Medical - General		<input type="checkbox"/> Requires weekly (or less frequent) monitoring <input type="checkbox"/> Multiple medications	<input type="checkbox"/> Requires daily/hourly monitoring <input type="checkbox"/> Chronic condition	<input type="checkbox"/> Requires specialized treatment <input type="checkbox"/> Requires use of specialized medical equipment
<input type="checkbox"/> Medical - Chronic	<input type="checkbox"/> Allergies to food, plants, medication, etc.	<input type="checkbox"/> Special Diet due to medical conditions	<input type="checkbox"/> Severe Allergies <input type="checkbox"/> Severe Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other (list) _____	<input type="checkbox"/> Requires specialized treatment


<input type="checkbox"/> Medical - Urgent		<input type="checkbox"/> Condition that may require surgery in the next 6 months.	<input type="checkbox"/> Injuries or Conditions are life threatening <input type="checkbox"/> Shaken baby syndrome	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Counseling or therapy, less than twice per week <input type="checkbox"/> Depression/ Anxiety Disorder, Somewhat inhibiting <input type="checkbox"/> Other (list)	<input type="checkbox"/> Counseling or therapy, two or more times per week <input type="checkbox"/> Depression/ Anxiety Disorder, Moderately inhibiting <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child may need hospitalization for emotional problems <input type="checkbox"/> Depression/ Anxiety Disorder, Severely inhibiting <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Bi-Polar Disorder <input type="checkbox"/> Other (list)	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Personal Conduct	<input type="checkbox"/> Curfew violation	<input type="checkbox"/> Runaway behavior <input type="checkbox"/> Fire Starting <input type="checkbox"/> Stealing in the home or school <input type="checkbox"/> On probation <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying, excessive <input type="checkbox"/> Defiant Behavior	<input type="checkbox"/> Runaway behavior, 2 or more times in last 6 months <input type="checkbox"/> Gang affiliation <input type="checkbox"/> Stealing from community	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Aggressive, low risk of injury	<input type="checkbox"/> Superficial injury to self and others <input type="checkbox"/> Several days a week <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Fire Setting <input type="checkbox"/> Destruction to items in the home	<input type="checkbox"/> High risk of serious injury <input type="checkbox"/> Serious injury caused <input type="checkbox"/> Several days a week	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Placement Disruptions		<input type="checkbox"/> One disrupted placement in last 6 months	<input type="checkbox"/> 2 or more disrupted placements in last 6 months	
<input type="checkbox"/> Placement Transition			<input type="checkbox"/> Transitioning from a residential facility	
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Minor disability, does not affect mobility <input type="checkbox"/> Minor disability, does not affect self-care	<input type="checkbox"/> Moderate disability, affects mobility <input type="checkbox"/> Moderate disability, affects self-care	<input type="checkbox"/> Severe disability, affects mobility <input type="checkbox"/> Severe disability, affects self-care <input type="checkbox"/> Paraplegic <input type="checkbox"/> Quadriplegic	<input type="checkbox"/> Requires specialized treatment <input type="checkbox"/> Requires wheelchair accessible home
<input type="checkbox"/> Sexual disorders	<input type="checkbox"/> Sex abuse victim	<input type="checkbox"/> Sexually reactive	<input type="checkbox"/> Sexual Perpetrator <input type="checkbox"/> Prostitution	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Social conflict	<input type="checkbox"/> Every 1-2 weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Several days a week		<input type="checkbox"/> Requires specialized treatment

<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Smokes cigarettes	<input type="checkbox"/> Uses Alcohol <input type="checkbox"/> Uses Marijuana	<input type="checkbox"/> Uses Other drugs <input type="checkbox"/> Multiple Drug Use	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Suicidal Tendencies		<input type="checkbox"/>	<input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Suicide attempts, recent <input type="checkbox"/> Suicide attempt, over 1 year ago	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Truancy		<input type="checkbox"/> Missed 2-5 days in last month	<input type="checkbox"/> Missed more than 5 days in last month <input type="checkbox"/> Dropped out of school	
<input type="checkbox"/> Vision	<input type="checkbox"/> Impaired vision, corrective lens needed	<input type="checkbox"/> Partial Vision	<input type="checkbox"/> Blind <input type="checkbox"/> May require eye surgery	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment

Summary

Carefully review the information above and then answer the following questions.

Does the child have one or more moderate special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Does the child have one or more severe special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Does the child have any therapeutic needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Is it possible to meet the child's special and/or therapeutic needs in a traditional resource (foster/relative) home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Does the child have extensive special and/or therapeutic needs that require 24-hour monitoring and/or care that indicates a need residential placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Based on the identified special and therapeutic needs of the child and the answers to the questions above, the recommended placement type is:		
<input type="checkbox"/> Traditional Resource (foster/relative) Home	<input type="checkbox"/> Special Needs Foster Home	
<input type="checkbox"/> Therapeutic Foster Home	<input type="checkbox"/> Residential Placement	

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Separation and Loss	Effective Date: June 1, 2008
	Reference: 8.B (8.8 Preparing Child for Placement)	Version: 1

The Child's Reaction to Separation

Separation from persons to whom we are closely attached is always experienced as a loss. The loss of one's parents is generally the most significant loss a child can experience. Children who have lost their parents almost always experience a crisis.

When a child is removed from his parents, his/her attachment systems are challenged in a way that may affect their relationships throughout their life span.¹ Children who have suffered traumatic separations from their parents may also display low self-esteem and a general distrust of others.

Attachment can be defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a biological or an unrelated caregiver.² Attachment disorders, which lead to the most problematic outcomes for children, include those in which children have disrupted attachments to the caregivers, display overly vigilant or overly compliant behaviors, show indiscriminate connection to every adult, or do not demonstrate attachment behaviors to any adult.³ Maltreated children are often exposed to inconsistent and inadequate parenting and, as a result, may experience difficulty in forming healthy attachments. Some studies suggest that upwards of three-quarters of maltreated children have disordered attachments, but that the proportion may diminish with age.⁴

The bond between brothers and sisters is unique—it is the longest lasting relationship most people have, longer than the parent/child or husband/wife relationship. While the bonds may wax and wane, a person's lifetime quest for personal identity is undeniably interwoven with his or her siblings. This bond exists in children raised in well-adjusted families, but it is even stronger for brothers and sisters from dysfunctional families. They learn very early to depend on and cooperate with each other to cope with their common problems.

¹ Harden, B. How Do I Help Children Adjust to Out-Of-Home Care H. Dubowitz & D. DePanfilis(Eds.), *Handbook for child protection practice* (pp 420 -424)

² Cassidy, J., and Berlin, L. The insecure/ambivalent pattern of attachment: Theory and research. *Child Development* (1994) 65 (4):971-81; and Zeanah, C., Boris, N., and Lieberman, A. Attachment disorders in infancy. In *Handbook of developmental psychopathology*. M. Lewis and A. Sameroff, eds. New York: Basic Books, 2001.

³ Carlson, E. A prospective, longitudinal study of disorganized/disoriented attachment. *Child Development* (1998) 69:1107-28; and Lyons-Ruth, K. Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology* (1996) 64:64-73.

⁴ Carlson, V., Cicchetti, D., Barnett, D., and Brumwald, K. Finding order in disorganization: Lessons from research on maltreated infants' attachments to their caregivers. In *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. D. Cicchetti and V. Carlson, eds. New York: Cambridge University Press, 1989; and Cicchetti, D., and Barnett, D. Attachment organization in maltreated preschoolers. *Development and Psychopathology* (1991) 3(4):397-411.

Separating siblings in foster care or through adoption adds to their emotional burden. They have already had to cope with the separation and loss of their parents. If they are then separated from their siblings, they must experience the grieving process all over again. For many children, this separation will be even more traumatic because, if they have experienced abuse and/or neglect at the hand of their parents, they will often have stronger ties to each other than to their mother or father.

Emotional responses to crisis and loss are usually predictable. Clinicians have identified a series of stages that are commonly associated with loss. These stages are referred to by theorists as the grief or mourning process.⁵ The stages may be predictable but the behavioral responses may vary significantly.


The stages are:

- Shock/denial
 - Description of Stage
 - Indifference
 - Disconnected from the event (stunned, shell-shocked)
 - Denial
 - Little emotional expression
 - Behavioral Expressions
 - The child often seems indifferent in affect and behavior.
 - The child may appear to make a good adjustment; “Honeymoon period:”
 - The child may be unusually quiet, compliant, and eager to please.
 - The child may deny the loss, and make statements such as “I am not staying here. Mommy will get me soon.”
- Anger/protest
 - Description of Stage
 - The loss can no longer be denied.
 - Anger may be non-directional or directed at a person or object thought to be responsible for the loss.
 - Guilt and blaming others is common.
 - Behavioral Expressions
 - The child may be oppositional and hypersensitive.
 - The child may display tantrum behaviors and refuse to participate in social activities.
 - The child may be aggressive and exhibit rough behavior with other children.
 - The child may display sleeping or eating disturbances and may not talk.
- Bargaining
 - Description of Stage
 - The child may try to “bargain” with whoever is thought to have the power to change the situation.

⁵ Rycus, J. & Hughes, R. (1998). *Field Guide to Child Welfare, Volume Four* Child Welfare League of America, Washington, DC

- The child may believe that a certain way of thinking or behaving will serve to prevent the finality of the loss.
 - Behavioral Expressions
 - The child may be eager to please and will make promises to be good.
 - The child may try to undo what she feels she has done to precipitate the placement.
 - The child may believe that behaving or thinking in a certain way will bring about reconciliation. The behaviors may even become ritualized.
 - The child may try to negotiate agreements with the FCM or the resource parent/staff at facility.
- Depression/Sadness
 - Description of Stage
 - Expressions of despair and futility
 - Listlessness
 - Episodes of fear and panic
 - Withdrawal
 - Generalized lack of interest in people, surroundings or activities
 - Behavioral Expressions
 - The child appears to have lost hope.
 - The child may be “touchy” or out of sorts, may cry with little provocation.
 - The child may be listless, without energy.
 - The child may exhibit regressive behaviors such as thumb sucking, toilet accidents, baby talk.
- Resolution/Acceptance
 - Description of Stage
 - The child begins to respond to the people around him/her in a more “normal” manner.
 - The child begins to invest emotional energy in the present or in planning the future rather than continually dwelling in the past.
 - The child begins to reorganize life and finds feelings of hope.
 - Behavioral Expressions
 - The child begins to develop stronger attachments in the home and tries to establish a place for him/herself in the family structure.
 - The child may begin to identify as part of the new family.
 - The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood.
 - Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

The trauma that accompanies the placement of a child can be diminished by appropriate selection of the caregiver, involvement of the child and parent (s) in the entire placement process, pre-placement meetings between caregivers, proper planning for and regular visitation, and establishing supports for the family and child prior to and during the placement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Supervision of Visits	Effective Date: June 1, 2008 <i>Most Recent Review: September 1, 2020</i>
	Reference: 8.C (8.13 Implementing the Visitation Plan)	Version: 1

How Much Supervision and Why?

The level and frequency of supervision required for visitation and how the supervision is handled will depend on the purpose for which it is required. Supervision of visits should be consistent with identified safety and risks and supportive of case goals. Some of the major purposes of supervision are:

1. Protective: The FCM has reason to believe:
 - a. The parent, guardian, or custodian; sibling; or other participants are likely to physically or emotionally harm the child during the visit; and/or
 - b. The parent, guardian, or custodian or other participants are likely to flee from the visit with the child.
2. Assessment: The FCM needs to observe and document the interactions between the parent, guardian, or custodian and the child. This is necessary for evaluating progress in meeting Case Plan and permanency goals, modifying the Case Plan and Visitation Plan, and ultimately determining if the child may safely return home.
3. Support and Treatment: Through supervision, the FCM may support the building of a mutually satisfying relationship between parent, guardian, or custodian and child. Supervised visits may also play a role in family treatment, especially when it involves teaching parenting skills. During visits, an FCM, substitute caregiver, therapist, or other professionals may teach appropriate child care and demonstrate ways of setting and enforcing limits. Teaching parenting skills may help the parent, guardian, or custodian develop a better way of interacting and communicating with his or her child.

Who Should Supervise?

Supervision of visits may be provided by a variety of persons depending upon the situation. Appropriate persons include the FCM, a foster parent, relative, service provider, residential facility staff, Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL), or another appropriate adult.


Regardless of who provides the supervision, the visit supervisor should document information about the visit in a visitation log. The information to be documented should include the following:

1. Date;
2. Time and location of visit;
3. Names of persons in attendance;
4. Detailed examples of the parent, guardian, or custodian's and the child's behaviors (positive and negative) during the visit; and
5. A summary of any activities that took place.

Note: Missed visits should also be documented, including reasons why, if known.

Progressively Decreased Supervision

Initially, most visits are fully supervised (the person providing supervision is in the room at all times) to ensure child safety and for the FCM to assess the parent, guardian, or custodian's strengths and needs as related to parenting. As visitation progresses, visits may transition to intermittently supervised (the supervising person need not be in the same room at all times). Finally, visits may progress to unsupervised.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Behavior Management Plans	Effective Date: December 1, 2024
	Reference: 8.D (Policy 8.18 Behavior Management and Discipline in Resource Homes)	Version: 2

General Guidelines for Use of Discipline

When any form of discipline is used, the following guidelines are encouraged:

- Use encouragement and praise whenever possible to reinforce desired behavior.
- Wait until your anger subsides before implementing discipline.
- The use of several discipline options may be needed to deal with a specific behavior or set of behaviors.
- Attempt to de-escalate heightened emotions of the child or self before implementing any discipline techniques.
- Set clear limits, rules, and expectations and communicate these to the children.
- Give guidance in the form of “do” statements as opposed to “don’t” statements.
- If possible, have the children take responsibility for their actions and correct the behavior or situation.
- Give children choices and involve them in decision-making.
- The younger the child (whether calendar or developmental age), the more immediate the consequences should be.
- Discipline should be consistent with and based on the understanding of the child’s developmental age.

Discipline is an ongoing process of teaching children responsible behavior through example as well as through various other activities and techniques. Discipline involves teaching children that their behavior results in certain consequences and encourages children to learn self-control and responsibility. The Department of Child Services (DCS) and service providers may provide support in identifying discipline techniques that work best for a specific child’s needs. The following are examples (not an exhaustive list) of discipline techniques that may be included in discipline plans:

1. Verbal and written plans,
2. Behavior management, and
3. Corrective action.

Verbal and Written Plans

Verbal and written plans are statements, either verbal or written, by which the resource parents and the children (when age and developmentally appropriate) negotiate a mutually acceptable agreement. These may be a simple and convenient method of helping children acquire self-discipline because they:

1. Involve the children in making their own decisions and taking responsibility for their own actions;
2. Are flexible and may be negotiated to meet the requirements of the situation;
3. Are individual and may be tailored to meet the individual needs of the child;
4. Provide opportunities for success, which are visible to children;

5. Are tools that require children to examine themselves in terms of their capacity for self-direction;
6. Provide opportunities for interaction between children and resource parents;
7. Provide practice for adult life; and
8. Represent an investment on the part of both parties.

Behavior Management

Behavior management may be an appropriate discipline technique for children who are not able to handle the responsibility of self-discipline. Behavior management uses a system of incentives or rewards. Children receive rewards for approved behavior and may work up to a level of increased self-responsibility. Any behavior management program is to be reviewed, approved, monitored, and modified by the Child and Family Team (CFT) prior to the implementation and referred to a professional (e.g., child's therapist or psychologist), as necessary, depending upon the recommended behavior management. Any significant changes to the behavior management plan that was initially reviewed and approved by a professional must be reviewed and approved by the same professional, if feasible, prior to implementing the change. The behavior management plan will work best if the rewards are established through mutual agreement of the members of the CFT, including the child. It is important for all members of the CFT to follow the plan consistently.

Example

- **Desired Behavior:** Brushing teeth before bedtime.
- **Behavior Management:** Offer children a token (e.g., penny or sticker) each time they brush their teeth before bedtime.
- **Reward:** After the child has earned 10 tokens, the child will receive the reward (e.g., extra TV time, bonus in allowance, special activity).

Corrective Action

Before deciding to take corrective action, the resource parents must decide whether the behavior in question may be permitted or tolerated for a time or ignored in keeping with the needs and progress of the child, the needs of the resource parents, and the seriousness of the behavior. Children must be given the opportunity to recognize their behavior is inappropriate and to control it themselves. Corrective action includes the following:

1. **Clarification-** It is necessary to make clear exactly what the offense was, when it occurred, the identity of the person(s) who provoked it, the identity of the offender(s), and under what circumstances it took place.
2. **Persuasion-** Following clarification, resource parents may attempt to persuade children to correct mistakes by showing them there are other ways of achieving goals and that they have the ability to control their impulses. The resource parents' tone must be supportive and dispassionate, emphasizing the real consequences of the offense and suggesting how it can be corrected.
3. **Distraction-** Distraction involves drawing a child's attention away to a substitute activity in order to correct a child's behavior. The choice of a substitute activity should be guided by some criteria such as the child's age, intent, and interests as well as the capacity of the substitute activity to diminish the self-defeating aspects of the original activity.
4. **Interference-** Interference is used when a behavior must be stopped immediately and may be verbal, social, or physical. Physical restraint is only to be used after the resource parents have written permission from DCS to use physical restraint for use as a Behavioral Management Plan. In addition, resource parents must have received appropriate training and certification by a DCS approved provider in the prevention and

use of physical restraints, and they have determined it to be reasonable and necessary in the given situation to:


- a. Stop a child who is threatening physical injury to self, other persons, pets, and/or property; and/or
- b. Remove a weapon from the child as a matter of self-defense or defense of others.

Note: Authorized use of physical restraint must be documented in the child's Case Plan/Prevention Plan (SF 2956). See [465 IAC 2-1.5-17 Physical Restraint](#) for further guidance. It is imperative for resource families to use critical thinking skills when circumstances may warrant the use of interference to ensure the safety of the child.

5. Time-out- Time-out involves removal of children from situations until they are able to calm down. Children are isolated by sitting on a chair or staying in parts of occupied rooms or in other unoccupied unlocked rooms under careful supervision. Under no circumstances are closets to be used for time-out. In some situations, it may be more appropriate for resource parents to "take a time-out", removing themselves from situations as long as the children's safety is not in question.
 - a. Time-out is to be used sparingly, after other techniques have failed.
 - b. Time-out is to be short. A rule of thumb for the length of time-out is one minute per year of the child's age.
 - c. Once time-outs are over and the child has calmed down, have a discussion of the reason for the time out as well as a restorative attachment moment (indicating that the behavior, not the child, was unwanted or "wrong/bad"). The child can then return to other activities. It is helpful to bring the child back to something constructive that will redirect the child's energy.
6. Time-in- Time-in involves the child and caregiver being together. It allows the caregiver to be with the child as the child is regulating or calming down from the behavior.
7. Earning privileges- Privileges are benefits or favors that have been granted/earned by children (e.g., television time or special outings).

Note: Food, shelter, and visits with parents are rights, not privileges; therefore, the child is not to be deprived of these.

8. Restitution- Restitution may be used in cases of property damage or theft. In cases of property damage, children may pay for repair of the property within reason in relation to the amount of money they have or receive through such sources as an allowance or a part-time job. In cases of theft, children may either return the stolen goods or pay for them.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Category of Supervision Policy to Practice	Effective Date: October 1, 2019
	Reference: 8.E (8.50 Determining and Reviewing Category of Supervision)	Version: 3

EXAMPLES OF OVERRIDE SITUATIONS:

Policy to Practice Example 1: Youth with Complex Medical Conditions

Child is three (3) years old with cognitive impairments and is medically fragile. He has sleep apnea, has had seven (7) major surgeries and two (2) significant hospital stays in his short life. He is on a feeding tube and the medical staff and resource parents are trying to teach him to eat. He is unable to walk without assistance and is experiencing a number of significant developmental delays due to multiple medical conditions, surgeries and hospitalization. He has frequent doctor visits with multiple specialists and many therapy services in place to address his developmental delays.

Policy to Practice Example 2: Youth with Developmental Disabilities/Intellectual Disability (DD/ID)

Child is 16 years old and is not behaviorally challenging, but the child is very low functioning and requires constant supervision to keep from wandering away from home and/or school, sticking fingers in wall sockets, and/or urinating in inappropriate places (trash cans, plants, etc.).

Policy to Practice Example 3: Youth with Severe Behavioral Health Conditions

Child is under the age of 12 and does not meet Child and Adolescent Needs and Strengths (CANS) placement criteria for Residential Care but has behaviors that require additional services such as the following:

Extreme hyperactivity - Child is constantly into everything and requires constant intensive supervision.


Obsessive Compulsive Disorder (OCD) - Child needs assistance managing behavior and completing daily routines.

Sexually maladaptive behaviors - Child presents moderate risk to other children and requires additional service coordination and close supervision.

Policy to Practice Quick Reference Guide:

Situation	What to do?	LOD Approval?	RM Approval?
<p>A Family Case Manager (FCM) completed a CANS for a child in a resource home, but the Placement Recommendation and Category of Supervision “just doesn’t seem right” for the child.</p>	<p>The FCM should review the CANS scores with his or her supervisor to determine if the measures are accurately rated. If there are any concerns about the ratings, a new CANS should be completed with the assistance of the FCM Supervisor. If there are any questions or concerns about how to rate the CANS, please contact DCS.CANS@dcs.in.gov for assistance.</p>	<p>No</p>	<p>No</p>
<p>A Resource Home submits a Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child's Category of Supervision.</p>	<p>The FCM, Local Office Director (LOD), or designee must meet with the resource parent within 14 business days of receipt of the request. Prior to the meeting, the FCM, FCM Supervisor, and LOD should review the CANS and all other relevant information.</p> <p>If the FCM, FCM Supervisor, and LOD agree the CANS scores are accurate and stand by the category of supervision, then a new CANS does not need to be completed.</p> <p>During the meeting, if the resource parent brings forth additional information which was not previously taken into consideration, a new CANS should be completed.</p> <p>If a new CANS is completed or the LOD makes a decision that results in a change to the category of supervision, the FCM will need to complete a new Indiana Child Placement Referral (ICPR).</p>	<p>Yes</p>	<p>Only if the LOD determines the review should result in a “negotiated rate”</p>

Situation	What to do?	LOD Approval?	RM Approval?
<p>A child is placed in a resource home. The FCM, FCM Supervisor, LOD, and Child and Family Team (CFT) have reviewed the CANS and believe it is accurate. However, the team believes the child's needs are "very unique" and that the placement recommendation and corresponding category of supervision should be overridden.</p>	<p>The FCM and/or FCM Supervisor will review all relevant information with the LOD to determine the appropriate category of supervision. The LOD may approve the final category of supervision as long as it does not exceed the Therapeutic Plus Level.</p> <p>If the LOD believes a negotiated rate exceeding the Therapeutic Plus level is necessary, a request to negotiate a resource home rate must be submitted to the Regional Manager (RM) for final determination. Once approved, a RM Appeal must be completed.</p>	<p>Yes</p>	<p>Only if the LOD determines a "negotiated rate" is appropriate</p>
<p>A child with "very unique needs" is placed in a residential placement. The child requires special programming which is not normally provided. Therefore the FCM, FCM Supervisor, LOD, and CFT believe there is a need for a negotiated rate with the residential provider.</p>	<p>If the LOD and RM agree a negotiated rate is needed, they will contact the Deputy Director of Services who will negotiate a rate with the residential facility on behalf of the local office.</p>	<p>Yes</p>	<p>Yes</p>

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Reasonable and Prudent Parent Standard	Effective Date: October 1, 2015
	Reference: 8.F (Chapter 8 - Out-of-Home Services)	Version: 1

Children in out-of-home care should be able to participate in developmentally appropriate activities. The Indiana Department of Child Services (DCS) requires resource parent(s) to use the Reasonable and Prudent Parent Standard when determining whether a child should participate in extracurricular, enrichment, cultural, and social activities. The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a child’s health, safety, and best interests, while at the same time, encouraging the child’s emotional and developmental growth. See separate policy, [8.16 Resource Parent\(s\) Role](#) for more information.

As resource parents, you will be faced with situations where you may need to determine whether or not it is appropriate for children in your care to participate in an activity. You may use the questions and the Child Development and Trauma chart below to assist in making decisions regarding these activities. You should also work closely with the Family Case Manager (FCM) and the Child and Family Team (CFT) whenever possible.

The following questions can be used to assist you when making a decision concerning the appropriateness of an activity for a child:

1. What is the child’s developmental level?
2. What behaviors does the child display? Review the Child Development and Trauma Chart below to determine if the behaviors exhibited by the child match his or her chronological age.
3. What is the activity(s) in which the child is requesting to participate?
4. What activity(s) has the child participated in historically?

Review the Child Development and Trauma Chart below to determine if:

1. The child is behaving (developmentally) in a way consistent with his or her chronological age,
2. The activity(s) the child is requesting seems appropriate for his or her developmental stage, and
3. Previous activities have prepared the child for success in the activity he or she wishes to participate.

Child Development and Trauma

Infants and Toddlers

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>3 months: Holds head at 90 degree angle, uses arms to prop</p> <p>5 months: Purposeful grasp; rolls over, transfers objects from hand to hand, plays with feet, stretching, touch genitals, rock on stomach</p> <p>7 months: Sits in “tripod”; pushes head and torso off floor</p> <p>9 months: Gets to and from a sitting position; crawls, pulls to standing; finger-thumb opposition; eye-hand coordination; no hand preference</p> <p>12 months: Walking</p> <p>15 months: More complex motor skills</p> <p>2 years: Learns to climb up stairs first, then down</p>	<p>4-5 months: Coos, curious and interested in environment</p> <p>6 months: Babbles and imitates sounds</p> <p>9 months: Discriminates between parents and others; trial and error problem solving</p> <p>12 months: Beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some may use single words; receptive language more advanced than expressive language</p> <p>15 months: Learns through imitating complex behaviors; knows objects are used for specific purposes</p> <p>2 years: Two word phrases; uses more complex toys; understands sequence of putting toys and puzzles together</p>	<p>Birth: Attachment-baby settles when parent comforts</p> <p>5 months: Responsive to social stimuli</p> <p>9 months: Socially interactive; plays games with caretaker (Patty cake)</p> <p>11 months: Stranger anxiety; separation anxiety; solitary play</p> <p>2 years: Imitation, parallel and symbolic play</p>	<p>Birth – 1 year: Learns fundamental trust in self, caretakers, and environment</p> <p>1-3 years: Mastery of body and rudimentary mastery of environment (can get others to meet needs)</p> <p>12 -18 months: “Terrible twos” may begin; tantrums</p> <p>18-36 months: Feel pride when they are “good” and embarrassment when they are “bad”; Recognizes distress in others – beginning of empathy; Emotionally attached to toys or objects for security</p>	<ul style="list-style-type: none"> • Chronic malnutrition; growth retardation, brain damage, possible mental retardation • Head injury; skull fracture - mental retardation, cerebral palsy, paralysis, coma, blindness, deafness • Internal organ injuries • Chronic illness from medical neglect • Delays in gross and fine motor skills, poor muscle tone • Language and speech delays; may not use language to communicate • Overly clingy, lack of discrimination of significant people, can’t use parent as source of comfort • Passive, withdrawn, apathetic, unresponsive • “Frozen watchfulness”, fearful, anxious • Feel they are “bad” • Immature play- cannot be involved in reciprocal, interactive play

Child Development and Trauma continued

Pre-School

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Physically active</p> <p>Weight gain: 4-5 lbs per year</p> <p>Growth: 3-4 inches per year</p> <p>Clumsy throwing balls</p> <p>Refines complex skills: hopping, jumping, climbing, running, riding “big wheels” and tricycles</p> <p>Improving fine motor skills and hand-eye coordination: cut with scissors, draw shapes</p> <p>3-3 ½: most toilet trained</p>	<p>Egocentric, illogical magical thinking</p> <p>Explosion of vocabulary</p> <p>Poor understanding of time, value, sequence of events</p> <p>Vivid imaginations; some difficulty separating fantasy from reality</p> <p>Accurate memory but more suggestible than older children</p> <p>Primitive drawing, unable to represent themselves in drawing until 4</p> <p>Do not realize others have a different perspective</p> <p>Leaves out important facts</p> <p>May misinterpret visual cues of emotions</p> <p>Receptive language better than expressive until age 4</p>	<p>Play: Cooperative, imaginative, may involve fantasy and imaginary friends,</p> <p>Takes turns in games</p> <p>Experiments with social roles</p> <p>Wants to please adults</p> <p>Development of conscience: incorporates parental prohibitions;</p> <p>Feels guilty when disobedient; simplistic idea of “good and bad” behavior</p> <p>Curious about his and other’s bodies, may masturbate</p> <p>No sense of privacy</p> <p>Primitive, stereotypic understanding of gender roles</p>	<p>Self-esteem based on what others tell him or her</p> <p>Increasing ability to control emotions; fewer emotional outbursts</p> <p>Increased frustration tolerance</p> <p>Better delayed gratification</p> <p>Rudimentary sense of self</p> <p>Understands concepts of right and wrong</p> <p>Curious</p> <p>Self-directed in many activities</p>	<ul style="list-style-type: none"> • Poor muscle tone, motor coordination • Poor pronunciation, incomplete sentences • Cognitive delays; inability to concentrate • Cannot play cooperatively • Lacks curiosity or imaginative and fantasy play • Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive • Attachment: overly clingy, superficial attachment, shows little distress or over-reacts when separated from caregiver • Underweight from malnourishment; small stature • Excessively fearful, anxious, night terrors • Lacks impulse control; little ability to delay gratification • Exaggerated responses (tantrums, aggression) even to mild stressors • Poor self-esteem, confidence, absence of initiative • Blames self for abuse, placement

Child Development and Trauma continued

School - Aged


Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Slow, steady growth: 3-4 inches per year</p> <p>Uses physical activities to develop gross and fine motor skills</p> <p>Motor and perceptual motor skills better integrated</p> <p>10-12 years: puberty begins for some children</p>	<p>Uses language as a communication tool</p> <p>Perspective: 5- 8 year old can recognize others' perspectives, unable to assume the role of the other 8-10 year old can recognize difference between behavior and intent 10-11 year old can accurately recognize and consider others' viewpoints</p> <p>Accurate perception of events; rational, logical thought</p> <p>Reflects upon self and attributes</p> <p>Understands concepts of space, time, and dimension</p> <p>Can remember events from months or years earlier</p> <p>More effective coping skills</p> <p>Understands how own behavior affects others</p>	<p>Friendships are situation specific</p> <p>Understands concepts of right and wrong</p> <p>Rules relied upon to guide behavior and play, and provide structure and security</p> <p>5-6 years: believes rules can be changed</p> <p>7-8 years: strict adherence to the rules</p> <p>9-10 years: rules can be negotiated</p> <p>Begins understanding social roles; regards them as inflexible; practices social roles</p> <p>Can adapt behavior to fit different situations;</p> <p>Takes on more responsibilities at home</p> <p>Less fantasy play, more team sports, board games</p> <p>Morality: avoid punishment; self-interested exchanges</p>	<p>Self- esteem based on ability to perform and produce</p> <p>Alternative strategies for dealing with frustration and expressing emotions</p> <p>Sensitive to other's opinions about themselves</p> <p>6-9 years: has questions about pregnancy, intercourse, sexual swearing, looks for nude pictures in books</p> <p>10-12 years: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing)</p>	<ul style="list-style-type: none"> • Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers • Little impulse control • Act out with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing • Extreme reaction to perceived danger • May be mistrustful of adults or overly solicitous • May speak in unrealistically glowing terms about parents • Difficulties in peer relationships • Unable to initiate, participate in, or complete activities, give up quickly • Tests commitment of foster and adoptive parents with negative behaviors • Role reversal to please parents and takes care of parents and younger siblings • Emotional disturbances: depression, anxiety, PTSD, conduct disorders, attachment disorders

Child Development and Trauma continued

Adolescents

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Growth spurt: Girls 11 – 14 years Boys 13 – 17 years</p> <p>Puberty: Girls 11 – 14 years Boys 12 – 15 years</p> <p>Youth acclimates to changes in body</p>	<p>Thinks hypothetically: calculates consequences of thoughts and actions without experiencing them; considers a number of possibilities and plans behavior accordingly</p> <p>Thinks logically: identifies and rejects possible outcomes based on logic</p> <p>Introspection and self-analysis</p> <p>Insight, perspective taking: understands and considers others’ perspectives and perspectives of social systems</p> <p>Systematic problem solving, considers multiple solutions and plan a course of action</p> <p>Cognitive development is uneven and impacted by emotionality</p>	<p>12 – 14 years Psychologically distances self from parents; identifies with peer group; social status largely related to group membership; social acceptance depends on conformity to observable traits or roles; need to be independent from all adults; ambivalent about sexual relationships, sexual behavior is exploratory</p> <p>15 – 17 years Friendships based on loyalty, understanding, trust Self-revelation is first step toward intimacy; conscious choices about adults to trust; respect honesty and straightforwardness from adults; may become sexually active Morality: golden rule; conformity with law is necessary for good of society</p>	<p>Identity formation 12 – 14 years Self-conscious about physical appearance and early or late development; body image rarely objective May over-react to parental questions or criticisms Engages in activities for intense emotional experience Risky behavior; blatant rejection of parental standards; relies on peer group for support</p> <p>15 – 17 years Examination of others’ values, beliefs; forms identity by organizing perceptions of one’s attitudes, behaviors, values into coherent “whole” identity</p>	<ul style="list-style-type: none"> • All the problems listed in the school-aged section • Identity confusion; inability to trust in self to be a healthy adult; expects to fail; may appear immobilized and without direction • Poor self-esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy • May overcompensate for negative self-esteem by being narcissistic; unrealistically self-complimentary, grandiose expectations for self • May engage in self-defeating behavior, withdraw • Lacks capacity to manage intense emotions; frequent and violent mood swings • May be unable to form or maintain satisfactory relationships with peers

Charts adapted from: Developmental Milestones Chart Developed by The Institute for Human Services for the Ohio Child Welfare Training Program, October 2007

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 01: Request to Place an Indiana Child in Another State	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Interstate Compact on the Placement of Children (ICPC) is a legal process that allows states to place children in out-of-home care across state lines. The Indiana Department of Child Services (DCS) makes sure the potential placement is safe and appropriate.

POLICY STATEMENT

The ICPC process applies to four (4) types of placements:

1. Adoption, including international and private adoptions;
2. Foster care, including residential treatment;
3. Relative/kinship; and

Note: DCS will not require potential out-of-state relative/kinship placements to be licensed; however, DCS will follow the requirements of the receiving state. If licensed, a copy of the license must be sent to the DCS ICPC Unit.

4. Biological or adoptive parent.

Note: The ICPC **does not apply** if the court places the child with the biological or adoptive parent they were not removed from.

Placing a child in another state requires:

1. Identification of the out-of-state placement;
2. Submission of the ICPC referral packet;
3. Written approval from the DCS ICPC Unit and the receiving state's ICPC Office; and
4. A court order or authorization.

Note: If the court orders an Indiana child to be placed out-of-state **without approval** from the DCS ICPC Unit and the receiving state's ICPC Office (except for placement with a parent), DCS will file an objection with the court and email the ICPC mailbox.


Financial and Medical Responsibility

DCS will keep financial and medical responsibility for children placed out-of-state, including children placed in residential treatment by juvenile probation, unless jurisdiction is ended.

LEGAL REFERENCES

- [IC 31-10-2-2: Consideration of the best interests of the child](#)
- [IC 31-28-4: Interstate Compact on the Placement of Children](#)
- [IC 31-28-4-1: Enactment; provision](#)

- [IC 31-28-4-2: Financial responsibility for placed children](#)
- [IC 31-39-2: Persons Entitled to Access Juvenile Court Records](#)
- [ICPC Regulation No. 2 Public Court Jurisdiction Cases: Placements for Public Adoption of Foster Care in Family Settings and/or with Parents, Relatives](#)
- [ICPC Regulation No. 7 Expedited Placement Decision](#)
- [ICPC Regulation No. 9 Definition of a Visit](#)
- [45 CFR 1355.20: Definitions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 02: Request to Place a Child in Indiana	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

When an out-of-state agency wants to place a child in Indiana, they send the Interstate Compact on the Placement of Children (ICPC) referral packet to the Indiana Department of Child Services (DCS) to decide if it is an appropriate placement.

POLICY STATEMENT

DCS will review all ICPC referral packets received from an out-of-state agency to make sure the following information is included:

1. A cover letter explaining why the referral is being made and any special issues to include in the home study;
2. The Interstate Compact on the Placement of Children Request form;
3. A written statement from the case manager about the case currently;
4. The child's social and medical history;
5. Psychological reports and any other reports from the past year;
6. Documents that show the child's legal status (e.g., wardship or custody order). If the wardship is over 12 months old, include the most recent order and the original order granting wardship;
7. A copy of the child's Case Plan/Prevention Plan; and
8. Other important records (e.g., school records, medical records, birth certificate, and Social Security card).

Note: A child from out-of-state may visit a proposed placement in Indiana. If the visit lasts longer than 30 days, though, an ICPC referral packet is required.

By federal law, DCS must finish the ICPC referral process within 60 calendar days after getting the request. To meet this deadline, the DCS local office must complete the home study within 50 calendar days of receiving the referral packet.

The DCS ICPC Office may reject or return incomplete packets after 10 business days, which may delay or deny the placement.


DCS will follow policy [9.05](#) for expedited placement requests.

If the ICPC case type changes (e.g., foster care to adoption), a new ICPC referral is required.

DCS does not require Resource and Adoptive Parent Training (RAPT) or licensure for relative placements, as defined by the sending state's law. However, if requested by the out-of-state agency, DCS will provide training or licensure.

LEGAL REFERENCES

- [IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
- [IC 31-19-7: Prior Approval of Placement of Child in Proposed Adoptive Home](#)
- [IC 31-28-4: Interstate Compact on the Placement of Children](#)
- [42 USC 671 \(a\) \(26\): Time Limit on Completing ICPC Studies](#)
- [ICPC Regulation No. 9](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 03: Placements and School Notifications	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) operates Indiana’s Interstate Compact on the Placement of Children (ICPC) unit. This unit will oversee the child’s placement, and placement changes. The ICPC unit also works with the DCS Education Services Team to make sure the child’s needs are met in their placement and school setting.

POLICY STATEMENT

DCS requires the local DCS office to inform the DCS ICPC Unit in writing of:

1. Any changes in placement for Indiana children placed in other states;
2. All placement changes for children from other states who are placed in Indiana;
3. Changes in the placement address; and
4. Termination of Jurisdiction (see policy [9.10](#)).

When a child from Indiana moves, DCS will let the schools involved know within 72 hours (see policy [8.22](#)) and will send written communication to the following:


1. The school where the child currently attends;
2. The school corporation where the child currently attends; and
3. The school corporation where the child has legal settlement.

Federal law requires DCS, Indiana Department of Education (DOE), and local education agencies to identify state and local Point of Contact (POC) to work together on deciding the best educational interests of Indiana children in out-of-home care.

DCS has appointed the Education Services Director as the agency’s state ESSA POC and the Education Liaisons (EL) as the agency’s local ESSA POC.

LEGAL REFERENCES

- [IC 31-28-4: Interstate Compact on the Placement of Children](#)
- [IC 20-50-3-3: School of origin](#)
- Check for code on Legal Settlement (8.22 current version)
- [20 U.S.C. § 6301, et seq: Every Student Succeeds Act](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact (ICPC) Section 05: Expedited Placement for Out-of-State ICPC Placements	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

ICPC Regulation No. 7 helps children move quickly to live with relatives in another state when needed. The Indiana Department of Child Services (DCS) follows this rule by getting a court order that explains why the child qualifies for a faster placement. This rule does not apply in every case, like when the child is already in another state without permission, or when the placement is with a parent or for adoption. Also, ICPC is not needed if the child is being placed with a parent under certain conditions.

POLICY STATEMENT

ICPC Regulation No. 7 is called Expedited Placement. It allows a rapid placement of children with relatives outside of Indiana. The Indiana Department of Child Services (DCS) will follow all court orders to expedite an Interstate Compact on the Placement of Children (ICPC) placement in accordance with ICPC Regulation No. 7.

DCS will get a court order that says:

1. The child is entitled to an expedited placement; and
2. How the child meets the criteria for expedited placement.


ICPC Regulation No. 7 does not apply to any case in the sending state where:

1. The child is already in the receiving state in violation of ICPC;
2. The request for placement of the child is for a licensed or approved resource parent or adoption; or
3. If the court:
 - a. Places the child with a parent that the child was not removed from,
 - b. Has no evidence the parent is unfit,
 - c. Does not seek any evidence from the receiving state, and
 - d. The parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent.

Note: ICPC is not needed when placing a child with a parent.

LEGAL REFERENCES

- [IC 31-10-2-2: Consideration of the best interest of the child](#)
- [IC 31-28-4: Interstate Compact on the Placement of Children](#)
- [ICPC Regulation No. 2](#)
- [ICPC Regulation No. 7](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 06: International Adoptions	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Interstate Compact on the Placement of Children (ICPC) Office must approve all placements of foreign-born children who are going to be adopted by Indiana families.

POLICY STATEMENT

Under state law, a child whose adoption is finalized in the country of origin is considered adopted. These children are eligible to become United States (U.S.) citizens as soon as they arrive in the U.S.


For Adoptions Finalized in the United States

The agency arranging the adoption will:

1. Complete a home study of the adoptive parents;
2. Update the home study every year until adoption occurs;
3. Conduct all necessary background checks;
4. Complete a 100A form, if the agency is not in Indiana;
5. Submit five (5) copies of the 100A form, if applicable, and the home study to the DCS ICPC Office;
6. Make sure a new birth certificate is created after the adoption is completed; and
7. Provide proof of the child's date of birth.

LEGAL REFERENCES

- [IC 31-19-28: Adoption Decrees in Foreign Jurisdictions](#)
- [IC 31-28-4: Interstate Compact on the Placement of Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 07: Private Interstate Adoptions	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

This policy does not apply to adoptions involving DCS wards or wards of other state child welfare agencies (see policies 9.01 and 9.02).

The Indiana Department of Child Services (DCS) requires approval from the DCS Interstate Compact on the Placement of Children (ICPC) Office for all private, interstate adoptions by Indiana families to make sure the prospective family is a safe placement for the child.

POLICY STATEMENT

DCS requires written confirmation that the child is legally free for adoption before approving the ICPC adoption referral. This must include:

1. A copy of the Termination of Parental Rights (TPR) court order; or
2. A copy of signed consents to adopt; and
3. Proof a Licensed Child Placing Agency (LCPA) is involved (if applicable).


Note: The child cannot leave the sending state until **both** the sending and receiving state ICPC offices approve of the placement, as required by the American Public Human Services Association (APHSA) guidelines.

DCS will not pay any costs or fees related to private, interstate adoptions unless those costs are listed in a signed adoption assistance agreement between the adoptive parents and DCS.

For non-private, interstate adoptions, the state that had the placement and care responsibility of the child before the adoption is responsible for providing adoption assistance. This is not the responsibility of the adoptive family's state of residence.

LEGAL REFERENCES

- [IC 31-28-4-1: Enactment; provision](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC) Section 08: Minimum Contacts for DCS ICPC Placements	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

The Administration for Children and Families (ACF) says that children who are being cared for by a child welfare agency must be seen face-to-face every 30 days. This rule also includes:

- Children who are placed in Indiana from another state, and
- A child from Indiana placed in a different state

The Indiana Department of Child Services (DCS) uses the Interstate Compact on the Placement of Children (ICPC) Unit to make sure all children under the care and supervision of DCS are safe and have positive outcomes. ICPC also ensures children placed in another state receive courtesy supervision, including face-to-face contact, with appropriate child welfare personnel in the state where the child is placed.

POLICY STATEMENT

Through the ICPC process, states and U.S. territories share in providing protection, support services, face-to-face contact, and supervision of the child placed through the ICPC approval process. The frequency of face-to-face contact with the child depends upon the receiving state's policy.

Minimum Contacts with Children Placed in Indiana


DCS must have face-to-face contact at least **monthly, with no more than 30 calendar days between** each contact, for children placed in Indiana through an approved ICPC program. The location of the monthly visits may alternate, with one (1) face-to-face contact in the child's home and the next at a designated location, such as the child's school or daycare. It is required that most of the visits must occur in the home. DCS will be available to meet with the sending state's interstate worker when there is a scheduled visit with the child placed in Indiana.

Minimum Contacts with Indiana Children Placed Out-of-State

For a child from Indiana placed out-of-state, DCS will have weekly contact by phone or virtual face-to-face contact (e.g. FaceTime) and face-to-face contact **once every four (4) months** with the child in their placement.

LEGAL REFERENCES

- [IC 31-28-4: Interstate Compact on the Placement of Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact (ICPC) Section 09: Placement Updates and Supervision Reports	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

There are rules the Indiana Department of Child Services (DCS) follows for how often placement updates and supervision reports must be completed for:

1. Indiana children placed in another state; and
2. Children from other states placed in Indiana.

POLICY STATEMENT

For Indiana Children Placed in Another State

DCS requires that a report be completed at least every three (3) months for all Indiana children placed in another state through the Interstate Compact on the Placement of Children (ICPC) program. The report is called the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335).

The DCS ICPC Office will receive the ICPC Supervision Report from the Interstate Compact Office where the child is placed.

The DCS ICPC Office will send the report to the correct DCS local office within five business days of receipt.

For Children from Other States Placed in Indiana

DCS will give placement updates to the interstate worker in the sending state for all children placed in Indiana. These updates will be sent as often as face-to-face visits happen with the child.


DCS will follow the sending state’s request for how often the ICPC Supervision Report should be submitted for children placed in Indiana.

The DCS ICPC Office will:

1. Create a case in the case management system; and will
2. Send the Interstate Compact on the Placement of Children Report on Child's Placement Status (100B) to the correct DCS local office.

LEGAL REFERENCES

- [IC 31-28-4: Chapter 4. Interstate Compact on the Placement of Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 10: Termination of Jurisdiction (ICPC Case Closure)	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Before the Indiana Department of Child Services (DCS) can end its legal responsibility for a child placed out-of-state through the Interstate Compact on the Placement of Children (ICPC), both states must agree. This process makes sure there is clear communication and oversight between states so children and families are still supported.

POLICY STATEMENT

DCS will require approval from both states' ICPC offices prior to ending wardship of an Indiana child placed out-of-state.


According to the law, the sending state keeps jurisdiction over matters related to the child, including but not limited to, the custody, supervision, care, and disposition of the child. The sending state also keeps the authority to request to return the child or transfer them to another location and custody, if needed. The receiving state has authority to monitor the child's supervision and services specified in the ICPC agreement.

Jurisdiction may be ended when the child:

1. Is adopted;
2. Reaches the age of majority according to Indiana laws; or
3. The ICPC Office in the receiving state agrees with the sending state to end wardship.

LEGAL REFERENCES

[IC 31-28-4: Interstate Compact on the Placement of Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 11: Transportation Costs	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) is responsible for paying transportation costs of a DCS ward in an out-of-state placement.

POLICY STATEMENT

DCS will pay all travel costs related to the Interstate Compact on the Placement of Children (ICPC) for a DCS ward placed out of state. This includes:

1. Travel for the child to return to Indiana for visits with parents and/or siblings; and
2. Travel for the Family Case Manager (FCM) to visit the child placed out of the state through the ICPC.

Note: All out-of-state travel must be approved ahead of time by the Indiana Department of Administration (IDOA).

DCS will **not** pay any travel costs related to:


1. ICPC placements of children from other states placed in Indiana;
2. Private interstate adoptions; or
3. International adoptions.

For DCS wards, DCS will pay to bring the child back to Indiana if:

1. The placement fails; or
2. The placement is no longer in the child’s best interest.

LEGAL REFERENCES

- [IC 31-28-4: Interstate Compact on the Placement of Children](#)
- [IC 31-28-4-2: Financial responsibility for placed children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC) Section 12: Violations of ICPC Procedures	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Interstate Compact for the Placement of Children (ICPC) is uniform process for interstate child placement. The process is important to make sure children live in safe settings and are receiving services and care they need to thrive. It is important that any violations in this process be reported so that no child is left without the care and supervision they need.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will follow the laws that govern the ICPC. Failure on the part of DCS staff to follow the ICPC policies and procedures may result in disciplinary action, up to and including termination.


DCS staff will report any known or alleged ICPC violations, including illegal ICPC placements by another state, to the DCS ICPC Office. The DCS ICPC Office will then report the known or alleged violation to the other state’s ICPC Office. DCS reserves the right to contact the Administration for Children and Families (ACF) regarding ICPC violations.

If an Indiana court orders a child to be placed out-of-state without a completed ICPC, DCS will file an objection on the record with the court based on the rules of the ICPC and notify the DCS ICPC Office of the placement.

If a DCS local office is aware they have violated the ICPC, the DCS ICPC Office should be notified so that efforts may be taken to correct the circumstances that caused the violation.

LEGAL REFERENCES

- [IC 31-28-4-1: Article IV: Penalty for Illegal Placement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 01: Planning for Adoption – Overview	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

When reunification is not in a child’s best interest, adoption as the permanency plan or second permanency plan (if concurrent planning) may be best to help children find a permanent, loving home.

POLICY STATEMENT

Adoption planning may start when:

1. A court rules that reasonable efforts to reunify the family are not required;
2. A child has been under a dispositional decree for at least six (6) months with no significant progress toward reunification; or
3. Termination of parental rights (TPR) is filed.


Note: DCS will not sign the Consent to Adoption until a prospective adoptive parent has been identified and:

- a. The time to appeal the TPR has passed, or
- b. Any appeals are fully resolved, and
- c. The negotiations for adoption subsidy have been finalized.

DCS will conduct a diligent search throughout the case to locate all possible relatives and kin before looking for a non-relative adoptive family.

LEGAL REFERENCES

- [IC 31-9-2-99.2: "Prospective adoptive parent"](#)
- [IC 31-19-11-1.1: Prohibited discrimination and considerations for petitions for adoption filed by persons with a disability](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required](#)
- [25 USC 1903\(4\): Indian child welfare definitions](#)
- [25 USC 1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 USC 1913: Parental rights; voluntary termination](#)
- [25 USC 1915: Placement of Indian children](#)
- [42 USC 1996b: Interethnic adoption](#)
- [42 USC Ch. 126 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 03: Preparing the Child for Adoption	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

It is important to prepare a child for adoption and give them the help that they need to feel safe and ready for their new family. The circumstances of their past can be understood in a healthy way and services will be put in place to help them.


POLICY STATEMENT

The Indiana Department of Child Services (DCS) will help prepare a child for adoption based on the assessments and observations to determine the child’s readiness for adoption. DCS may have individual discussions with the child and/or provide an opportunity for the child to speak with other adopted children. DCS will ensure the child has appropriate resources to help prepare for adoption.

DCS will discuss informed consent with any youth age 14 years and older and explain that, in accordance with Indiana law, written consent must be obtained from the youth for the adoption to be completed.

LEGAL REFERENCES

- [IC 31-19-9-1: Consents required](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 04: Preparing the Child for Guardianship or Adoption	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Children need caring adults. These adults should support the child’s permanency plan and help the child reach permanency. They should also let the child know that their questions and feelings are normal and okay.

The Indiana Department of Child Services (DCS) works with the resource parent and helps the child get ready for the guardianship or adoption process.


POLICY STATEMENT

DCS will communicate with the resource parent. DCS will include the resource parent in planning and carrying out the guardianship or adoption process.

DCS will support the resource parent’s choice to seek guardianship or adoption (if it applies). This support will happen if DCS agrees it is best for the child.

LEGAL REFERENCES

- [IC 31-9-2-49: “Guardian”](#)
- [IC-31-9-2-99.2: “Prospective adoptive parent”](#)
- [IC 31-19-2-2 Adoption of minor child; petition; venue; substituting petitioner](#)
- [IC 31-19-2-15 Information provided to current foster parent and prospective adoptive parent; explanation of information; signature](#)
- [45 CFR 1355.34: Criteria for determining substantial conformity](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 05: Maintaining Sibling Connections	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Sibling relationships are often the longest, most important in a person’s life. Being placed together helps children feel less alone and gives them a sense of familiarity. When siblings cannot be placed together, staying in contact with each other may help reduce emotional stress.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will seek to place siblings in the same permanent home, including:

1. Any siblings taken into care at a later date; or
2. Any siblings already in a permanent home who have re-entered care or need a new permanent placement.


Exceptions

Exceptions to placing siblings together may include:

1. There is documentation from a Qualified Mental Health Provider (QMHP), therapist, or counselor explaining why placement together would not be in the best interest of one (1) or more of the children, and why services cannot address the issue;
2. A court ordered separation of the siblings; or
3. A sibling is in residential treatment, hospitalized, or in a juvenile detention center.

LEGAL REFERENCES

- [IC 31-9-2-117.3: “Sibling”](#)
- [IC 31-28-5-3: Persons who may request sibling visitations; department establishment of sibling visitation; department’s notice of findings](#)
- [IC 31-28-5-4: Department denial of sibling visitation; petitions to juvenile courts; juvenile court orders](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 07: Adoptive Family Recruitment Services	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Through the Indiana Adoption Program (IAP), the Indiana Department of Child Services (DCS) helps find adoptive families for children in out-of-home care when:

1. The court has ordered a permanency plan of adoption and the child is not living with a family that plans to adopt;
2. The court give permission to file a petition to end the parent’s legal rights (called Termination of Parental Rights (TPR)); or
3. A TPR petition has already been filed.

POLICY STATEMENT

The IAP will provide the following recruitment services:

1. Publish non-identifying information about the child on the internet including:
 - Age,
 - Gender,
 - Summary of the child’s educational, medical and social background,
 - The reason the child was removed from the home,
 - Whether a person has expressed an interest in adopting the child,
 - The name, address, and phone number for the Licensed Child Placing Agency (LCPA) or DCS representative that may be contacted for more information,
 - Whether TPR has been authorized, filed, or has occurred,


Note: This non-identifying information may not identify the child, their parents (biological or adoptive), their siblings, or their caregiver.

Exception: For a “hard to place” child, their first name and picture may be published on the IAP: Indiana’s Waiting Children webpage.

2. Identify and plan for adoption recruitment activities that feature the child;
3. Help qualified prospective adoptive families prepare for a child; and
4. Arrange interviews with possible adoptive families to find the best match for the child.

LEGAL REFERENCES

- [IC 31-9-2-51: “Hard to place child” or “Hard to place children”](#)
- [IC 31-19: Family Law: Adoption](#)
- [IC 31-19-27: Chapter 27. Program for Adoption of Hard to Place Children](#)
- [42 USC 675\(1\)\(E\): Definitions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 10: Unlicensed Relative or Kinship Adoption	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

When a child cannot safely return to their parent, guardian, or custodian, DCS will first look for legal permanency with an appropriate relative or kin. This helps them stay connected with their family, community, and culture.

POLICY STATEMENT


DCS will not delay or deny an adoption based on the race, color, or national origin of the child or adoptive family, according to federal law. DCS will also not deny an adoption based solely on a prospective adoptive parent's disability.

Background checks are required for everyone living in the adoptive home (see policies [13.07](#) and [13.08](#)).

DCS will provide a report to the court within 60 calendar days of the date the adoption petition is filed, including information outlined in law.

LEGAL REFERENCES

- [IC 31-9-2-99.2: "Prospective adoptive parent"](#)
- [IC 31-19-2-2: Adoption of minor child; petition; venue; substituting petitioner](#)
- [IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
- [IC 31-19-2-15: Information provided to current foster parent and prospective adoptive parent; explanation of information; signature](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-19-8-6: Contents of report](#)
- [IC 31-19-11-1.1: Prohibited discrimination and considerations for petitions for adoption filed by persons with a disability](#)
- [IC 31-19-26.5: Adoption Subsidies](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [42 USC Sec. 1996b: Interethnic Adoption \(Inter-ethnic Placement Act \[IEPA\]\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 11: Child Social Summary	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

DCS will give the Child Social Summary to the prospective adoptive parent. This helps the prospective adoptive parent understand the child's needs and decide if they can meet those needs.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will:


1. Complete a Child Social Summary for every child in out-of-home care who has a permanency plan of adoption **within 45 days** of changing the permanency plan to adoption; and
2. Update the Child Social Summary **every year** until the adoption is final.

The Child Social Summary must:

1. Leave out any information that would identify the birth parents; and
2. Include information about the child's:
 - a. Social,
 - b. Medical,
 - c. Psychological, and
 - d. Educational records.
3. Be given to:
 - a. The prospective adoptive parent or adoptive parent, and
 - b. An adoptee who:
 - Is at least 21 years old; and
 - Shows proof of identity.

LEGAL REFERENCES

- [IC 31-19-17-3: Exclusion of information identifying birth parent; release of records concerning child to adoptive parents and adoptee](#)
- [IC 31-19-17-4: Summary of social, medical, psychological, and educational records](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 14: Indiana Adoption Assistance Program Overview (AAP and SAS)	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) helps families who want to adopt children with special needs by providing adoption assistance. This assistance may help cover costs, promote timely adoptions and ensure long-term stability for families by providing a monthly subsidy and Medicaid coverage.

POLICY STATEMENT

The Adoption Assistance Program offers three (3) types of help for families who adopt children with special needs:

1. Medicaid: Health coverage through Indiana’s Title XIX Medicaid Program;
2. Non-recurring adoption expenses (NRAE): A one-time payment to help with adoption costs; and
3. Monthly Payments: These come from either the Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS).

Note: DCS will not provide Adoption Assistance for international adoption.

DCS will check if the child qualifies:

- If the child qualifies for AAP, they will also qualify for Medicaid and NRAE.
- If the child qualifies for SAS, they will also get NRAE. A separate decision will be made to evaluate the child’s Medicaid eligibility. See policy [10.15](#) for eligibility requirements of periodic payments through AAP and SAS.


Once DCS changes the child’s permanency plan to adoption, and finds a prospective adoptive home, they will meet with the family to explain the following:

1. How the Indiana Adoption Assistance Program works;
2. The child’s needs and history;
3. Possible tax credits for adoptive; and
4. The background check process. To learn more, see policies [13.07](#) and [13.08](#).

LEGAL REFERENCES

- [IC 31-19-9-8\(a\)\(10\): Consent to adoption not required; written denial of paternity precludes challenge to adoption](#)
- [IC 31-19-26.5: Chapter 26.5. Adoption Subsidies](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [45 CFR 1356.40: Adoption assistance program: Administrative requirements to implement section 473 of the Act](#)

- [45 CFR 1356.41: Nonrecurring expenses of adoption](#)
- [465 IAC 3: Article 3. Administrative Reviews and Hearings](#)
- [465 IAC 4: Indiana Adoption Assistance and Guardianship Assistance Programs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 15: Eligibility Requirements for Adoption Assistance	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Adoption Assistance is a valuable support to adoptive families.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure both the child and adoptive parent meet all of the following to qualify for adoption assistance:

1. The child:
 - a. Is a ward of DCS when the prospective adoptive parent files for adoption, or
 - b. Meets all of the Title IV-E or State Adoption Subsidy (SAS) adoption assistance program (AAP) eligibility requirements;
2. The adoptive child meets the special needs requirements:
 - a. The DCS office or judge has decided that the child cannot or should not be returned to their parent,
 - b. There is reason to believe that the child cannot be adopted without providing financial help or Title XIX Medicaid, and the child is part of a sibling group of two or more children who must be placed together in the same home;

Note: At least one child in the sibling group must be two years old or older.


- i. The child has a medical condition or a physical, mental, or emotional disability, as determined by a doctor or the Severe Impairment Determination process.
 - c. A reasonable, but unsuccessful effort must be made to place the child in an appropriate adoptive home without providing adoption assistance, unless it is not in the child's best interests because:
 - i. Strong emotional bond with the prospective adoptive parent where the child was placed while in foster care; or
 - ii. There are other reasons or circumstances documented in the case file and approved by the Indiana Adoption Program Liaison.
3. The child is a US citizen or qualified alien;
4. The prospective adoptive parent must pass a background check and not have felony convictions listed in federal law (42 USC 671(a)(20)(A)) that would disqualify them from receiving adoption assistance payments under 42 USC 673 . See policies 13.07 and 13.08; and

5. A written agreement (Title IV-E or SAS) between DCS and the prospective adoptive parent must be signed on or before the date that the court finalizes the adoption (or as otherwise stated in an administrative review decision). An agreement may not be entered into after the adoption is finalized. **If the adoption is finalized before an agreement is fully executed, the child is not eligible for adoption assistance under the Indiana Adoption Assistance Program.**

If the adoptive parent does not agree with the Final Adoption Program Eligibility Determination, they may submit a Request for Administrative Review Indiana Adoption Program within 30 calendar days of the date on the Final Adoption Program Eligibility Determination.

LEGAL REFERENCES

- [IC 31-9-2-51: "Hard to place child" or "hard to place children"](#)
- [IC 31-19-9-8: Consent to adoption not required; written denial of paternity precludes challenge to adoption](#)
- [IC 31-19-26.5-2: "Child with special needs"](#)
- [IC 31-19-26.5-3: Payment of adoption subsidies](#)
- [42 USC 671\(a\)\(20\): State plan for foster care and adoption assistance](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [465 IAC 3: Article 3. Administrative Reviews and Hearings](#)
- [465 IAC 4: Indiana Adoption Assistance and Guardianship Assistance Programs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 23: Guardianship Overview	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

When reunification with parents or adoption is not in the child’s best interest, legal guardianship may help give the child a permanent home.

POLICY STATEMENT

Legal guardianship is a permanency option that uses the court to create a legal relationship between a child and a trusted adult or relative. Guardianship gives the adult the legal right to care for the child without ending the parents’ rights.

Guardianship:

1. Removes the child from the child welfare system;
2. Lets the caregiver make important decisions for the child; and
3. Gives the child a long-term caregiver.


When it is not safe or best for a child to return to their parents, the Indiana Department of Child Services (DCS) will hold a Child and Family (CFT) meeting or Case Plan Conference.

At the meeting, DCS will:

1. Talk about whether legal guardianship with a responsible adult is a good option; and
2. Identify any services or reasonable accommodations the child or caregiver may need to support the plan of guardianship.

LEGAL REFERENCES

- [IC 29-3-5-4.1: “Disability”; guardianship](#)
- [IC 31-9-2-107\(c\): “Relative”](#)
- [42 USC 673\(d\): Kinship guardianship payments for children](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [465 IAC 4-2-1: Purpose](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 24: Permanency Goal of Adoption or Guardianship	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

When returning home is not safe or in the child's best interest, a new plan may be needed. Guardianship or adoption may provide the child with a safe and permanent home. Both guardianship and adoption create a legal relationship between the child and the caregiver and are intended to be permanent.

POLICY STATEMENT

If a child cannot safely return home, the Indiana Department of Child Services (DCS) will hold a Child and Family Team (CFT) meeting and/or Case Plan Conference and discuss guardianship or adoption as next steps. These meetings help plan for the child's future and identify any services the child may need (see Practice SOP Child and Family Team [CFT] Meetings).

DCS may start a new plan for a child in out-of-home care when:

1. The court rules that reasonable efforts to reunify the family are not required; or
2. A child has been under a dispositional decree for at least six (6) months with no significant progress toward a plan of reunification.

DCS follows the Multiethnic Placement Act (MEPA-IEP). This means:

- DCS will neither delay nor deny the child's placement based on the race, color, or national origin of the child or caregiver.
- DCS will not deny a placement because of a disability of the child or caregiver.


If the child is Native American, DCS will follow the Indian Child Welfare Act (ICWA) (see policies [2.12](#) and [8.02](#)).

DCS will keep searching for the child's relatives and kin throughout the life of the case. DCS will talk with relatives and kin about adoption and guardianship and help them to understand the differences between these two options. See policy [5.23](#).

LEGAL REFERENCES

- [IC 31-9-2-99.2: "Prospective adoptive parent"](#)
- [IC 31-19-11-1.1: Prohibited discrimination and considerations for petitions for adoption filed by persons with a disability](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required](#)
- [25 USC 1903\(4\): Definitions "Indian child"](#)

- [25 USC 1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 USC 1913: Parental rights; voluntary termination](#)
- [25 USC 1915: Placement of Indian children](#)
- [42 USC 1996b: Interethnic adoption](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption Section 25: Adoption Summary	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Adoption Summary is a written report created by the Indiana Department of Child Services (DCS). It is required by Indiana law and gives the court recommendations as to the suitability of an adoption.

POLICY STATEMENT

The Adoption Summary includes important information about:

1. The child who may be adopted;
2. The child's birth family; and
3. The family who wants to adopt the child.

DCS will complete the Adoption Summary within 60 calendar days of the date the adoption petition is filed. If DCS opposes the adoption filing, they will complete the Adoption Summary within 30 days. This rule applies even if no one has signed consent forms yet.

LEGAL REFERENCES

- [IC 16-41-8: Chapter 8. Communicable Disease: Confidentiality Requirements](#)
- [IC 31-19-2-7: Medical report](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-19-8-6: Contents of report](#)
- [IC 31-19-17-2: Report of medical, psychological, and educational records of birth parents](#)
- [IC 31-19-17-4: Summary of social, medical, psychological, and educational records of child](#)
- [42 CFR 2.14: Minor Patients](#)



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Tool: Termination of Parental Rights (TPR)/Adoption Checklist

Effective Date: July 1, 2021

Reference: 10.A (Chapter 10 - Guardianship and Adoption)

Version: 5

TPR CHECKLIST


	Talk with resource parent(s) to determine if they are interested in adopting the child.
	Staff and screen case for a change of permanency plan to adoption with FCM Supervisor and DCS Staff Attorney.
	Request court approval of a permanency plan change to adoption.
	Update the Case Plan/Prevention Plan with adoption as the permanency plan.
	Complete the Child Social Summary within 45 days of updating the permanency plan to adoption. Ensure the Child Social Summary is updated annually or until the adoption is finalized. See policy 10.11 Child Social Summary .
	Determine if both parents have been identified and located.
	Request publication for Absent Parent, if applicable (will be done by the DCS Staff Attorney).
	Alert the DCS Staff Attorney to any discrepancies in spelling of names or different last name for child or parent.
	Discuss with the parent the possibility of signing Consent to Adoption (SF 12582) and advise parents to seek legal counsel.
	Request that the DCS Staff Attorney file a petition for Termination of Parental Rights (TPR).
	Inform child about TPR and the possible outcomes, if child is age appropriate for such a discussion.
	Ensure parents who have decided to voluntarily relinquish rights have signed all relevant paperwork including the Consent to Adoption (SF 12582) . Also ensure parent(s) complete and understand the Indiana Adoption Medical History Report (SF 9966) and Indiana Adoption History Program. See policy 6.13 Voluntary Termination of Parental Rights .
	Initiate TPR hearing, if parents do not voluntarily relinquish rights (additional hearings may follow as it is rarely the case that TPR is completed at the initial hearing).
	Document TPR ordered.
	Set up a final visit between the child and the parents, if the child is seeing a therapist attempt to arrange visits so that the therapist can be present.
	Set-up a paper adoption case file.
	Upload all documentation into the case management system.

<u>ADOPTION CHECKLIST FOR A CHILD <u>NOT IN A PROSPECTIVE ADOPTIVE HOME</u></u>	
	<p>Complete Child Social Summary within 45 days of changing the permanency plan to adoption. Gather input from resource parents, relatives, and therapists, or make a referral to the Indiana Adoption Program for the child summary to be completed by the contractor, if needed. Ensure the Child Social Summary is updated annually or until the adoption is finalized. See policy 10.11 Child Social Summary.</p> <p>Note: A referral for a Child Social Summary may ONLY be made if the child is referred to the Indiana Adoption Program for active recruitment of an adoptive home.</p>
	<p>Discuss with the child and obtain the child's permission to complete the Child Registration and Adoption Recruitment Plan (SF 11840) if the child meets the eligibility criteria in policy 10.06 Making an Indiana Adoption Program Referral, and send to the Adoption Consultant. Include a copy of Child Social Summary and Indiana Adoption Program Informed Consent for Recruitment (SF 54901) if applicable per child's age.</p>
	<p>Obtain a recent photo of the child or refer to the Adoption Liaison to meet and photograph the child.</p>
	<p>Discuss with the Adoption Liaison the possibility of putting the child on Indiana's photo-listing webpage and Picture Book.</p>
	<p>Review adoptive home studies that have been submitted for the child and select families to schedule for interviewing.</p>
	<p>Coordinate the date and location of the family interview with the Adoption Liaison.</p>
	<p>Send a letter to the families to be interviewed that includes:</p> <ul style="list-style-type: none"> • Date, time, and place of the interview • Brief explanation of the interview process • Who to expect will be in attendance and interviewing • A list of questions that may be asked • A contact person and phone number for Family Case Manager (FCM)/Adoption Liaison
	<p>Interview families and submit the team's recommendation, in writing to the DCS Local Office Director (LOD), of the family that best meets the needs of the child.</p>
	<p>Provide an update to each family that was not selected.</p>
	<p>Inform selected family within five (5) days after the decision is made, and make arrangements for pre-placement visits for the child and family prior to child being placed in the home for ease of transition and to lessen the trauma to the child.</p>
	<p>Ask the prospective adoptive parent to file an adoption petition to adopt the child after the child has been placed in the home for six (6) months.</p>
	<p>Upon receipt, provide the DCS Staff Attorney with an adoption petition or notice that an adoption has been filed and attend any scheduled staffing to determine next steps.</p> <p style="text-align: center;">(Child is now in a prospective adoptive home)</p>
<p>Follow steps (below) in the checklist for 'A Child <u>ALREADY IN A PROSPECTIVE ADOPTIVE HOME</u>'.</p>	

ADOPTION CHECKLIST FOR A CHILD ALREADY IN A PROSPECTIVE ADOPTIVE HOME

	<p>Complete Child Social Summary within 45 days of changing the permanency plan to adoption. Gather input from resource parents, relatives, and therapists. Ensure the Child Social Summary is updated annually or until the adoption is finalized. See policy 10.11 Child Social Summary.</p>
	<p>Send a copy of the TPR orders and/or Consent to Adoption (SF 12582) to the attorney of the prospective adoptive parent(s). Include any information known regarding the child's eligibility for the Indiana Adoption Assistance Program (do not send internal eligibility forms to the attorney).</p> <p>Note: DCS will not sign the Consent to Adoption (SF 12582) until the period of appeal for the TPR has passed, or any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, and the negotiations for Adoption Subsidy have been negotiated and finalized.</p>
	<p>Complete Child Abuse and/or Neglect (CA/N) checks for all household members age 6 years and older, National Sex Offender Registry (NSOR) checks for household members 14 years and over, criminal history checks, and FBI fingerprint checks for all household members 18 years and over, if not completed within the past 12 months. See policy 13.07 Conducting Background Checks for Adoptions.</p>
	<p>Schedule time for prospective adoptive family to review the Child Social Summary, the child's case file and the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) form with family and have them sign. Ensure the family receives information about Post Adoptive Services (PAS).</p>
	<p>Request a copy of the filed adoption petition from the attorney of the prospective adoptive parent.</p>
	<p>Upon receipt, provide the DCS Staff Attorney with an adoption petition or notice that an adoption has been filed and attend any scheduled staffing to determine next steps.</p>
	<p>Explain the Explanation of Adoption Summary (SF 56527) to the prospective adoptive parent(s), obtain all signatures necessary, and upload into the case management system.</p>
	<p>Have prospective adoptive parent(s) complete the Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) (SF 54351) within 10 days of filing the adoption petition. FCM will send the Application to Central Eligibility Unit (CEU), along with copies of the background checks, Consent to Adoption (SF 12582), verification that the child cannot or should not be returned to the home of either parent (e.g., parent's death certificate, no father identified via the Putative Fathers Registry, or TPR petition or order), signed Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) and any other supporting documentation.</p>
	<p>Complete the Pre-Adoption Plan in the case management system located in the case under Plans and Tools.</p>
	<p>Receive the Final Adoption Program Eligibility Determination, proposed IV-E Adoption Assistance Agreement or State Adoption Subsidy Agreement, Payment Request Information (PRI), and Request for Administrative Review, if appropriate, from CEU.</p>
	<p>Send, via regular mail, Final Adoption Program Eligibility Determination, proposed agreement, PRI form and the Request for Administrative Review (if applicable) to the prospective adoptive parents or their attorney, no later than two (2) days after receipt from CEU.</p>

	<p>Schedule an appointment with the prospective adoptive parents and their attorney to deliver and explain the PRI, Administrative Review Form, Adoption Assistance Program (AAP) Agreement or the State Adoption Subsidy (SAS) Agreement within 15 calendar days after receipt of the Final Adoption Program Eligibility Determination for an eligible child. The agreement must be signed <u>before the Decree of Adoption is entered</u>. FCM places original agreement in child's local adoption file.</p>
	<p>Prepare a Resource Family Preparation Assessment Summary and obtain required signatures of the FCM Supervisor and DCS LOD. Submit Resource Family Preparation Assessment Summary, Indiana Adoption Medical History Report (SF 9966), and DCS Consent to Adoption (SF 12582) for all children being adopted within 60 days of the adoption petition date. Children age 14 and over must consent to adoption by completing the Consent to Adoption (SF 12582).</p>
	<p>Attend final adoption hearing with camera to memorialize event.</p>
	<p>Provide the DCS Staff Attorney with the Decree of Adoption after receipt from the Adoptive parent. Note: Meet with the FCM Supervisor/DCS LOD and DCS Staff Attorney to discuss challenging an adoption decree if DCS did not receive notice of an adoption before the adoption was granted.</p>
	<p>Complete the following upon receipt of Final Decree of Adoption:</p> <ul style="list-style-type: none"> • Upload the Final Decree of Adoption in the case management system within 10 business days of receipt and place a copy in the child's adoption file. • Request from the court release of wardship and close the Foster Care Case • Email CEU at Centralized.Eligibility@dcs.IN.gov and provide the Final Decree of Adoption. <p>Note: CEU will validate receipt of Final Decree of Adoption and Agreement, update KidTraks to place child in payment status (if eligible for AAP or SAS). Send an email to DCS Medicaid Enrollment Unit (MEU) at MedicaidUnit@dcs.IN.gov when the finalization process is completed to update the child's Medicaid status, and place a copy of the Decree and Agreement in the child's adoption eligibility file.</p> <ul style="list-style-type: none"> • Email notification of the Final Decree of Adoption to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) licensing worker.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Child Social Summary	Effective Date: September 1, 2019
	Reference: 10.B (10.11 Child Social Summary)	Version: 4

CHILD SUMMARY

(NOTE: When writing child summaries, keep in mind: What would you want to know if you were adopting this child? Also, child summaries should be written redacted....i.e. no last names, locations, etc.)

CHILD'S FIRST NAME:

CHILD'S NICKNAME:

DATE OF BIRTH:

SEX:

RACE:

SIBLINGS:

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ ABUSE/NEGLECT:

- List reports of abuse and neglect and reasons child taken into care
- Dates of involvement and removal

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

- Child's understanding of termination
- Child's understanding of adoption
- Child's preparation for adoption, who is doing it
- Characteristics of family best suited for the child
- Child's behaviors that might affect adoptive home
- Transition plan

TERMINATION OF PARENTAL RIGHTS (TPR):

Mother _____ Voluntary/Date _____ Involuntary/Date
 Father _____ Voluntary/Date _____ Involuntary/Date

II. FAMILY HISTORY

A. History of Birth Family:

- Birth Mother:
 - Where was she born, when
 - What does she look like; give a physical description
 - What were her reasons for making an adoption plan for her child, if she did
 - What was her childhood like
 - What is her education and employment history

- What are her relationships with family, friends, and the child's father
- Drug and alcohol history, if applicable
- Medical history for her and her family if known
- Intellectual and psychological functioning, List any diagnoses
- Talents, strengths
- **Birth Father:**
 - Where was he born, when
 - What does he look like; give a physical description
 - What were his reasons for making an adoption plan for his child, if he did
 - What was his childhood like
 - What is his education and employment history
 - What are his relationships with family, friends, and the child's mother
 - Drug and alcohol history, if applicable
 - Medical history for him and his family if known
 - Intellectual and psychological functioning, List any diagnoses
 - Talents, strengths

B. Child's understanding of his past:

- Child's understanding of why he/she came into care
- Child's feelings regarding termination and subsequent adoption
- Was there or will there be a good bye visit
- Will there be any on-going visitation and if so, with whom

C. Status of Siblings:

- List siblings by name and age
- Will the siblings be placed together
- If not, reasons for not placing together
- Visitation arrangements

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

IDENTIFYING PHYSICAL FEATURES:

IV. EDUCATIONAL FUNCTIONING:

- Schools attended
- Special education classes
- Special services
- Current grade and school
- Behavior at school
- Academic achievements

V. EMOTIONAL FUNCTIONING:

- Past emotional functioning and behaviors
- Current emotional functioning and behaviors
- Diagnoses, evaluations completed, when, by whom, results
- Is child receiving counseling, with whom, frequency, issues being addressed
- How does child express feelings

VI. PERSONALITY:

- How does the child present himself/herself (shy, outgoing, friendly, etc)
- How does the child relate to peers, adults, authority figures and animals
- Who is important in this child's life
- What discipline or behavior modifications have been used and have they been successful

VII. MEDICAL INFORMATION:

- Birth record information
- General health
- Medical conditions
- Medications
- Hospitalizations, when, what type of facility and for what type of treatment

VIII. HISTORY OF PLACEMENTS:

- List placements chronologically and the reason for leaving
- What does the child believe the reason for each move was and what was he/she told was the reason?

IX. CHILD'S STRENGTHS:

- List the positive traits for the child
- Tell what he/she enjoys doing for fun, hobbies, interests, talents, etc.
- Summarize progress since being in care (social, behavioral, educational, etc)

X. FUNDING AVAILABLE:

- Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.

DATE COMPLETED:

DATE UPDATED:

Family Case Manager

Family Case Manager Supervisor

CHILD SUMMARY

CHILD'S FIRST NAME: [REDACTED] **CHILD'S NICKNAME:** Tate

DATE OF BIRTH: [REDACTED] **SEX:** Male

RACE: Caucasian

SIBLINGS: Ashley [REDACTED] (Date of Birth)

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT (ABUSE/NEGLECT):

Kristopher [REDACTED] and Shanda [REDACTED] became involved with DCS on 5/23/2015 when Tate was found by a neighbor alone outside. FCM stated that father was impaired and mother was voluntarily absent. Tate was found in urine soaked shorts with in diaper. When police and FCM arrived at father's house to see what was going on he was observed to have marijuana and drug paraphernalia in the house. Father was then arrested. Neglect- Environment Life/ Health Endangering was substantiated on both mother and father.

There were several occasions prior to this that DCS was involved. First involvement was on 8/10/2013 when birth father had been stopped by police at 1 am by a gas station when he was pushing Tate in a stroller. He was given found to be intoxicated with a .21 BAC. He was arrested at this time. Neglect- Lack of supervision was substantiated for mother and father. The next involvement was on 1/10/2015 when Kristopher was attacked with a baseball bat and had money stolen from him. In the report it is stated that Tate's father is unsure how long his son was by himself and how long father was unconscious. There was also no food in the home during this incident. Neglect-Life Health Endangering was unsubstantiated for mother and father. The final previous involvement occurred on 4/16/2015 when Tate was found walking alone on a street. At the time of this incident it appeared that Tate's father was impaired and his mother stated she had no where to live. When doing walk through for this case the FCM found that there was plenty of food and that Tate seemed to be happy and healthy. Neglect- Life Health Endangering was unsubstantiated for mother and father.

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

Tate would do best in a strong two parent home due to his active personality and his need for constant supervision. Even though Tate is showing no emotional problems as of now,

due to his trauma the potential adoptive family should be aware of trauma and how it can affect a child later in life. The plan for Tate is to go in to his grandmother and grandfather's care. Any caregiver will need to understand the impact of trauma on a child, including how it can surface in behaviors as well as how it can still impact their emotions or functioning if they do not talk about it or even have concrete memories of it, while the strongest factor to predict resiliency is having a safe and stable adult in the child's life.

TERMINATION OF PARENTAL RIGHTS:

Potential guardianship to be placed with maternal grandmother. TPR has not been filled at this time.

II. FAMILY HISTORY

A. History of Birth Family:

Mother:

Shanda [REDACTED] was born on [REDACTED]. She was arrested on 8/26/2013 for possession of a controlled substance and possession of paraphernalia. Mother has a history of using pot, heroin, and alcohol abuse. It was reported by father that mother was not in Tate's life until recently due to incarceration. Mother is currently on house arrest. Mother is receiving supervised visits once to twice a week with Tate. A fact finding court date is planned for the near future. Tate's grandmother and mother have a good relationship. This should allow for Tate and his mother to still have a relationship even though he might be moving to another state. There is no other information in the file regarding mother's mental health history nor medical history.

Father:

Kristopher [REDACTED] was born on [REDACTED]. He has been known to use pot and heroin for many years. Tate's father also has a problem with alcohol abuse. He has recently been released from jail. Father is currently in a drug rehab program called House of Hope for the next 3 months. While there he receives weekly visits with his father. He has been arrested on several occasions once on 5/22/2012 possession of controlled substance and again on 8/12/2013 for public intoxication, disorderly conduct, and neglect of dependent. After he finishes the drug program DCS plans to implement other programs. There is no information in the file in regards to mental health history nor his medical history.

B. Child's understanding of his/her past:

Due to Tate's age he has no understanding of why he was taken from his mother and father nor what adoption is. His forever family should discuss this with him at age appropriate intervals so he can be aware of his past.

C. Status of Siblings:

Ashley is currently with her aunt and uncle who have co-guardianship with her grandparents. It is not clear if Tate has any knowledge of his sister.

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT: 3 feet 1 inch

WEIGHT: 31.3 lbs

EYE COLOR: Brown

HAIR COLOR: Blondish brown

IDENTIFYING PHYSICAL FEATURES: Tate has a bright smile and beautiful brown eyes that make him seem like he is thinking of what to do next.

IV. EDUCATIONAL FUNCTIONING:

Tate has not started school as of yet due to his age. However, Tate does know some of his colors and can identify his body parts. His gross motor skills and fine motor skills seem appropriate for his age. Tate seems like he is meeting all developmental milestones. Tate talks well for his age. However, you might need him to repeat some words just for clarification according to his foster mother.

V. EMOTIONAL FUNCTIONING:

Tate is generally a happy go lucky child. According, to his foster parent he does not mention anything from his past with his family. However, the foster family believes that he was lacking structure because he does not like to listen to the word No. He has the normal age appropriate issues of taking things away from other children and hitting when someone takes something from him. If he does these things the foster parent either redirects him, puts him in time out, or holds him and talks to him about the inappropriate behavior. When he is upset Tate likes to be held and cuddled. This helps him calm down and move on to the next activity. A forever family needs to be aware of his trauma and that he might have issues emotionally in the future. The family should also be aware of the fact that Tate has been around drug and alcohol abuse and potential effects of this.

VI. PERSONALITY:

Tate is a very strong willed child that likes to be independent. He does fine with other children but would probably do best with one on one attention. Tate was recently bitten by a dog but has been around one since then and he does not seem afraid of them.

Tate has not yet been potty trained and still needs to be changed. He still needs some help with dressing. He is not a picky eater. However, there does seem to be some issues with food. His foster parent stated he will take the other children's food and cry if he sees her making food and he hasn't gotten it yet.

When Tate is inside he likes to play with trucks, cars, and playdoh. His favorite television shows are Spongebob Squarepants and Mickey Mouse Clubhouse. Tate is a very active child that loves to be outside. He loves to swing, run, and kick balls while outside. A forever family needs to be aware that Tate can unlock doors and will walk outside alone.

VII. MEDICAL INFORMATION:

Tate currently takes Zyrtec daily, breathing treatments twice a day using a nebulizer that has Pulmicort in it, and Albuterol as needed for asthma. Tate is up to date on all shots.

Tate was bitten by a dog on 6/23/2015. He was taken to a hospital in Indiana. While there he receive 35 sutures between multiple lacerations on his face. These bite marks are still healing under his left eye, lip and nose. He has yet to have a follow-up prior to writing of this document.

VIII. HISTORY OF PLACEMENTS:

5/23/2015 to 7/17/2015 foster care placement (foster parents wanted him moved, stated they were too young to be foster parents)
7/17/2015 to current foster care placement

IX. CHILD'S STRENGTHS:

Tate presents with many strengths despite his trauma history. He loves to be around people and will play and talk to you as long as you let him. Even though Tate has not yet started school he shows a great ability to learn and retain knowledge. He is a very happy child that seems to have a lot of love to give.

X. FUNDING AVAILABLE:

Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.


Tate Child Summary
Page 5 of 5

DATE COMPLETED:

COMPLETED BY:

Family Case Manager (FCM)

FCM Supervisor

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool 10.C: Differences Between Guardianship and Adoption Reference: 10.01 Planning for Adoption - Overview, 10.23 Guardianship Overview, 10.24 Choosing Guardianship or Adoption as a Child's Permanency Plan	
	Effective Date: April 1,2022	Version: 1

This document is intended for informational purposes only. It is a tool that may be used by the Family Case Manager (FCM) to assist in identifying some of the most common differences between guardianship and adoption. All prospective guardians and adoptive parents should seek legal counsel with regards to their guardianship or adoption questions.

All statements or information regarding subsidies, Medicaid, or Non-Recurring Guardianship/Adoption Expenses only apply if a Guardianship Subsidy Agreement or Adoption Subsidy Agreement is fully executed prior to the order awarding guardianship or the finalization of an adoption.

	Adoption	Guardianship
Goals		
Desired outcome for the child	<ul style="list-style-type: none"> ▪ Child may achieve permanency and is no longer in state custody. ▪ Child and adoptive family form a "forever family". 	<ul style="list-style-type: none"> ▪ Child may achieve permanency and is no longer in state custody. ▪ Child and birth family may have the opportunity to stay connected.
Legal Considerations		
Relationship with Birth Parent	<ul style="list-style-type: none"> ▪ Adoptive parent has the right to determine if the child will have any relationship with the birth parent. ▪ All rights with the birth parent to the child are severed by the court either through voluntary relinquishment or involuntary Termination of Parental Rights (TPR). Contact between the birth parents and the child may continue if a post adoption agreement is signed. 	<ul style="list-style-type: none"> ▪ Parental rights of the birth parent may or may not be terminated through voluntary or involuntary TPR. The birth parent retains rights to the child when parental rights have not been relinquished or terminated. In these circumstances, even when guardianship has been granted over a child, the birth parents remain the child's parents, however, they need a court order to be able to exercise their parental rights. ▪ If parental rights of the birth parent have not been terminated, the birth parent may petition the court for the right to visit the

	Adoption	Guardianship
		<p>child unless a court orders no visitation. The guardian will have input into how the visits are structured, but the guardian cannot prevent visits from occurring if the visits were court ordered. If the guardian and parent cannot work out visitation scheduling, one (1) of the parties may wish to seek court intervention.</p> <ul style="list-style-type: none"> ▪ The birth parent may request the court dissolve the guardianship and the child returned to their care, but the birth parent must prove fitness to the court in order to prevail. DCS also has the opportunity to present evidence at the hearing.
Child's Legal Name	<ul style="list-style-type: none"> ▪ The adoptive parent determines the child's legal name. 	<ul style="list-style-type: none"> ▪ The child's legal name at birth is retained.
Rights of the Caregiver	<ul style="list-style-type: none"> ▪ All decisions are made by the adoptive parent. ▪ Adoption is a permanent, lifelong, and legal relationship. 	<ul style="list-style-type: none"> ▪ Guardianship gives legal responsibility, custody, and supervision of the child to the guardian. ▪ The guardian will have the right to make decisions regarding the child's school, health care, and major life decisions. If TPR has not occurred, the birth parent has the right to consent to adoption, if the guardian later decides to adopt the child.
Legal Documentation	<ul style="list-style-type: none"> ▪ The court decree finalizes the adoption of the child. ▪ Both persons in a married couple must adopt. 	<ul style="list-style-type: none"> ▪ The court order granting legal guardianship establishes the guardian for the child. ▪ When married, either one (1) or both spouses may be named the guardian.
Termination of Adoption or Guardianship	<ul style="list-style-type: none"> ▪ The commitment entered by adopting a child lasts a lifetime. ▪ An adoptive parent retains parental rights unless terminated by the court. 	<ul style="list-style-type: none"> ▪ Guardianship is a strong commitment to the child and is intended to be a lifetime relationship. The guardian may petition the court for permission to resign, or another person, such as a biological parent, may petition to dissolve the guardianship. ▪ Although guardianship legally ends when the child turns 18, most legal guardians enter into this commitment intending for it to be a lifetime relationship.


	Adoption	Guardianship
Financial Implications of Child Returning to DCS Care	<ul style="list-style-type: none"> ▪ If a child returns to DCS care and is no longer placed with the adoptive parent, the adoption subsidy (if the child was eligible for subsidy and a subsidy was negotiated) may be suspended until the child returns to the care of the adoptive parent, if it is determined that the adoptive parent is no longer providing financial or legal support to the child. ▪ The adoptive parent is obligated to notify DCS Central Eligibility Unit if the child is no longer in the family's care regardless of whether DCS is involved with the family if they are receiving an adoption subsidy. 	<ul style="list-style-type: none"> ▪ If a child returns to DCS care, the guardianship subsidy (if the child was eligible for subsidy and a subsidy was negotiated) may be suspended until the child is reunited with the guardian or successor guardian, if it is determined that the guardian is no longer providing financial or legal support to the child. ▪ The guardian is obligated to notify the DCS Central Eligibility Unit if the child is no longer in their care if they are receiving a guardianship subsidy.
Decision Making		
Consent of the Child	<ul style="list-style-type: none"> ▪ A child who is 14 years of age or older must consent to the adoption unless the court, in the best interest of the minor, dispenses with the minor's consent. 	<ul style="list-style-type: none"> ▪ A court may consider the wishes of a child 14 years of age or older, but the child's consent is not necessary. However, for any child 14 years of age or older to be eligible for guardianship assistance, the child must be consulted regarding the guardianship arrangement.
Inheritance	<ul style="list-style-type: none"> ▪ An adopted child has the same inheritance rights as a birth child. 	<ul style="list-style-type: none"> ▪ The child has no rights of inheritance from the legal guardian unless the child has been included in the guardian's will.
Death of Adoptive Parent/Guardian or termination of an Adoption or Guardianship	<ul style="list-style-type: none"> ▪ A child adopted with an adoption subsidy does not remain eligible for adoption assistance if the child's adoptive parent dies, the adoptive parent's parental rights are terminated, or if the adoptive parent is no longer financially responsible for the child. If the child is adopted by another individual, a new adoption 	<ul style="list-style-type: none"> ▪ A child for whom guardianship subsidy is received may remain eligible for Title IV-E guardianship subsidy if the child's guardian dies or is incapacitated and a successor guardian is named in the guardianship assistance agreement. However, if the guardianship is terminated or the guardian is no longer financially responsible for the child the subsidy may be terminated and the child may return to the care of the biological parents.

	Adoption	Guardianship
	<p>assistance eligibility determination is needed.</p> <ul style="list-style-type: none"> ▪ If the adoptive parent(s) die, the child's birth parents do not regain their parental rights or any right to be involved in the child's life. 	
Subsidy and Services		
Eligibility and Duration for Subsidy/Services	<ul style="list-style-type: none"> ▪ A child in foster care (or a child adopted privately that meets the federal requirements) may be eligible for adoption assistance in the form of an adoption subsidy, Medicaid, and certain Non-Recurring Adoption Expenses (NRAE) if the special needs and other eligibility requirements are met. ▪ The adoption subsidy continues until the child turns age 18, unless it is determined that the adoptive parent is no longer legally or financially responsible for the child. ▪ Prior to turning age 18, the adoptive parent can apply for the subsidy to continue until age 21. The DCS Central Eligibility Unit reviews the adoptive parent's application to determine whether the child is eligible for continued subsidy. 	<ul style="list-style-type: none"> ▪ A child in foster care may be eligible for guardianship assistance in the form of a guardianship subsidy, Non-Recurring Guardianship Expenses (NRE), and may be eligible for Medicaid. Only children in out-of-home care are eligible for guardianship assistance. ▪ The guardianship subsidy continues until the child turns age 18, unless it is determined that the guardian is no longer legally or financially responsible for the child. ▪ Prior to turning age 18, the guardian can apply for the guardianship subsidy to continue until age 21 if the child is receiving Title IV-E guardianship assistance and the guardianship finalized when the child was ages 16 or 17. The DCS Central Eligibility Unit reviews the guardian's application to determine whether the child is eligible for continued subsidy.
Financial Responsibility	<ul style="list-style-type: none"> ▪ The adoptive parent is legally and financially responsible for the child. 	<ul style="list-style-type: none"> ▪ The legal guardian is legally and financially responsible for the child.
Amount of Subsidy	<ul style="list-style-type: none"> ▪ If eligible, the adoption subsidy is negotiated up to the amount of the per diem the child would receive in foster care. 	<ul style="list-style-type: none"> ▪ If eligible, the guardianship subsidy is negotiated up to the amount of the foster care per diem.

	Adoption	Guardianship
Annual Review	<ul style="list-style-type: none"> ▪ The adoptive parent is not required to submit an annual report but may be periodically asked to provide an Adoption Program Status Report to confirm continued eligibility for adoption assistance. 	<ul style="list-style-type: none"> ▪ The guardian is not required to submit an annual report but may be periodically asked to provide a Guardianship Assistance Program Status Report to confirm continued eligibility for guardianship assistance.
Child Support	<ul style="list-style-type: none"> ▪ The legal obligation to pay future child support terminates effective the date of the adoption, but the obligation to pay past due child support is not terminated. 	<ul style="list-style-type: none"> ▪ If the parental rights of the birth parents have not been terminated and if ordered by the court, they are responsible to pay child support. ▪ Child support will not be redirected to the guardian if the guardian is receiving a subsidy payment.
Older Youth Services (OYS)	<ul style="list-style-type: none"> ▪ A youth may receive Older Youth Services (OYS) from 18 years of age up to the day before the youth's 23rd birthday if the youth was previously in foster care for a minimum of six (6) months and has achieved permanency through adoption on or after the youth's 16th birthday. ▪ A youth may receive post-secondary educational funding through the Education and Training Voucher (ETV) program; if enrolled in an accredited degree, certificate, or other program at a college, university, technical, or vocational school from 18 years of age up to their 26th birthday, if the child was previously in foster care a minimum of six (6) months and has achieved permanency through adoption on or after the youth's 16th birthday. ▪ A youth may maintain eligibility for 21st Century Scholars if adopted after the age of 13. 	<ul style="list-style-type: none"> ▪ A youth may receive Older Youth Services (OYS) from 18 years of age up to the day before the youth's 23rd birthday if the youth was previously in foster care for a minimum of six (6) months and has achieved permanency through guardianship on or after the youth's 16th birthday. ▪ A youth may receive post-secondary educational funding through the Education and Training Voucher (ETV) program; if enrolled in an accredited degree, certificate, or other program at a college, university, technical, or vocational school from 18 years of age up to their 26th birthday, if the child was previously in foster care a minimum of six (6) months and has achieved permanency through guardianship on or after the youth's 16th birthday. ▪ A youth may maintain eligibility for 21st Century Scholars if adopted after the age of 13.

	Adoption	Guardianship
Medicaid and Other Insurance		
Eligibility of Medicaid	<ul style="list-style-type: none"> ▪ Adoption subsidies may include Medicaid coverage. ▪ Children eligible for Title IV-E adoption assistance receive coverage. Children eligible for State Adoption Subsidy (SAS) may also be eligible for Medicaid if they have a medical condition or physical, mental, or emotion disability, as determined by a licensed physician or the Severe Impairment Determination process. ▪ Adoptive parents may choose to place their child on their private insurance. Medicaid would be secondary to private insurance. ▪ The adopted child may be eligible for continued Medicaid coverage through age 21 if eligibility requirements are met. 	<ul style="list-style-type: none"> ▪ Children eligible for Title IV-E guardianship assistance may receive coverage. ▪ For children eligible for the State Guardianship Assistance Program (SGAP), the guardian may apply for coverage at the local Division of Family Resources (DFR) Office. ▪ Children eligible for Title IV-E guardianship assistance may be eligible for continued Medicaid coverage through age 21 in certain circumstances if eligibility requirements are met.

Additional resources and information may be found in the [Central Eligibility Unit \(CEU\) Binder](#) and in [Chapter 10 Guardianship and Adoption](#) and [Chapter 14 Adoption Assistance and Guardianship Assistance](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 01: Older Youth Services (OYS)	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

Older Youth Services (OYS) help eligible Child in Need of Services (CHINS) and Juvenile Delinquent/Juvenile Status (JD/JS) youth get ready for adult life.

POLICY STATEMENT


The Indiana Department of Child Services (DCS) will make OYS available to eligible youth beginning at age 16. Former foster youth can be referred starting at age 18, up until the day before their 23rd birthday.

Checking or Savings Account

If a foster youth qualifies and wants to open a checking or savings account, DCS will complete the appropriate paperwork.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)
- [465 IAC 2-15.1: Collaborative Care](#)
- [IC 28-1-23-17: Savings or checking accounts for qualified youth](#)
- [IC 31-28-5.8: Chapter 5.8. Collaborative Care](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 02: Eligibility for Older Youth Services (OYS)	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) is a federal program that gives funding for Older Youth Services (OYS). These services help eligible youth successfully transition to adulthood.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) has named the following youth as eligible for OYS:

1. Youth ages **16 to 20** (the day before their 21st birthday) who are in foster care with a Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) case;


Note: OYS referrals are based on the youth’s type of placement (see [11.01](#)).

2. Youth ages **18 to 22** (up to the day before their 23rd birthday) who were formerly in foster care and:
 - a. Were in care for at least six (6) months as a CHINS or JD/JS youth after turning 16,
 - b. Were in care under DCS care and supervision or had a JD/JS court removal order, or
 - c. Were in the custody of another state (must verify wardship and that state’s eligibility criteria are met).
3. Youth ages **18 to 22** (up to the day before their 23rd birthday) who were formerly in foster care for at least six (6) months and were adopted or placed in guardianship on or after their 16th birthday.

Note: Youth who meet number two (2) or three (3) above are eligible for Voluntary OYS (see [11.07](#)).

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 03: Emancipation Goods and Services	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Emancipation Goods and Services (EG&S) help youth who are leaving foster care. EG&S support their needs as they learn to live on their own. Youth also get help finding local services and in learning how to use them. This helps the youth to know where to go to get help after their case is closed.


POLICY STATEMENT

The Indiana Department of Child Services (DCS) may give up to \$1,000 to each youth for needed goods and services through EG&S funds. This money is only given when funds are available. The youth must be:

1. 18 to 23 years old;
2. Have been in foster care; and
3. Receiving John H. Chafee Foster Program for Successful Transition to Adulthood (the Chafee Program) Voluntary Older Youth Services (OYS) (see policy [11.07](#)).

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 04: Youth Advisory Board	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Indiana Foster Youth Alliance (IFYA) meets four (4) times a year. It gives older youth who are or were in foster care a chance to build leadership and advocacy skills. They can also help improve the policies and service standards in the Older Youth Services (OYS) programs.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) funds the IFYA. The IFYA is open to:

1. Youth ages 14 to 23 who are in foster care with a CHINS (Child in Need of Services), Older Youth Case Management, or JD/JS (Juvenile Delinquent/Juvenile Status) case.
2. Former foster youth ages 18 to 23 who were in care for at least six (6) months and have a Case Plan/Prevention Plan that shows they need OYS.


Youth may join IFYA if they meet one of the following:

1. Are 14 to 23 years old and in foster care as a CHINS or JD/JS;
2. Are 14 to 23 years old and were in foster care as a CHINS or JD/JS between ages 14-18, returned home, and still have a CHINS or JD/JS case with a Case Plan/Prevention Plan that shows a need for OYS;
3. Are 18 to 23 years old and were in foster care on their 18th birthday as a CHINS or JD/JS with a Case Plan/Prevention Plan that shows a need for OYS;
4. Are 18 to 23 years old and meet the above criteria but were in another state's custody through the Interstate Compact for the Placement of Children (ICPC), with proof of wardship and eligibility from that state;
5. Are 16 to 23 years old and were adopted or placed in a guardianship at or after age 16, and were DCS wards before adoption or guardianship;
6. Are 18 to 19 years old and are in Collaborative Care (CC);
7. Are 14 to 15 years old and have approval from their parent, guardian, or custodian, and from the Child and Family Team (CFT), with special approval from the IFYA board and Independent Living (IL) Specialist; and
8. Are receiving Education and Training Voucher (ETV) funds and are under age 23.

See the [Indiana Foster Youth Alliance website](#).

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)
- [Pub. L. No. 113-128: Workforce Innovation and Opportunity Act \(previously the Workforce Investment Act of 1998\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 05: Driving Opportunities	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

This policy does not pertain to youth residing in in-home care.

Youth in out-of-home care can pursue a driver's license or permit if they want to. The youth needs support from their Child and Family Team (CFT) and the information explaining the steps to get it.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will not prohibit youth from taking driver's training or getting a driver's license. Court approval is required for youth under 18 years old to take a driver's training course before getting a driver's license.

DCS may fund driver's training. The first permit fee and first driver's license fee will be waived by the Bureau of Motor Vehicles (BMV) if all requirements are met.

Note: The identification card fee will be waived for youth 16 years of age and older who do not have a valid Indiana driver's license.

Juvenile Delinquent/Juvenile Status (JD/JS) youth age 16 and older can take driver's training if an appropriate adult (not DCS staff) agrees to take financial liability.


DCS, resource parents, or service providers are not responsible for costs and damages from the youth's application for a driver's license or permit, or driving. The liability protection is waived if the foster parent or service provider signs a document agreeing to financial liability.

Per IC 9-24-9-4, the minor applicant must pay for their own car insurance and is responsible for any damages caused while driving.

LEGAL REFERENCES

- [IC 9-24-3-1: Issuance; conditions; fee](#)
- [IC 9-24-3-2.5: Age, experience, and examination requirements](#)
- [IC 9-24-7-4: Operating privileges](#)
- [IC 9-24-9-2: Information required by application for license or permit](#)
- [IC 9-24-9-3: Applications of minors; signing and swearing by parents, guardians, custodians, employers, or responsible individuals](#)
- [IC 9-24-9-4: Minor applicants; liability of signers; expiration of licenses and permits](#)
- [IC 9-24-9-4.1: Applicants who are homeless or under the supervision of the department of child services; financial liability](#)
- [IC 9-24-16-10: Adoption of rules; fees](#)

- [IC 27-1-22-20.1: Foster youth auto insurance availability; list of insurers; payment of costs of auto insurance](#)
- [IC 27-2-11.1-3: Individuals under the care and supervision of the department of child services; motor vehicle insurance](#)
- [IC 31-26-4.5-6: Financial liability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 06: Transition Plan for Successful Adulthood	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

The Transition Plan for Successful Adulthood is a written plan that helps the youth in out-of-home care prepare for adult life. It includes a Transitional Services Plan and is updated at every meeting with the youth and the Child and Family Team (CFT).

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure every youth in out-of-home care has a written Transition Plan for Successful Adulthood beginning at age 14 and continuing until they leave care.

The plan will include an Independent Living (IL) placement and will:

1. Be created with the help of DCS and the youth's CFT, including up to two (2) child representatives;
2. Be as detailed as the youth chooses;
3. List the Older Youth Services (OYS) the youth will receive (see policy [11.01](#));
4. Include short-term and long-term goals that are realistic and measurable;
5. Be updated every six (6) months until the case is closed; and
6. Be given to the youth each time it is updated (see the Transition Plan for Successful Adulthood).


A Transitional Services Plan will:

1. Be completed 90 days before the youth turns age 18, or
2. Be completed within 60 days of if the youth enters care less than 90 days before turning age 18.

Note: Probation Officers are responsible for completing the Transition Plan for probation youth (see policy [2.25](#)).

LEGAL REFERENCES

- [IC 21-12-6: Chapter 6. Twenty-First Century Scholars Program; Tuition Grants](#)
- [IC 31-25-2-21: Transitional services plan; participation by child representatives](#)
- [IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager](#)
- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [IC 31-34-21-7: Permanency hearing](#)
- [42 USC 675\(5\)\(H\): Transition plan for children aging out of foster care](#)
- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 07: Voluntary Older Youth Services	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Voluntary Older Youth Services (OYS) will help youth get ready for adult life. These services include help with:

- Money and budgeting
- Finding a place to live
- Health care
- Counseling
- Assessment services
- Jobs and job training
- School and college
- Other supports listed in the [OYS Service Standards](#)

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will make sure Voluntary OYS are available in every county in the state.

Voluntary OYS are available to youth who:

1. Are 18 years of age up to the day before their 23rd birthday;
2. Were in foster care before; and
3. Meet additional criteria outlined in policy [11.02](#).


If the Youth Moves to a New Area

If the youth moves to a different part of the state (not where they were a Child in Need of Services (CHINS), Juvenile Delinquent/Juvenile Status (JD/JS), or Collaborative Care (CC) youth and wants to keep getting Voluntary OYS:

- The youth or OYS provider must notify an OYS team member.
- The OYCM or Independent Living (IL) Specialist will create an appropriate Voluntary OYS service referral.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 08: Chafee Program Room and Board Services	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Room and Board (R&B) services provides up to \$3,000 in lifetime funding to help eligible older youth pay for rent, utilities, and deposits. This support helps youth as they move from adolescence to adulthood.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) has determined the following former foster youth are eligible for R&B services. Youth are eligible if they:

1. Turned 18 while in foster care;
2. Turned 18 in foster care and were a “ward or in the custody of another state”; or
3. Were between 18 and up to the day before their 23rd birthday, were on a trial home visit (THV) or in runaway status on their 18th birthday, and had an open Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) older youth case.


To keep getting R&B services, youth must:

1. Participate in case management services; and
2. Work full-time; or
3. Work part-time and attend school part-time.

Note: R&B funds may only be used for rent, utility payments, and deposits. Youth can use R&B services until the day before their 23rd birthday.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 09: Voluntary Services Host Home	
	Effective Date: January 1, 2026	Version: 4


POLICY OVERVIEW
This policy does not apply to Older Youth Case Management (OYCM) Host Homes. See policy [11.25 Collaborative Care \(CC\) Host Homes](#) for guidance.

Voluntary services host homes are similar to resource homes, except the host does not have to be a licensed resource parent. Voluntary services host homes give youth a safe place to live while they learn life skills to live on their own.

POLICY STATEMENT
 The Indiana Department of Child Services (DCS) may help an older youth, whose Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) case has been closed after turning 18, with making living arrangements through voluntary services host homes.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 10: Education and Training Voucher (ETV) Program	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Education and Training Voucher (ETV) Program helps older youth who are or were in foster care pay for college and job training. The Indiana Department of Child Services (DCS) provides up to \$5,000 per year (not more than the cost of attendance) to eligible youth as long as this federal funding is available. The program is run by a service provider contracted by DCS.

POLICY STATEMENT

Youth are eligible for ETV funding if they:

1. Are 16 to 18 years old, in foster care, not enrolled in high school, but have earned a high school equivalency (HSE) certificate, vocational certificate, or high school diploma;
2. Were adopted or placed in a guardianship from foster care on or age 16;
3. Were in foster care as a Juvenile Delinquent/Juvenile Status (JD/JS) youth (not in detention) on their 18th birthday;
4. Are a U.S. citizen or qualified non-citizen;
5. Have less than \$10,000 in personal assets (e.g., bank account, car, home);
6. Are accepted into or enrolled in college, university, or a technical/vocational school. The older youth must:
 - a. Tell ETV if they drop any classes; and
 - b. Show progress toward their degree or certificate, if already enrolled.

Note: Youth can only receive ETV for up to **five (5) years total**, even if the years are not consecutive.

Ongoing Requirements (Up to Age 26)


To keep getting ETV funds, the youth must:

1. Reapply every year on the Indiana ETV website;
2. Stay enrolled in school or training;
3. Maintain a 2.0 grade point average (GPA) or higher; and
4. Send their transcript to the ETV program every semester/term.

Note: If the youth's GPA drops below a 2.0 or lower for one term, an academic success plan is required. If the GPA stays below 2.0 for two (2) consecutive terms, funding may stop unless they submit an appeal to the ETV provider.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 15: Post-Secondary Education	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Youth who get Older Youth Services (OYS) will learn about ways to pay for post-secondary education. OYS help youth understand their options for financial aid after high school:

- Pell grants
- John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)
- Grants
- Federal supplemental grants
- Free Application for Federal Student Aid (FAFSA)
- Indiana Education and Training Voucher (ETV) Program
- 21st Century Scholars Program


POLICY STATEMENT

The Indiana Department of Child Services (DCS) will:

- Encourage all youth to prepare for and take the:
 - Preliminary Scholastic Aptitude Test (PSAT),
 - Scholastic Aptitude Test (SAT), and/or
 - The American College Test (ACT), as appropriate.
- Make sure children in grades seven (7) through 12 are enrolled in the 21st Century Scholars program.

LEGAL REFERENCES

- [IC 21-12-6: Chapter 6. Twenty-First Century Scholars Program; Tuition Grants](#)
- [IC 21-12-6-5: Qualifications to participate in program](#)
- [IC 21-12-6-14: Foster care children; caseworker to provide information](#)
- [IC 31-25-2-21: Transitional services plan; participation by child representatives](#)
- [42 USC 675\(5\)\(H\): Transition plan for children aging out of foster care](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 17: National Youth in Transition Database (NYTD)	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The National Youth in Transition Database (NYTD) survey lets older youth share their own thoughts about their foster care experience with the Indiana Department of Child Services (DCS).

POLICY STATEMENT

DCS uses the NYTD survey to collect important information from older youth in the Older Youth Services (OYS) program.

Youth who are 17 years old (up to 45 days after their birthday) and in a foster care-eligible placement must take the survey.

DCS makes sure these youth complete the survey and that their answers are entered into the NYTD system.


DCS also collects information through a NYTD follow-up survey. This survey is given to a group of older youth who:

1. Already took the first NYTD survey;
2. Are either still in a foster care eligible placement or have aged out; and
3. Are 19 years old and again when they turn 21.

DCS will make sure a contracted NYTD provider helps each qualified older youth fill out the survey. Then, the DCS NYTD Coordinator (or designee they choose) will enter the survey answers into the case management system.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 18: Collaborative Care (CC) Eligibility	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Collaborative Care (CC) is a voluntary program for youth 18 and older who were or are currently in out-of-home placement under a Child in Need of Services (CHINS) or Juvenile Delinquency/Juvenile Status (JD/JS) case. CC lets youth continue to receive services through the Indiana Department of Child Services (DCS) and helps them build strong adult relationships and life skills.

POLICY STATEMENT

A youth is eligible for CC if:

1. They are at least age 18 but not yet 21;

Note: State law allows the DCS Director or designee to extend CC if the governor declares a state of disaster emergency.

2. On their 18th birthday, they are or were in an out-of-home placement ordered by an Indiana court;

Note: Youth from another state placed in Indiana through the Interstate Compact on the Placement of Children (ICPC) are **not eligible** for CC. Indiana wards placed out of state who do not intend to reside in Indiana once they turn 18 are also **not eligible** for CC.

3. They have signed a Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services; and
4. They meet one (1) of the following:
 - a. Attend school, GED classes, college, or trade school,
 - b. In a program to help find a job,
 - c. Work at least 80 hours per month, or
 - d. Unable to do the above because of a medical condition documented in their case plan.

A youth is ineligible for CC if:

1. They are age 21 or older;
2. They do not meet the eligibility requirements listed above; or
3. Choose to withdraw from CC.

If DCS ends a CC agreement before the expiration date and the youth does not agree, the youth or a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) may request the court:

1. Hold a hearing to explain why the CC agreement was ended; and
2. Enter a court order deciding if DCS ended the agreement for good cause.


IV-E Eligibility

To be IV-Eligible under CC, the following must also be met (see policy [15.01](#)):

1. DCS must have placement and care responsibility;
2. Contrary to the welfare or best interest language must be obtained within a court order within 180 days from the date of placement; and
3. Youth must meet Aid to Families with Dependent Children (AFDC) eligibility criteria.

LEGAL REFERENCES

- [IC 10-14-3-12: Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-28-5.8-4: "Older youth"](#)
- [IC 31-28-5.8-5: Eligibility; petitions](#)
- [IC 31-28-5.8-8: Closing collaborative care cases](#)
- [42 USC 677: John H. Chafee Foster Care Independence Program](#)
- [45 CFR Part 233.90: Factors specific to AFDC](#)
- [465 IAC 2-15.1-10: "Voluntary collaborative care agreement" or "VCCA" defined](#)
- [465 IAC 2-15.1-11: Eligibility for collaborative care](#)
- [465 IAC 2-15.1-14: Termination of the voluntary collaborative care agreement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 19: Collaborative Care (CC) for Discharged Older Youth	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Older youth who have left the care of the Indiana Department of Child Services (DCS) may return to care through Collaborative Care (CC) if they meet certain requirements. CC helps youth successfully transitioning to adulthood by offering support with housing, education, employment, and life skills.

POLICY STATEMENT

DCS will make CC available to youth who:

1. Are at least age 18 but not yet 21;
2. On their 18th birthday, they were in out-of-home placement through an Indiana court;
3. Want to participate in CC; and
4. Meet the eligibility rules (see [11.18](#)).

The youth can start the process by calling the Indiana DCS Child Abuse and Neglect Hotline (Hotline) at 1-800-800-5556.

Note: If the youth goes to a local DCS office and asks for help re-entering care, the local office staff will help the youth call the Hotline while they are in the office.

LEGAL REFERENCES

- [IC 31-28-5.8-5: Eligibility; petitions](#)



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Chapter 11: Older Youth Services

Section 20: Youth Adjudicated as Juvenile Delinquents (JD) Accessing Collaborative Care (CC)

Effective Date: January 1, 2026

Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) can accept referrals for Collaborative Care (CC) for older youth who have an open Juvenile Delinquency/Juvenile Status (JD/JS) case. The CC program helps older youth prepare for adult life.

POLICY STATEMENT

DCS will accept referrals for CC from Probation Officers (PO) for older youth who:


- Have an open JD/JS case
- Are eligible to participate in CC (see policy [11.18](#)).
- Are interested in joining CC

To open a CC case for JD youth, all three (3) steps below must happen on the same day:

1. The JD/JS case must close;
2. The youth and the OYCM must sign the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form the same day the court closes the JD/JS case (see policy [11.22](#)); and
3. A CC petition must be filed on the same day as the JD/JS case closure.

LEGAL REFERENCES

- [IC 31-30-2-1: Continuing juvenile court jurisdiction](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 22: Voluntary Collaborative Care (CC) Agreement	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Voluntary Collaborative Care (CC) Agreement gives older youth an outline of what to expect in CC and explains the older youth’s rights and responsibilities after they join.

POLICY STATEMENT

DCS will ensure older youth who are eligible and want to join CC complete and sign the paperwork on or after their 18th birthday (see policy [11.18](#)).

To officially open a CC case, the following must occur in the order below:


1. The Child in Need of Services (CHINS) or Juvenile Delinquency/Juvenile Status (JD/JS) case must close;
2. A Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form must be signed by the older youth and a DCS Older Youth Initiatives (OYI) team member the **same day** as the CHINS or JD/JS case closes; and

Note: This agreement is effective on the date the last party has signed.

3. The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form and the CC petition must be filed:
 - a. In the same county where the youth was a ward and where they will continue to live,
 - b. In the county where the youth was a ward, but they are moving to a different county, a Motion for Change of Venue must also be filed in the county the youth lives in, or
 - c. In the county where the youth lives if they were previously discharged from care and wish to re-enter CC.

LEGAL REFERENCES

- [IC 31-28-5.8-2: “Collaborative care agreement”](#)
- [465 IAC 2-15.1-10: “Voluntary collaborative care agreement” or “VCCA” defined](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 23: Notice for Collaborative Care (CC) Court Hearings	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Written notices for Collaborative Care (CC) court hearings are sent following Indiana Trial Rules. This ensures hearings happen on time and that the youth and all parties of the case are told when the hearings will take place.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will:

1. Send notice of all CC hearings; and
2. Attend and participate in CC hearings for every youth in CC.

Hearings will be held:

1. Every six (6) months, starting from the date the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form is signed (see [11.22](#)); or
2. More often, if ordered by the court.


Note: DCS or the youth can ask the court to hold a CC hearing at any time.

It is important for youth to attend their court hearings to allow:

1. The court to hear directly from youth;
2. The youth to share their thoughts and evidence with the court; and
3. The youth to feel seen and heard in their own case.

LEGAL REFERENCES

- [IC 31-28-5.8: Chapter 5.8. Collaborative Care](#)
- [IC 31-28-5.8-4: "Older youth"](#)
- [IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 25: Collaborative Care (CC) Host Homes	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

A Collaborative Care (CC) Host Home is a place where youth in CC can live. This type of placement is used when the youth or their team finds a trusted adult that the youth agrees to live with.


POLICY STATEMENT

The Indiana Department of Child Services (DCS) offers Host Homes for youth in CC who qualify.

- A Host Home is not required to be licensed
- The Host Home will be monitored by the Older Youth Case Manager (OYCM)
- Host Home adults should be at least 18 years of age.

LEGAL REFERENCES

- [IC 31-28-5.8-3: "Host home"](#)
- [IC 31-28-5.8-5: Eligibility; petitions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 26: Minimum Contact for Collaborative Care Placements	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Meeting with youth in Collaborative Care (CC) every month helps the Indiana Department of Child Services (DCS):

1. Make sure the youth is safe, stable, and doing well;
2. Build a strong, supportive relationship with the youth;
3. Track the youth’s progress;
4. Talk about how the youth feels about living on their own, with a resource parent or host home; and
5. Support the youth’s social life and connections to others.

These regular visits help DCS update the youth’s Case Plan and Transition Plan as needed.

POLICY STATEMENT

DCS will meet face-to-face with each youth in CC at least once a month. No more than 30 days should pass between visits. These visits can alternate from the youth’s home to other locations like their school, court, or another location.

If the youth is in residential treatment, the Older Youth Case Manager (OYCM) must also contact the youth every week. These weekly check-ins can be by phone or video, depending on what the residential program allows.

DCS will also meet in person with the resource parent (including host homes) at least every other month.

If something big happens (called a case juncture) in the youth’s life or with the resource parent (including in host homes), the OYCM must:


1. Contact the youth, host home, and/or resource parent every week, and
2. Keep checking in until the situation is stable.

The OYCM will work closely with the resource parent to meet the youth’s needs and help them succeed.

Note: Youth in CC who live on their own are considered their own caregiver.

LEGAL REFERENCES

- [IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 27: Permanency for Collaborative Care (CC) Youth	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Helping young people build stronger, more caring relationships with trusted adults can give them the emotional support they need as they deal with past experiences and prepare to leave out-of-home care. When Another Planned Permanency Living Arrangement (APPLA) is the best option, the goal is to strengthen the youth’s current relationships or help build new ones with adults they can trust.

POLICY STATEMENT


The Indiana Department of Child Services (DCS) is committed to ensuring permanency for youth in CC. In extraordinary cases, Reunification, Adoption, Legal Guardianship, and Permanent Placement with a Fit and Willing Relative may not be appropriate legal permanency options anymore. When that happens, other types of APPLA may be considered, including, but not limited to:

1. Relational permanency;
2. Adult adoption; or
3. Re-connecting with biological family members.

Note: APPLA is only an option for youth age 16 and older. DCS must document why other Permanency Plan options are not in the best interest of the child and all ongoing diligent efforts to find adult relatives/kin.

LEGAL REFERENCES

- [IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)
- [IC 31-24-21-7.5: Placement prohibited in residence of individual who has committed certain acts or offenses; criminal history check; contents of permanency plans](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 28: Dismissing a Collaborative Care (CC) Case	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

A Collaborative Care (CC) case may be closed when a youth is no longer eligible for CC or the youth asks for the case to be closed.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will ask the court to close a CC case when:

1. The youth turns 21, which ends CC eligibility;

Note: If there is a declared state of disaster emergency, the DCS Director or designee may extend CC eligibility (per IC 31-28-5.8-5).

2. The youth does not meet CC eligibility rules set by DCS; or
3. The youth chooses to leave CC.

If DCS ends the Voluntary Collaborative Care Agreement before the expiration date and the youth does not agree, the youth or their Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA) (with the youth's consent) may ask the court to:

1. Hold a hearing to review the reason for ending the agreement; or
2. Enter an order with findings on whether DCS had good cause to end the agreement.


Note: The youth or GAL/CASA must request this within 15 calendar days of getting the notice DCS plans to end the Voluntary Collaborative Care Agreement.

If the youth is still eligible after the CC case is dismissed, they may:

1. Ask to re-enter CC (see [11.18](#)); or
2. Join Voluntary Older Youth Services (OYS) (see [11.07](#)).

LEGAL REFERENCES

- [IC 10-14-3-12: Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-28-5.8-8: Closing collaborative care cases](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 29: Transition to Successful Adulthood (TSA) Services	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

Transition to Successful Adulthood Services (TSA) helps eligible youth build skills and find the tools they need to become successful adults. TSA is for youth who:

1. Have a case plan goal of Another Planned Permanency Living Arrangement (APPLA), and
2. Are expected to age out of foster care


POLICY STATEMENT

The Indiana Department of Child Services (DCS) provides TSA Services to eligible youth who:

1. Are between 17.5 and 21 years old,
2. Are in foster care as a Child in Need of Services (CHINS) or have been found delinquent, and
3. Have a plan goal of APPLA.

LEGAL REFERENCES

- [42 USC 675: Definitions](#)
- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Budget Worksheet	Effective Date: July 1, 2006
	Reference: 11.A (Chapter 11 – Older Youth Services)	Version: 1

SUGGESTED BUDGET WORKSHEET

EXPENSES		INCOME		
Housing		Main Income		
House payment/rent		Second Income		
Taxes & Insurance (Renter's)		Other Income		
		Total Income		
Other Bills		Income Available for Savings		
Car Payment				
Car Insurance		Total Income		
Life & Health Insurance		Total Expenses Minus		-
Electric		Savings		
Other Utilities (i.e. water)		Approximate Bill Percentages		
Telephone				
Internet Fees		Housing (approximately 30%)		
Credit Card 1		Household Expenses (approximately 30%)		
Credit Card 2		Other Bills (approximately 30%)		
Credit Card 3		Savings (approximately 10%)		
Loans		Paycheck Distribution with approximate percentages		
Cable				
Other Bill 1		Amount Deposited in Checking for Housing & Other Bills 60%	<u>Monthly</u>	<u>Weekly</u>
Other Bill 2			Amount of Cash For Household expenses 30%	
Other Bill 3		Amount for Long Term Savings (invested) 5%		
		Amount for Crisis Fund (Savings Account) 5%		
Household				
Household Budget				
Total Expenses				

Below is a list of items to be listed under each topic. This list is only to be used as a guide and does not include all possible items.

Housing

Rent
Renter's Insurance
House Payment
Property Taxes
Property Insurance

Other Bills

Utilities (lights, phone, gas, water)
Car Payments
Credit Card Payments
Installment Loans
Life & Health Insurance
Internet Fees
Cable/Sat TV
Telephones
Auto Insurance

Household

Groceries
Health & Beauty
Car Gas
Public Transportation
Dining Out
Entertainment
Haircuts & Beauty Shop
Books & Magazines
Church Offering
Gifts
Pet food & Supplies

Savings

Crisis Fund
Home Repair & Maintenance
Auto Repair & Maintenance
Appliance Repair or Replacement
Unexpected Expenses or Bills
Pet Veterinarian bills

Long Term Savings

College Fund
Home Purchase
Auto Purchase



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE MANUAL

Tool: Voluntary Services Host Home Agreement

Effective Date: June 1, 2016

Reference: 11.B (Chapter 11 – Older Youth Services)

Version: 3

VOLUNTARY SERVICES HOST HOME AGREEMENT

Part I

Name of Youth: _____

Voluntary Services Host Home Name:

Address: _____ **Phone:** _____

The agreed upon monthly rate to be paid by the youth is: \$ _____ per month. This is a month to month agreement and begins on _____.

Rent is due on the 1st Saturday of each month by 5 p.m. and must be paid by cash, money order, or cashier's check. The Voluntary Services Host Home will provide a receipt upon payment.

A deposit of \$ _____ is due with the first month's payment prior to the youth moving into the home. Notice of the youth wishing to end this contract must be given 30 days in advance of move out. The deposit will be returned upon move out provided the renter has followed the guidelines of the agreement listed below in Part II-A-1, 2, and 3.

Part II

I. The Voluntary Services Host Home will provide the following to the youth:

- Bedroom will include the use of a bed, pillow, two (2) sets of sheets, blanket, bedspread, desk, chest of drawers, dresser with mirror, closet, and laundry basket.
- Shared bathroom or private bath with shower or bathtub, towels, cleaning supplies, shampoo, bath soap.
- Use of the common areas of the home such as the living room, kitchen, dining room, porch, garage, and outbuildings. Use of the TV or other common area items such as appliances if they are shared with the Voluntary Services Host Home family members.
- Use of cleaning equipment (e.g., sweeper, broom, mop, etc.) will be made available.
- Guidelines regarding garbage, dirt, litter or refuse are as follows: _____.
- Food for two (2) meals a day (may or may not be prepared by the host family) and scheduled meal times if prepared. Guidelines regarding the storage of food and where food may be eaten are as follows: _____.

- Use of laundry facilities including laundry supplies such as detergent, fabric softener, and bleach.
- Parking space for vehicle, if applicable, and guidelines for friends' vehicles that may visit.
- Guidelines regarding non-working vehicles and the repair of them.
- Curfew hours, if any, or written expectations regarding coming and going from the residence.
- Guidelines for acceptable noise level regarding music, TV, or other areas that this may apply are as follows: _____.
- Guidelines for others who may visit the youth in the home are as follows:
_____.
- Rules that may apply when the Voluntary Services Host Home family is home or not at home are as follows: _____.

II. The Youth will be responsible to do the following:

- Maintain the bedroom in the same condition, with allowance for normal wear, that it was when the contract began including weekly cleaning and dusting. Maintain clothing in closet, drawers or laundry basket.
- Maintain the bathroom in the same condition that it was when the contract began including weekly cleaning.
- Maintain orderliness in the common areas of the home when using and leave the areas as they were upon entering. Follow the guidelines as to the use of the TV or other common area items.
- Clean the bedroom and bath using designated cleaning equipment and return equipment following use.
- Garbage, dirt, litter, or refuse must be deposited in garbage cans used for that purpose.
- Acknowledge the scheduled time for meals and be available for such or upon preparation of meals, leave the kitchen in the same condition that it was upon arrival. Follow the rules of the Voluntary Services Host Home regarding the storage of food and where food may be eaten in the home.
- Use laundry facilities when there is a sufficient amount of clothing for a load and at times that do not inconvenience the Voluntary Services Host Home's plans for laundry. Inform the Voluntary Services Host Home if laundry supplies run low after use.
- Follow the Voluntary Services Host Home rules regarding parking the vehicle and where any friends may park, if visiting.
- Follow the rules regarding repairing a non-working vehicle.
- Follow the expectations of the Voluntary Services Host Home regarding coming and going from the residence.
- Follow the guidelines that are acceptable for noise levels such as music, TV, or other areas that this may apply.
- Follow the expectations regarding the presence of the renter's friends in the home when the Voluntary Services Host Home family is home or not at home.

III. Rules and regulations not listed in I or II above:

- Smoking by the youth may only be done outside of the house. No smoking at any time inside the house.
- No birds, cats, dogs, or other animals may be maintained in or about the Voluntary Services Host Home without written consent from the Voluntary Services Host Home.
- When using electrical appliances such as irons, fans, hair dryers, curling irons, etc., it is the responsibility of the renter to be sure they are turned off after use.

- The Voluntary Services Host Home must approve, prior to installation, the use of small refrigerators, air conditioning units, and heaters in the rented room.
- Follow the rules of safety when using any electrical appliances in the home.

Part III


I understand that this agreement will remain in effect as long as I follow these guidelines and that the agreement will be terminated if I do not follow through with this agreement. I understand that either the Voluntary Services Host Home or I may terminate this agreement by a 30 day notice in writing.

I understand that the Indiana Department of Child Services (DCS) and/or the Older Youth Services (OYS) service provider assisting me with OYS will not have any legal responsibility for me, including financial responsibility for damages that I am responsible for, nor will DCS provide legal counsel for me if I am involved in any legal situation.

I understand DCS and/or the OYS service provider will not be financially responsible for any agreements I enter into and will assume no liability.

Youth's Signature: _____ **Date:** _____

Voluntary Services Host Home signature: _____ **Date:** _____

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 01: Authority to License	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) issues a foster home license to applicants who meet all the rules and laws. The licensing process checks that the home is safe and can meet the child's needs.

POLICY STATEMENT

Resource parent's homes are categorized as:

1. Foster family homes;
2. Prospective adoptive homes; and
3. Unlicensed relative or kinship homes.

Foster Family Homes

All licensed foster homes must follow the same rules and paperwork, whether they are licensed by DCS or a Licensed Child Placing Agency (LCPA). A foster home license is good for four (4) years.

Note: LCPAs are responsible for completing the home study for a prospective LCPA foster family home. They also must make a recommendation to the Central Office Foster Care Licensing Team regarding issuing a license.

Unlicensed Relative or Kinship Homes

If a relative or kinship caregiver wants to become a licensed foster home, they must start by filling out the [Application for Foster Family Home License \(SF 10100\)](#).

Note: The home will be licensed in the county where the caregiver lives, even if the CHINS case was filed in a different county (see policy 8.05).


To become a foster parent, DCS requires you to:

1. Be at least 21 years old;
2. Pass a background check, including fingerprints;
3. Show that you are financially stable;
4. Own or rent a safe home;
5. Get medical statements from a physician for everyone living in the home;
6. Finish pre-service training (see policy 12.05);
7. Complete first aid, CPR, and Universal Precautions training (see policy 12.06);
8. Give at least four (4) positive personal references;
9. Have a stable living situation;
10. Complete home study with the licensing agency;

11. Agree to follow the foster care rules (465 IAC 2-1.5).

LEGAL REFERENCES

- [IC 31-9-2-9.3: "Applicant"](#)
- [IC 31-9-2-46.7: "Foster care"](#)
- [IC 31-9-2-46.9: "Foster family home"](#)
- [IC 31-9-2-89\(c\): "Person"](#)
- [IC 31-9-2-99.3\(c\): "Provider"](#)
- [IC 31-27-2-1: Duties of department of child services](#)
- [IC 31-27-4-1: License required to operate foster family home; exception](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 05: Pre-Service Training Requirements	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Pre-Service Training helps foster family home (FFH) applicants learn how to care for children safely and meet their needs. This training gives important tools to help families get ready to foster children placed in their care.

POLICY STATEMENT

Per statute or regulations all FFH applicants must:

- Successfully complete 10 hours of Pre-Service Training before getting their initial licensure
- Remain in applied status until the effective date of their license
- Meet all licensing rules before the license is granted

FFH applicants seeking a therapeutic certificate through a Licensed Child Placing Agency (LCPA) should complete 20 hours of Pre-Service Training including:

1. Ten (10) hours of Pre-Service Training to be licensed as a foster parent; and
2. Ten (10) hours of additional preselected training in therapeutic foster care.


If an applicant voluntarily withdraws their application for licensure, and more than four (4) years have passed since they finished training, they must take the training again.

If it has been less than four (4) years, they can use their prior training hours may be used to obtain their license.

Note: A waiver may be requested to carry forward previously completed Pre-Service Training if more than four (4) years have passed (see policy [12.19](#)).

LEGAL REFERENCES

- [IC 31-27-2-9: Expiration of variances and waivers](#)
- [IC 31-27-4-2 Therapeutic foster home: certificate requirements and care limits](#)
- [465 IAC 2-1.5-22: Foster parent training](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 06: Medical Training Requirements	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

To help keep children in out-of-home care safe and healthy, licensed resource parents must complete medical training. This training gives parents the skills they need to care for children properly.

POLICY STATEMENT

Required Health and Safety Training for Foster Parents

Before getting a foster care license, all applicants must complete training in:


1. Cardiopulmonary Resuscitation (CPR);
2. First Aid; and
3. Universal Precautions.

These trainings help ensure foster parents are ready to care for children safely.

To keep their license, foster parents must stay certified in all three areas. This means they must renew their training regularly and keep proof of certification up to date.

LEGAL REFERENCES

- [465 IAC 2-1.5-22: Foster parent training](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 07: Initial Licensing Home Visits	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW


The Indiana Department of Child Services (DCS) visits foster family homes (FFH) during the initial licensing process to make sure the home is safe, stable, and supportive for children.

POLICY STATEMENT

DCS will visit the home to check the living space, go over paperwork, and talk in depth with all household members about being a foster parent, or adoption.

LEGAL REFERENCES

- [IC 31-27-4-10: Investigation of applicants](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [IC 31-27-4-18: Inspection of foster family homes](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [IC 31-27-4-20: Cooperation by licensees](#)
- [IC 31-27-4.5: Foster Parent Rights](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 08: Application	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

To become a licensed Foster Family Home (FFH) or to renew a license, the Application for Foster Family Home License form must be filled out and approved by the Indiana Department of Child Services (DCS).

POLICY STATEMENT

Application Process

To apply for a new or renewed FFH license:

1. The FFH applicant must complete the Application for Foster Family Home License form;
2. The licensing worker collects the application as soon as possible;
3. An incomplete application is returned to the applicant with a note what is missing; and
4. The FFH applicant is given a chance to finish and resubmit the application.

Application Closure

If no decision is made about licensure within 365 days of the application date, the application is automatically closed in the case management system.

Note: The application date is the day the applicant signs the Application for Foster Family Home License form.


Vaccination Status

The vaccination status of children in the home:

1. Is not used to decide if a home can be licensed; and
2. May be considered when placing:
 - a. Medically fragile children, or
 - b. Infants under six (6) months, based on the Indiana Department of Health (IDOH) vaccination guidelines.

LEGAL REFERENCES

- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-27-4-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-4-7: Incomplete applications](#)
- [IC 31-27-4-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 11: Foster Family Home Licensing Study	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) must complete or update the foster family home licensing study (licensing study) when:

- A family applies for an initial license
- At each annual review
- At time of relicensure

The licensing study helps to decide if the family can provide a safe, stable, and supportive environment for a child placed in their care.

POLICY STATEMENT


Foster family home studies will be prepared using the state-approved foster family home licensing study.

The licensing study must be updated by completing an addendum within 30 days when any significant changes occur within the foster family home, such as, but not limited to:

1. Change in address;
2. Change in employment or finances of the foster family;
3. Household members being added or removed from the family composition; and
4. Changes to the living environment affecting the structure of the home.

LEGAL REFERENCES

- [IC 31-27-4-10: Investigation of applicants](#)
- [IC 31-27-4-14: Delegation of investigations](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 12: Foster Family Home Capacity	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) authorizes the number of children a foster family home (FFH) can care for. These limits are based on state law and help make sure FFHs can meet the needs of every child in their care.

POLICY STATEMENT

The number of children allowed in a foster home is set when the home is first licensed. This number can change later if needed. The maximum number depends on the child’s age, needs, and how much supervision they require.

- A foster home cannot care for more than six (6) children at one time.
- No more than four (4) of those children can be under six (6) years old.

Note: This total includes:

- Foster children placed by DCS or probation,
- The foster parent’s own children (biological, adopted, or guardianship),
- Any other children living in the home who receives regular care and supervision.

A child is defined as:

- Someone under 18 year old, or
- A youth 18 or older who is still under the care of a juvenile court.

Therapeutic Foster Homes

If a foster parent is certified to run a therapeutic FFH:

- They may care for no more than four (4) children total.
- Only two (2) of those children may be foster children.
- This includes any children for whom the foster parent is a relative, guardian, or custodian.

Exceptions to Capacity

DCS may approve an exception to these limits.

- Exceptions are only valid for the specific placement that needs it.
- Once the placement ends, the exception must be removed or the capacity updated in the case management system.


Respite Care

Respite care does not count toward the home's capacity. However, the Family Case Manager (FCM) and licensing worker should still consider:

- The caregiver's ability and limits, and
- The space available in the home.

LEGAL REFERENCES

- [IC 29-3-9-1\(h\): Delegation of powers by executed power of attorney; limitations](#)
- [IC 31-27-4-1: License required to operate foster family home; exception](#)
- [IC 31-27-4-8: Supervision and care limits; exceptions](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)
- [42 USC 672: foster care maintenance payments program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 13: Approval Process	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The licensing approval process is done to make sure the foster family home (FFH) will meet the roles and responsibilities of a licensed foster parent.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will process all recommendations for licensing a FFH based on their ability to meet all requirements and qualifications.

DCS will not discriminate against someone with a disability and will look at ways to reasonably accommodate them.


Following Indiana law, the FFH license will last four (4) years, minus one (1) day. The start and end date will be listed on the license.

License Revisions

If something changes that could affect the child’s health and well-being, the licensing worker will make those changes in the case management system, as outlined in law, and follow the approval process.

LEGAL REFERENCES

- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [IC 31-27-4-6.5: “Disability”; foster family home](#)
- [42 USC 12102: Definition of disability](#)
- [465 IAC 2-1.5-3: Qualifications of the foster family; general](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 14: In-Service Training	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

As required by Indiana law, each licensee must complete in-service training hours to maintain their foster family home license.

POLICY STATEMENT

Each licensee in the foster family home (FFH) must complete the in-service training.

DCS requires each licensee in the FFH:

1. To complete at least 15 hours of in-service training each year. This includes training to meet the needs of the children in their care; and
2. To complete at least 20 hours of in-service training each year to be licensed with a therapeutic certification.


Licensees can earn up to eight (8) hours through alternative training (e.g., online trainings, books, videos). The rest of their training hours must be done through face-to-face trainings. If a health emergency is declared, the Assistant Deputy Director of Staff Development may allow other options.

Note: Cardiopulmonary resuscitation (CPR), First Aid, and Universal Precautions are **required** for licensing and do not count as in-service training hours.

DCS allows up to five (5) hours of training to be carried over to the next year if the training was completed in the last three (3) months of the current training year. This may only be carried over if the training hours are not needed to meet the training requirements for the current year.

LEGAL REFERENCES

- [IC 31-27-4-2: Therapeutic foster home; certificates; requirements; supervision and care limits](#)
- [465 IAC 2-1.5-22: Foster parent training](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 15: Annual Review (Foster Family Home Licensing)	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) makes sure licensed foster homes are inspected and following licensing requirements to meet the health, safety, and well-being needs of a child placed in their home.

POLICY STATEMENT

Licensed foster homes will be reviewed annually until it is time for re-licensing. During the annual review visit, all information will be collected so that the Annual Report Regarding Resource Family Home form can be completed.


DCS will notify the foster family when:

- The annual review is due;
- The annual review has been completed;

DCS will also keep written records of monitoring activities and on-site visits to the foster family home. DCS checks licensed foster homes to make sure they are following licensing requirements. These reviews will be completed each year until it is time for re-licensing.

LEGAL REFERENCES

- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-4-18: Inspection of foster family homes](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [465 IAC 2-1.5-12: Physical facilities of the foster family home; safety; cleanliness and sanitation](#)
- [465 IAC 2-1.5-22: Foster parent training](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 16: Foster Family Home Relicensure	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Indiana law outlines the duration of a license as well as limitations and rules for renewal. A license is valid for four (4) years. This policy goes over the rules around relicensure.

POLICY STATEMENT

Relicensing a Foster Family Home


To extend a foster home license for another four (4) years, the foster family must apply for relicensure.

- The current license stays active while the relicensure application is being processed.
- DCS will review the application and either approve a new license or deny the request.

Note: The application should be signed and dated before the current license expires. If the home is approved, the new license will begin on the same day the old one ends. If the home does not meet all requirements but DCS decides to move forward, a Corrective Action Plan (CAP) must be created and completed before the license can be renewed. See policy 12.17.

LEGAL REFERENCES

- [IC 31-27-4-16: Duration of license; limitations; renewal](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 17: Corrective Licensing Actions	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) may issue corrective licensing action as a way to support a foster family home (FFH) not following licensing laws, rules, and/or DCS policies.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) may issue corrective licensing action as a way to support a foster family home (FFH) not following licensing laws, rules, and/or DCS policies.

A corrective action plan (CAP) may include one (1) of the following:

1. Placement hold; or
2. Probation.

Note: If the issue is safety-related, a CAP with a placement hold and/or probation may be used. Any new placements or respite care must be approved by the Foster Care Division Manager (DM).


Corrective licensing action:

1. Will last for a specific timeframe, up to six (6) months, and can be extended for another six (6) months;
2. May not go past the date the FFH license expires; and
3. May be given if:
 - a. The issue is related to safety but does not put the child in immediate danger,
 - b. A corrective action plan (CAP) is filed, and
 - c. DCS approves the CAP.

An extension should only be requested when the FFH has made progress. If they are not making progress, the FFH may be considered for revocation (see policy [12.21](#)).

LEGAL REFERENCES

- [IC 31-27-4-17: Probationary status; duration; expiration; extension](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 18: Licensing Denials	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

DCS may recommend denying a foster family home (FFH) license or renewal if the applicant does not meet licensing rules or cannot provide a safe and supportive environment for the child.

POLICY STATEMENT

DCS may recommend denying the foster family home's (FFH) initial licensure or relicensure application if an FFH applicant:

1. Does not meet the foster care licensing rules or qualifications from Indiana Code (IC), Indiana Administrative Code (IAC), or Indiana Department of Child Services (DCS) policies; or
2. Cannot keep the child safe or ensure their well-being.

DCS will not recommend licensing an FFH if there are any safety concerns about placing a child there. A denial:

1. Cannot be made without a signed Application for Foster Family Home License form; and
2. Does not need a full written home study, but extra supporting documentation may be needed.


Note: A license must not be denied just because of a disability. Reasonable accommodations should be made.

After the denial process has started, a licensee may not (without DCS approval):

1. Voluntarily give up the FFH application; or
2. Transfer their application.

LEGAL REFERENCES

- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-27-4-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-4-13: Denial of license; notice; administrative hearing upon written request](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
- [465 IAC 3-2-2: Administrative review procedure for child care workers and licensed foster parents](#)
- [465 IAC 3-3: Administrative Hearings](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 19: Waivers	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

At times, a foster family may face problems or challenges called an “undue hardship”. If this happens, the Indiana Department of Child Services (DCS) may allow a waiver. A waiver allows an exception to be made around a certain rule and will NOT be detrimental to the health, safety, and welfare of any child placed in the home.

POLICY STATEMENT


DCS may give a waiver for a Foster Family Home (FFH). This means the FFH does not have to follow an identified rule. Only the Central Office Foster Care Licensing Team can approve a waiver. Waivers can only be given for rules or regulations. They cannot be given for Indiana laws (statutes).

Per Indiana Code, waivers granted or renewed will expire on one (1) of the following dates, whichever comes first:

1. When the FFH license ends;
2. Expiration date set by the Central Office Foster Care Licensing Team;
3. When something happens that DCS said would end the waiver; or
4. Four (4) years after the waiver started.

LEGAL REFERENCES

- [IC 31-27-2-8: Granting of variances and waivers](#)
- [IC 31-27-2-9: Expiration of variances and waivers](#)
- [IC 31-27-2-10: Renewal of variances and waivers](#)
- [IC 31-27-2-11: Revocation of variances and waivers](#)
- [IC 31-27-4-12: Eligibility for waivers and variances](#)
- [465 IAC 2-1.5-9: Physical facilities of the foster family home: bedrooms and bathrooms](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 20: Variances (Foster Family Home Licensing)	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) may allow a foster family home (FFH) to meet the intent of a rule or regulation in a different way. This is called a variance. A variance must still protect the health, safety, and well-being of the child.

POLICY STATEMENT

A variance can only be granted for DCS rules and regulations, not for Indiana statutory requirements. Only the DCS Central Office Licensing Unit can approve or deny a variance.

A variance will expire on the earliest of the following dates:


1. When the foster home's license expires,
2. On the date set by the Central Office Licensing Unit Manager,
3. When a specific event (set by the Licensing Unit) happens, or
4. Four (4) years after the variance starts.

To request a licensing variance, documentation will be submitted that:

1. Explains the alternative plan for meeting the rule or regulation, and
2. Shows how the plan will protect the health, safety, and well-being of every child receiving services.

LEGAL REFERENCES

- [IC 31-27-2-8: Granting of variances and waivers](#)
- [IC 31-27-2-9: Expiration of variances and waivers](#)
- [IC 31-27-2-10: Renewal of variances and waivers](#)
- [IC 31-27-2-11: Revocation of variances and waivers](#)
- [IC 31-27-4-12: Eligibility for waivers and variances](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 21: Revocations	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) may recommend a foster family home (FFH) license to be revoked when they do not meet the rules or cannot keep children safe.

POLICY STATEMENT

FFH licenses may be recommended for revocation in situations that include but are not limited to:

1. The licensee, household members, employees, or volunteers who must have background checks do not pass;
2. There has been a substantiation of Child Abuse and/or Neglect (CA/N) against the FFH licensee or a household member;
3. The licensee made false statements on their application or licensure records;
4. The licensee can not financially support the home without the per diem;
5. The licensee did not meet the terms of the corrective licensing action (see policy [12.17](#));
6. The home or the resource parent's ability to care for children is not safe or stable.

Once the revocation process has started, the FFH licensee cannot voluntarily give up or transfer their FFH license, unless approved by DCS.

Appeal of a Revocation

If the FFH appeals the revocation and requests an Administrative Appeal Hearing:


1. DCS will review and send complete, timely requests to the Office of Administrative Law Proceedings (OALP);
2. An Administrative Law Judge (ALJ) (sometimes referred to as Administrative Hearing Officer) will schedule the hearing date and any prehearing conferences;
3. The OALP will tell the DCS attorney, FFH, and their attorney about the hearing;
4. A DCS attorney will represent DCS during the hearing;
5. After the hearing, the DCS Final Agency Authority (FAA) will conduct a Final Agency Review of the ALJ's recommendation. They can keep it, reverse it, or send it back for further proceedings; and

Note: If anyone misses meetings or deadlines during the review, the case will still move forward, and a decision will be made.

6. OALP and the parties will be told the final decision, and any right to seek judicial review.

LEGAL REFERENCES

- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-27-4-13: Denial of license; notice; administrative hearing upon written request](#)
- [IC 31-27-4-22: Notice of enforcement actions; informal meetings](#)
- [IC 31-27-4-23: Administrative hearings](#)
- [IC 31-27-4-24: Procedure for administrative hearings](#)
- [IC 31-27-4-30: Notice](#)
- [IC 31-27-4-32: Grounds for revocation of license; waiver](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
- [465 IAC 3-2-2: Administrative review procedure for child care workers and licensed foster parents](#)
- [465 IAC 3-3: Administrative Hearings](#)
- [470 IAC 1-4: Administrative Appeals](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 22: Licensing File	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) or Licensed Child Placing Agency (LCPA) is responsible for keeping and maintaining information about the foster family home.

POLICY STATEMENT


Licensing files are the property of DCS.

DCS will:

1. Complete random reviews of the licensing file to make sure relevant laws and regulations are followed; and
2. Keep written records of the review in the licensing file.

LEGAL REFERENCES

- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [IC 31-27-4-20: Cooperation by licensees](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 23: Evaluation of Child Abuse or Neglect Allegations or Complaints Involving Foster Family Homes	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

It is important that children are safe in their Foster Family Homes (FFH). This includes assessing any reports of abuse or neglect involving the FFH.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) is responsible for assessing any Child Abuse and/or Neglect (CA/N) allegation involving:


- DCS FFH applicants, licensees, and household members
- Licensed Child Placing Agency (LCPA) FFH applicants, licensees, and household members.

Note: This includes conducting formal assessments to decide whether abuse or neglect has occurred.

The DCS local office or the LCPA is responsible for assessing licensing rule violations that do not meet the statutory definition of CA/N.

LEGAL REFERENCES

- [IC 31-27-4-17: Probationary status; duration; expiration; extension](#)
- [IC 31-27-4-18: Inspection of foster family homes](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [IC 31-27-4-20: Cooperation by licensees](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 28: License Reinstatement	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

License reinstatement is available to former foster families who left the fostering program in good standing and still meet the rules to care for children.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) checks to make sure all foster home applicants, whether through DCS or a Licensed Child Placing Agencies (LCPAs), can safely care for children and meet all the rules based on Indiana law.

If a request to reinstate a Foster Family Home (FFH) license is received, DCS shall treat the request as a new applicant. DCS will approve or deny the request for license reinstatement. If approved, the effective date of reinstatement is the date of approval in the case management system.

Note: If the license reinstatement is approved, any past non-compliance under the prior license will not be held against the foster parent unless:

- The same issue continues under the new license, or
- The new issue is similar to the old one

If the request for reinstatement is approved, the foster parent must complete:


- Any missed training from the last annual review, and
- All training needed for the current year (see policy [12.15](#))

The following foster family homes are not eligible for reinstatement, but may apply for relicensure (see policy [12.16](#)):

1. License was revoked or is not in good standing;
2. License has expired; and/or
3. License was voluntarily withdrawn in good standing but has less than one (1) year remaining on latest licensure period.

LEGAL REFERENCES

- [465 IAC 2-1.5-22: Foster parent training](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 31: Evaluating Financial Stability	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Indiana law requires foster parents to show they have enough income and manage their money well to keep their home safe and stable.

Foster care payments (called per diem) are meant to support the child’s needs while they are in foster care. These payments may not cover all costs, so foster families must show they can stay financially stable without relying on the per diem.

POLICY STATEMENT


All foster family home (FFH) applicants must complete the Financial Stability for Foster Family Home form when applying for or renewing a license. This form helps DCS understand:

1. The family’s income and monthly expenses; and
2. How the family handles emergencies or unexpected costs.

Note: If there are concerns about a family’s financial stability, DCS may ask for proof of income or expenses.

LEGAL REFERENCES

- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 32: Physical Environment Requirements	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Foster family homes (FFH) must meet basic safety and health rules to make sure children are well cared for.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) checks that FFHs meet legal standards, as required by law.


Resource parents must tell DCS or the Licensed Child Placing Agency (LCPA) about any changes that could affect the child’s health, safety or well-being including, but not limited to:

1. A change in home or mailing address, or phone number;
2. The physical condition or the use of bedrooms as it relates to the child, or both;
3. Any new household member; and
4. Any business being run from the home.

Note: Businesses that could negatively affect children’s safety are not allowed.

LEGAL REFERENCES

- [465 IAC 2-1.5 Licensing of Foster Family Homes for Children](#)
- [465 IAC 2-1.5-8: Physical facilities of the foster family home; general](#)
- [465 IAC 2-1.5-9: Physical facilities of the foster family home; bedrooms and bathrooms](#)
- [465 IAC 2-1.5-10: Physical facilities of the foster family home; safety; general](#)
- [465 IAC 2-1.5-11: Physical facilities of the foster family home; safety; fire and safety hazards](#)
- [465 IAC 2-1.5-12: Physical facilities of the foster family home; safety; cleanliness and sanitation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Resource Family Preparation Assessment	Effective Date: March 1, 2007
	Reference: 12.A (Chapter 12 - Foster Family Home Licensing)	Version: 1

Overview of the Family's Preparation

1. How did the family learn about adoption or resource parenting?
2. How long has the family been considering becoming an adoptive or resource parent?
3. What is the reason for adoption or resource parenting?
4. How many children are they interested in adopting or resource parenting?
5. What characteristics (e.g., age, race, sex, handicap) is the family expecting in a child?
6. Has the family received Foster, Adoptive, and Kinship Training pre-service training and when?

Current Family Structure, Family Network Diagram, Description of the Current Family

Ecomap portion of the [Kinship Connection Diagram](#):

1. Who currently resides in the household?
2. Who helps out with the children?
3. Who visits regularly?
4. Who stays over?
5. To whom do they go for advice?
6. Describe the family's formal and informal support system.
7. For single persons, is there a special person in the single person's life?
8. Describe the relationship prospective resource parents have with their parents?
9. What supportive resources does the family currently have?
10. Anticipate issues affecting the family's Ecomap after the adoption or foster placement of a child, such as resources needing to be developed or changes in relationships with larger systems.

The Genogram portion of the [Kinship Connection Diagram](#):

1. Who raised the prospective resource parents?
2. Describe any recent losses (death, moves, divorces, fights, estrangements, etc.) within the extended family, non-blood kin, or friendship network?
3. Present a brief biographical sketch of each parent, including date of birth, race, where born, who raised each, and present occupation.
4. Marital history of each parent, where they met, how long married.

Current Relationship

1. How does each partner describe the strengths of their relationship?
2. How does the couple describe the challenges in their relationship?
3. Describe how the couple plans to work together with discipline issues (or does currently if they have children).
4. How do members of the adoptive or resource family see their family's history and life experience leading to their decision to adopt or foster a child with special needs?
5. What is the extended family's history and experience with adoption or fostering?
6. Describe the extended family's attitude toward the family's decision to be resource parents.

Parenting Style and Strengths

1. How were the potential resource parents parented as children?
2. What experience has this family had with parenting?
3. What discipline methods were used with them and what discipline methods have they used?
4. Describe the couple's understanding of child development.

If Children are Presently in the Household:

1. How do the parents describe each child, including the child's adjustment and needs?
2. How comfortable is the family with the agency's policy on discipline?
3. Describe the parents' expectations of each child?
4. Are there particular stresses and strains with each child, and how are they handled?
5. Are children included in decision-making?
6. How does the family deal with or control anger, rage, possessiveness, or withdrawal in parent and child interactions?
7. How are anger, affection, joy, sadness, and other feelings expressed?
8. What are the family's expectations of adoption; of the adoptive child; of fostering; of the foster child; of siblings; and of themselves as adoptive parents?

Home Environment - Community

1. Describe the home, neighborhood, and community.
2. Can the home adapt to the needs of any child or a child with physical limitations?

Financial Profile

1. For an adoption summary, attach the financial profile to the summary.
2. For a resource family summary, the financial profile can be attached or the information can be included in the narrative in a financial subsection.
3. Does the family have enough income to meet their ongoing expenses?
4. Has all income and expenses been verified?

Parental Understanding of Child's History

1. Visualize a specific child in the Family's Network Diagram and genogram.
2. Discuss the family's preparedness to deal with the child's previous history.
3. Consider physical abuse, sexual abuse, and neglect.
4. Address attitudes toward openness in adoption.
5. Address helping a child to adjust emotionally to the stress of separation and placement.
6. Discuss the family's ability to help a child maintain cultural and ethnic identity.
7. Address the family's readiness to maintain contact with the child's birth parents.

Child Specific Assessment

1. What are the needs and strengths in this proposed placement?
2. What child-specific preparation occurred?
3. What training needs have been identified? Include scores for the Casey Foster Applicant Inventory (CFAI) or Completing the Casey Home Assessment Protocol (CHAP), if available.
4. What are the factors that indicate success for this family with this child?
5. Can the family realistically project how their decision to adopt or foster this specific child will impact the family one year, three years, five years, ten years from now? Is the family open to seeking help in these areas?
6. Are there specific child safety risk factors?
7. What risk management techniques have been put into place to minimize these risks?

8. Describe the parent's expectations regarding the child's behavior.

Verifications

Complete the Requirements Checklist for foster care. For adoption summaries, address the information received from the following as required by the state adoption code and agency policies:


1. References
2. Medical report
3. Limited criminal history information

Family's Understanding of Agency Role

1. Describe the family's understanding of their role and responsibilities as resource parents?
2. Describe the family's understanding of the agency's role?
3. What is the family's expectation of supportive services?
4. Describe the couple's availability of time in their life to parent a foster child.
5. Describe the couple's readiness to seek appropriate help and support from the agency?
6. Describe the couple's readiness to inform the family case manager of critical challenges and concerns?

General and Summary Assessment

1. What are your impressions of this family?
2. Describe the family's strengths and needs?
3. How were they addressed?
4. What plans have the family developed to minimize safety risks for a child?
5. What are the family's potential areas of vulnerability?
6. What are the necessary supports and supervision?
7. Comments and signatures of resource parent.
8. Comments and recommendation of agency completing the assessment.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 01: Conducting Checks - Licensed Facilities & LCPAs	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

*For information on **evaluating** background checks for DCS-licensed agencies, see policy 13.02.* Background checks are conducted to ensure DCS-licensed agencies meet federal and state standards to reduce risk of harm to children while in the care of DCS-licensed agencies.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) requires background checks for residential facilities and child placing agencies (referred to collectively as “DCS-licensed agencies” in the plural form and “DCS-licensed agency” in the singular form). These checks are completed for both initial licensing and relicensure.

Per Indiana law background checks are required for anyone who is:

1. An employee, volunteer, or intern of DCS-licensed agencies;
2. A contractor or other worker who may be alone with children in a child caring institution;
3. A director or manager of a DCS-licensed agency; or
4. A licensing applicant of a DCS-licensed agency (i.e., administrator for residential facility or the executive for a Licensed Child Placing Agencies [LCPA]).


DCS will complete the following background checks:

1. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
2. Child Protective Services (CPS) History Check;
3. National Sex Offender Registry Check (NSOR); and
4. Local Criminal Records Check.

DCS will keep all background check information private. It will follow all state and federal laws (see policy [2.06](#)).

LEGAL REFERENCES

- [IC 31-9-2-22.5: Conduct a criminal history check](#)
- [IC 31-27-3-3: Application for license; criminal history checks](#)
- [IC 31-27-3-5: Grounds for denial of license applications; waiver](#)
- [IC 31-27-5-4: Application for license; criminal history checks](#)
- [IC 31-27-5-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-6-2: Application for license; criminal history checks](#)
- [IC 31-27-6-3: Grounds for denial of applications; waiver](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 02: Evaluating Checks – Licensed Facilities & LCPAs	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) reviews Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) results to help license Residential Facilities and Child Placing Agencies (called “DCS licensed agencies”). The DCS licensed agencies review the other background checks to help decide if people working, volunteering, interning, or contracting with the agency meet federal and state rules. They also help reduce the risk of harm to children in care.

POLICY STATEMENT

DCS licensed agencies must immediately make sure a person is not hired, allowed to volunteer, or contract with the agency if a background check or waiver process shows a disqualified:

1. Criminal history that cannot be waived;
2. Criminal history or substantiation that the DCS licensed agency does not support waiving; or
3. Criminal history or substantiated CPS history in which a waiver is not granted by DCS.

Fingerprint-Based Check

The DCS COBCU reviews fingerprint check results for all required people. COBCU emails the DCS licensed agency contact with a Fingerprint-Based Check Status Letter.

Child Protective Services (CPS) History Check

DCS licensed agencies review CPS history from Indiana and any other state where the person lived in the past five (5) years. They check for any substantiated reports of child abuse or neglect (CAN).

If there is a substantiated CPS history in Indiana or another state, the person cannot:

1. Apply for a license;
2. Be a director or manager of a DCS licensed agency; or
3. Work, volunteer, or contract with a DCS licensed agency, unless a waiver is granted.

Note: CPS history is reviewed from each state as far back as records are kept. Indiana keeps records back to 1988.

National Sex Offender Registry Check

DCS licensed agencies check the National Sex Offender Registry. If there is a match, the person cannot work, volunteer, or contract with the agency. The agency must email COBCU. COBCU will review the fingerprint report again and may send an updated Fingerprint-Based Check Status Letter.


Local Criminal Records Check

DCS licensed agencies review Local Criminal Records Check results. If the fingerprint check was qualified, but the local check shows any of the following, the agency must contact COBCU for guidance:

1. A felony,
2. Four (4) or more misdemeanors, or
3. A misdemeanor that may affect child safety.

LEGAL REFERENCES

- [IC 31-9-2-84.8: "Nonwaivable offense"](#)
- [IC 31-27-3-3: Application for license; criminal history checks](#)
- [IC 31-27-3-5: Grounds for denial of license applications; waiver](#)
- [IC 31-27-5-4: Application for license; criminal history checks](#)
- [IC 31-27-5-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-6-2: Apply for licenses; criminal history checks](#)
- [IC 31-27-6-3: Grounds for denial of license applications; waiver](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 03: Conducting Checks - DCS Contractors	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

This policy does not apply to contractors of Licensed Residential Agencies or Licensed Child Placing Agencies (LCPAs). See policy [13.01 Conducting Checks - Licensed Residential Agencies and Child Placing Agency](#) for further information. This policy also does not apply to leases where DCS is the tenant or the subtenant.

Background Checks are done to make sure all employees, volunteers, and interns of DCS contractors meet state standards.

POLICY STATEMENT

DCS will conduct the following background checks for DCS Contractors, and their employees, volunteers, interns, and subcontractors:


- Fingerprint-Based National Criminal History Check (Fingerprint-Based Check)
- National Sex Offender Registry Check
- Child Protective Services (CPS) History Check and Child Protection Index (CPI)
- Local Criminal Records Check

Note: The type of background check will depend on the person's age.

DCS will keep all information found during the background check process confidential following state and federal laws (see [policy 2.06](#)).

LEGAL REFERENCES

- [IC 10-13-3-27: Release of data to noncriminal justice organization or to individuals; national crime information center data restricted; penalties](#)
- [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit to fingerprint background check based on access to confidential tax information](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 04: Evaluating Checks - DCS Contractors	
	Effective Date: January 1, 2026	Version: 9

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) checks the backgrounds of all DCS Contractor Agencies. This helps make sure the children are safe and their well-being is maintained in their placement.

POLICY STATEMENT


DCS will check the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) for all DCS Contractor Agencies. DCS Contractor Agencies will check the results of the other background checks (see policy [13.03](#)).

DCS Contractor Agencies must make sure that anyone with a disqualifying history does not work or volunteer in any job or service under the DCS contract if there is a:

1. Disqualifying criminal history that cannot be waived,
2. Disqualifying criminal or substantiated CPS history, and the DCS Contractor Agency does not support or ask for a waiver; or
3. Disqualifying criminal or substantiated CPS history, and DCS does not approve the waiver.

LEGAL REFERENCES

- [IC 10-13-3-27: Release of data to noncriminal justice organization or to individuals; national crime information center data restricted; penalties](#)
- [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit to fingerprint background check based on access to confidential tax information](#)
- [IC 31-9-2-84.8: "Nonwaivable offense"](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 05: Conducting Checks – Non-Emergency Unlicensed Placements	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) requires background checks to be conducted on all non-emergency unlicensed placements to help ensure the safety and well-being of children placed in their care.

POLICY STATEMENT

Before Placing a Child in an Unlicensed Home

DCS must complete background checks for:

1. All household members, and
2. Anyone who:
 - Stay at the home 21 days or more in a 12-month period (the days do not have to be consecutive), or
 - Works or volunteer in the home with a child who is under the care of the unlicensed resource.

The child will remain in the current placement until the following are completed and cleared:

1. A Child Protective Services (CPS) History Check:
 - For Indiana and every state the person has lived during the last five (5) years.
 - All individuals six (6) years of age and older.

Note: CPS history is reported from those states as far back as there are records or to the date that state’s law indicates records should be maintained. Indiana maintains substantiated history back to 1988.

2. A National Sex Offender Registry Check:
 - For all individuals 14 years of age and older
 - For every state in which the person has lived during the last five (5) years
3. A Local Criminal Records Check:
 - For anyone 18 years of age and older
 - For every criminal court where the person has lived during the last five (5) years
4. A Fingerprint-Based National Criminal History Check (Fingerprint-Based Check)
 - For all individuals 18 years of age and older (see policy [13.15](#)).

Note: Fingerprint-Based Checks completed for any other purpose (e.g., foster family home licensure, adoption, or employment) may not be used for the purpose of unlicensed

placement. A new fingerprint-based check will be required.

After a Child is Placed in an Unlicensed Home

DCS requires completion of background checks on:

1. New household members
 - Who stays in the home for 21 days or more in a 12-month period (the days do not have to be consecutive), and
 - Background checks are to return with qualified results or a granted waiver before a new household member can move into the home.
2. Current household members who:
 - Turns six (6) years old,
 - Turns 14 years old, or
 - Turns 18 years old.


Note: Fingerprint-Based checks may not be completed prior to 18 years of age. Fingerprints must be obtained within 30 days of their 18th birthday. Any required background checks not completed previously (based on the individual's age) must be started 30 days prior to their birthday.

3. New employees and/or volunteers in the home.
 - Required background checks are to be completed and returned with qualified results or a granted waiver before they may begin working or volunteering in the unlicensed resource home.

DCS will not conduct background checks on children under DCS care and supervision.

LEGAL REFERENCES

- [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law; contesting denial of placement; fee](#)
- [IC 10-13-3-31: Release of data to subject person; fee; challenge of data authorized](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-26-5: Family Preservation Services](#)
- [IC 31-34-18-6.1: Predispositional report; contents](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [240 IAC Article 6: Criminal History Record Information](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 06: Evaluating Checks – Nonemergency Unlicensed Placements	
	Effective Date: January 1, 2026	Version: 12

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) checks background records for non-emergency unlicensed placements. This helps keep children safe and well in these homes.

POLICY STATEMENT


Before placing a child in an unlicensed home, DCS reviews these background checks for all required people:

1. Fingerprint-Based National Criminal History Check
2. Child Protective Services (CPS) History Check
3. National Sex Offender Registry Check
4. Local Criminal Records Check

Note: The child should stay in their current home until all checks are cleared or needed waivers are approved. See policy 13.05 for more details.

LEGAL REFERENCES

- [IC 31-9-2-84.8: "Nonwaivable offense"](#)
- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 07: Conducting Checks – Adoptions	
	Effective Date: January 1, 2026	Version: 12

POLICY OVERVIEW

Background checks are done on prospective adoptive homes to help ensure the safety and well-being of children placed in the home.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will run background checks for adoption purposes (including for the adoption home study, adoption summary, or Indiana Adoption Assistance Program [AAP] eligibility) on people who:

1. Live in the prospective **DCS** adoptive household;

Note: This includes for a petitioner’s spouse, even if they do not live in the same house.

2. Stays in the home for 21 calendar days or more within a 12-month period (days do not have to be in a row); or

Note: Background checks must be done **before** the person moves in.

3. Are members of a prospective **private** adoptive home who are applying for AAP.

Note: DCS will not run background checks on children under DCS care and supervision.

If any household member is arrested, convicted of a crime, or substantiated for child abuse and/or neglect (CA/N), the prospective adoptive home must tell the adoption worker within 24 hours.

Required Background Checks

The type of background check conducted depends on the age of the subject and must be completed **annually**:

1. **Child Protective Services (CPS) History Check**
 - All household members age six (6) years and older
 - In every state they have lived in the last five (5) years
2. **Fingerprint-Based National Criminal History Check (Fingerprint-Based Check)**
 - All household members age 18 and older
 - With “qualified” results (see policy [13.15](#)).
3. **Local Criminal Records Check**
 - All household members age 18 and older

- In every criminal court jurisdiction they have lived in the last five (5) years

4. **National Sex Offender Registry Check**

- All household members age 14 and older
- In every state they have lived in the last five (5) years

Note: If a household member is turning six (6), 14, or 18 years old, the appropriate background check must start 30 calendar days before their birthday.

New Background Checks


If it has been more than 12 months since the last background check, new checks are needed before:

- Placing a child in the home
- Completing an adoption home study or adoption summary
- Submitting the AAP Application
- Filing the petition for adoption

DCS will keep all information found during the background check process confidential, following state and federal laws as well as Criminal Justice Information Services (CJIS) security protocols (see policy [2.06](#)).

LEGAL REFERENCES

- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-19-2-7.3: Waiver of criminal history check requirements prohibited](#)
- [IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
- [IC 31-19-7-1: Prior written approval of placements; criminal history checks](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-19-11-1: Decree; affidavit; criminal convictions and juvenile adjudications](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [465 IAC 2-1.5-3\(e\)\(2\): Qualifications of the foster family; general](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 08: Evaluating Checks – Adoptions	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) reviews background checks for adoptions to help make sure children are safe and their well-being is maintained.

POLICY STATEMENT

DCS will check the results of all required Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) for adoption. These include:

1. National Sex Offender Registry Checks;
2. Child Protective Services (CPS) History Checks; and
3. Local Criminal Records Checks.

DCS cannot support adoption if the background checks show that someone living in the home has:


1. A disqualifying criminal history; or
2. A criminal or CPS history that is not waived by DCS.

Note: A court may not approve an adoption if the person asking to adopt is any of the following:

- A sex or violent offender (as defined in IC 11-8-8-5);
- A sexually violent predator (as defined in IC 35-38-1-7.5); or
- A person with nonwaivable criminal history (as defined in IC 31-34-4-2 and IC 35-38-1-7.5).

LEGAL REFERENCES

- [IC 11-8-8-5: "Sex or violent offender"](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-9-2-84.8: "Nonwaivable offense"](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 35-38-1-7.5: Sexually violent predators](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 09: Conducting Checks – Foster Family Home Licensing	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

State law requires the Indiana Department of Child Services (DCS) complete background checks for all foster family homes to help keep children safe while in a foster family home.

POLICY STATEMENT

State law requires background checks to be completed for initial licensing or relicensure of a foster family home on household members, including biological parents who reside in the foster family home, and all persons who:

- Stay at the home for 21 days or more in a 12-month period. The days do not have to be in a row; or
- Work or volunteer in the home regular or continuing basis with children who are under the foster parent's care.

Foster family homes must tell their licensing worker (within 24 hours) if any of the following people are arrested, convicted, or substantiated for Child Abuse and/or Neglect (CA/N):

- The licensee
- A household member
- An employee, contractor, or volunteer

The licensing worker and their supervisor will review the situation on a case-by-case basis and contact the Central Office Background Check Unit (COBCU) for further guidance.

The type of background checks depends on the person's age:

1. Child Protective Services (CPS) History Check
 - For anyone six (6) years of age or older, and
 - Must be done for Indiana and every state in which the person has lived in the last five (5) years.
2. National Sex Offender Registry (NSOR)
 - For anyone 14 years or older, and
 - Must be completed for every state the person has lived during the last five (5) years.
3. Local Criminal Records Check
 - For anyone 18 years of age or older, and
 - Must be completed in every criminal court jurisdiction in which the person has resided during the last five (5) years.
4. Fingerprint-Based Check
 - For anyone 18 years of age or older, and
 - must be completed and returned with qualified results (see policy [13.15](#)).

Note: Fingerprint-Based Checks completed for any other purpose (e.g., adoption, unlicensed placement, employment) may not be used for the purpose of foster family home licensure. A new fingerprint-based check will be required.

DCS will not conduct background checks on children under DCS care and supervision, including Youth in Collaborative Care (CC). DCS does not have the statutory authority to complete a Fingerprint-Based Check.


Annual Reviews

At each annual review, DCS will:

- Search the MyCase website for all household members 18 years or older, including biological parents who reside in the foster family home, and those who stay, work, or volunteer in the foster family home.
- Require full background checks and a cleared status for anyone who has not completed them during the current license period (see policy [13.10](#)).

LEGAL REFERENCES

- [IC 10-13-3-31: Release of data to subject person; fee; challenge of data authorized](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-27-4-5: Apply for licenses; criminal history check](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-18-6.1: Predispositional report; contents](#)
- [240 IAC Article 6: Criminal History Record Information](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 10: Evaluating Checks – Foster Licensing	
	Effective Date: January 1, 2026	Version: 11

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) evaluates background checks for all foster family home license decisions. This helps keep children safe and well in foster care.

POLICY STATEMENT

The DCS Central Office Background Check Unit (COBCU) evaluates the results of Fingerprint-Based National Criminal History Checks for all required people during foster home licensing.

The licensing worker reviews:

1. Combined Application for Criminal and Child Protection Service (CPS) History
2. National Sex Offender Registry Check
3. Local Criminal Records Check

Denial or revocation of a foster family home license will be recommended if a background check or waiver process shows that a household member, or someone staying, working, or volunteering in the home:

1. Has a disqualified criminal history that cannot be waived;
2. Has a disqualified criminal history or substantiated CPS history and:
 - a. The licensing worker does not support the waiver, or
 - b. The foster family does not submit the waiver.
3. Has a disqualified criminal history or substantiated CPS history, and the waiver is denied by DCS;
4. Has a disqualified criminal history or substantiated CPS history, and the waiver is not submitted to COBCU within 10 business days of:
 - a. The Fingerprint-Based Disqualified Status Letter, or
 - b. The date the CPS history is found.


This applies to people already living in a licensed foster home when the history is found, or during relicensure, if foster children are placed in the home.

Note: If the person no longer lives in the home, denial or revocation is not needed.

LEGAL REFERENCES

- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-27-4-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-4-13: Denial of license; notice; administrative hearing upon written request](#)
- [IC 31-27-4-32: Grounds for revocation of license](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)

- [IC 31-9-2-84.8: Nonwaivable offense](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 11: Conducting Checks - Emergency Unlicensed Placements	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

This policy applies to in-state Emergency Unlicensed Placements. For Non-emergency Unlicensed Placements, see [policy 13.05 Conducting Checks - Non-emergency Unlicensed Placements](#). For Out-of-State Placements, see [Chapter 9 Interstate Compact \(ICPC\) policies](#).

The Indiana Department of Child Services (DCS) runs background checks on all emergency unlicensed placements to help make sure children are safe in the homes they are placed.

POLICY STATEMENT

Background checks are required for an emergency unlicensed placement. The type of background check done depends on the age of the subject of the check:

1. Interstate Identification Index (Triple I Check)

- Must be completed **before placement**
- For any household members age 18 and older, which include:
 - Anyone who stays in the home for at least 21 days any time within a 12-month period
 - Anyone who works or volunteers in the home under the direct supervision of the unlicensed resource

Note: Indiana law allows DCS to access the Triple I Check without fingerprints **only** at the time an emergency unlicensed placement is being considered.

2. Fingerprint-Based Check

- For each household member age 18 and older
- Must be completed no more than **five (5) business days** from the date of placement
- Must be returned with “qualified” results
- Must be completed if the child is placed for any period of time

Note: See policy [13.15](#) for more information.

3. Local Criminal Records Check

- For each household member age 18 and older
- In every jurisdiction they have lived in the last five (5) years

4. Child Protective Services (CPS) History Check

- For each household member age six (6) and older
- In every state they have lived in the last five (5) years

5. **National Sex Offender Registry (NSOR) Check**
 - For each household member age 14 and older
 - In every state they have lived in the last five (5) years


All household members and anyone working or volunteering in the home who turn six (6), 14, or 18 years of age must:

1. Have required background checks started **30 days before** their birthday; and
2. Get fingerprints done within **30 days after** the subject's 18th birthday.

DCS will **not** run background checks on children under DCS care and supervision.

LEGAL REFERENCES

- [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law; contesting denial of placement; fee](#)
- [IC 10-13-3-31: Release of data to subject person; fee; challenge of data authorized](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [240 IAC Article 6: Criminal History Record Information](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 12: Evaluating Checks - Emergency Unlicensed Placements	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) reviews background checks for emergency unlicensed placements to help make sure children are safe and their well-being is maintained.

POLICY STATEMENT

DCS will check the results of all required background checks for emergency unlicensed placement.

DCS may approve a home for emergency unlicensed placement if a person's criminal or CPS history shows disqualified results only if:

1. The history can be waived; and
2. DCS supports and pursues the waiver.

Note: If a child is already placed and the waiver is not granted, the child must be removed immediately.


DCS will remove a child in an emergency unlicensed placement or ask the court to change the placement if:

1. The person has disqualified criminal history that cannot be waived;
2. The person has disqualified criminal or CPS history and DCS does not grant a waiver; or
3. A complete and valid waiver packet is not submitted to DCS within 10 business days from the completed checks (see policy [13.16](#)).

Note: If the person with disqualified history no longer lives in the home and all others pass their background checks, the child may stay in the home.

LEGAL REFERENCES

- [IC 31-9-2-84.8: "Nonwaivable offense"](#)
- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 13: Background Checks for Childcare Providers and Extracurricular Activities	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

*This policy applies to children who have been removed from their homes and are in an out-of-home placement. This policy is **not** applicable to In-Home CHINS.*

The Indiana Department of Child Services (DCS) must do background checks for childcare providers and individuals involved in extracurricular activities to protect the child's safety while supporting the child's right to experience a normal life in care.

POLICY STATEMENT

DCS will follow state and federal laws regarding background checks for childcare providers and extracurricular activities.

Unlicensed Childcare Providers (Outside of the Resource Home - Regular and Ongoing)

If a child is cared for outside the resource home on a regular and ongoing basis, DCS must complete background checks for everyone living in the childcare provider's home:

1. Child Protection Service (CPS) History Checks:
 - For anyone six (6) years of age or older, and
 - Must be done for every state in which the person has lived in the last five (5) years.

Note: If there is a CPS substantiation, see policy [13.16](#).

2. National Sex Offender Registry (NSOR) Check (using the Dru Sjodin National Sex Offender Public website [see Resources])
 - For anyone 14 years old or older,
 - In every state in which the person has lived the last five (5) years.
3. Local Criminal Records Check
 - For all people 18 years of age and older.

Fingerprint-Based Checks should not be done for unlicensed out-of-home childcare providers. DCS does not have the legal authority to complete fingerprinting for this purpose (see policy [13.15](#)).

Unlicensed Childcare Providers (Inside the Resource Home - Regular and Ongoing)

If the childcare provider works inside the resource home on a regular and ongoing basis, they are considered an employee or volunteer of the home. Follow the background check rules in:

- Policy [13.05](#)
- Policy [13.09](#)

Licensed Childcare Providers

If the provider is licensed by the Family and Social Services Administration (FSSA), Office of Early Childhood and Out of School Learning, no extra background checks are needed. This includes:

- Licensed child-care homes,
- Licensed childcare centers, and
- Unlicensed registered childcare ministries.

Childcare on an Irregular Basis (In-Home or Out-of-Home)

DCS does not have legal authority to fingerprint unlicensed childcare providers that supervise the child on an irregular basis. Use discretion to decide if these checks are needed:

- CPS History Checks,
- NSOR Checks (using the Dru Sjodin National Sex Offender Public Website), and/or
- Local Criminal Records Checks


Extracurricular Activities

DCS does not have legal authority to fingerprint individuals involved in the child's participation in extracurricular activities. Use discretion to decide if these checks are needed:

- CPS History Checks,
- NSOR Checks (using the Dru Sjodin National Sex Offender Public website), and/or
- Local Criminal Records Checks are needed.

LEGAL REFERENCES

- [IC 10-13-3-27: Release of data to noncriminal justice organization or to individuals; national crime information center data restricted; penalties](#)
- [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit to fingerprint background check based on access to confidential tax information](#)
- [IC 10-13-3-39: Department designated authorized agency for national criminal history background check; request for background check by qualified entity; exchange of identification records; results provided to public agency](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 14: Checks for Reunification	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Department of Child Services (DCS) may run criminal history checks on a child’s parent, guardian, custodian, or anyone living in the same home before the child returns to live with them. This helps keep children safe and well.

POLICY STATEMENT

DCS will consider the case details and decide whether to complete the following optional checks for the child’s parent, guardian, custodian, or anyone living in their home:


1. CPS History Check:
 - a. For anyone six (6) years or older,
 - b. In every state they have lived in during the past five (5) years.
2. National Sex Offender Registry Check:
 - a. For anyone 14 years or older,
 - b. In every state they have lived in during the past five (5) years.
3. Local Criminal Court Records Check:
 - a. For anyone 18 years or older,
 - b. In every court jurisdiction where they have lived in the past five (5) years.
4. Fingerprint-Based Check for anyone 18 years or older.

Note: The Interstate Identification Index (Triple I Check) must not be used on a child’s parent, guardian, custodian, or household members.

DCS will share the results with the court.

LEGAL REFERENCES

- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 15: Fingerprint-Based Checks	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) are done to help keep children safe under the care of the Indiana Department of Child Services (DCS).

POLICY STATEMENT

Fingerprint-Based Checks are done for a specific person and purpose and cannot be used for any other purpose.

Fingerprint-Based Checks are required for:

1. DCS Adoptions (see policy [13.07](#));
2. DCS Contractors (see policy [13.03](#));
3. FFH Licensing (see policy [13.09](#));
4. Licensed Residential Agencies and Licensed Child Placing Agencies (LCPAs) (see policy [13.01](#)); and
5. Unlicensed Placements (see policies [13.05](#) and [13.11](#)).


DCS will review the results of Fingerprint-Based Checks and keep the information confidential. DCS will follow all state and federal laws, as well as Criminal Justice Information Services (CJIS) security protocols (see policy [2.06](#)).

DCS may verbally share background check results with the subject of the check. The subject of the check may challenge an inaccurate record. In Indiana, the subject of the check may contact the Indiana State Police (ISP). If outside of Indiana, they may contact the local law enforcement agency (LEA) that posted the record.

LEGAL REFERENCES

- [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law; contesting denial of placement; fee](#)
- [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit to fingerprint background check based on access to confidential tax information](#)
- [IC 25-10: ARTICLE 10. CHIROPRACTORS](#)
- [IC 25-22.5: ARTICLE 22.5. PHYSICIANS](#)
- [IC 25-23: ARTICLE 23. NURSES](#)
- [IC 25-27: ARTICLE 27. PHYSICAL THERAPISTS](#)
- [IC 25-27.5: ARTICLE 27.5. PHYSICIAN ASSISTANTS](#)

- [IC 25-33: ARTICLE 33. PSYCHOLOGISTS](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-27-3-3: Application for license; criminal history checks](#)
- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-27-5-4: Application for license; criminal history checks](#)
- [IC 31-27-6-2: Application for license; criminal history checks](#)
- [IC 31-28-5.8-5.5: Conduct criminal history check](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks Section 16: Waivers	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) may grant a waiver for disqualified juvenile or substantiated Child Protective Services (CPS) history.

POLICY STATEMENT

DCS will **not** grant a waiver for disqualifying criminal history if the person has been convicted of, or has pending charges for, any of the following felonies:

1. Murder;
2. Causing suicide;
3. Assisting suicide;
4. Voluntary manslaughter;
5. Involuntary manslaughter;
6. Reckless homicide;
7. Feticide;
8. Battery (within the last five [5] years);
9. Domestic battery;
10. Aggravated battery;
11. Criminal recklessness (within the past five [5] years);
12. Strangulation;
13. Kidnapping;
14. Criminal confinement (within the last five [5] years);
15. Human and sexual trafficking;
16. A felony sex offense under IC 35-42-4;
17. Arson (within the last five [5] years);
18. Incest;
19. Neglect of a dependent;
20. Child selling;
21. Reckless supervision;
22. Nonsupport of a dependent child (within the past five [5] years);
23. Operating a motorboat while intoxicated (within the past five [5] years);
24. A felony involving a weapon (within the last five [5] years);
25. A felony offense relating to controlled substances (within the last five [5] years);
26. An offense involving harmful or obscene material to minors under IC 35-49-3;
27. A felony under IC 9-30-5 (driving while intoxicated) (within the past five [5] years);
28. A felony related to the health or safety of a child or endangered adult;
29. Attempt to commit any felony listed above. If the original felony is non-waivable for a set time, the attempt is also non-waivable for that same time; and
30. A felony from another state that is equivalent to any felony listed above. If a conviction in

Indiana is non-waivable for a set time, a conviction in another jurisdiction (another state) for an equivalent felony is non-waivable for that time.

The decision of the Background Check Waiver Committee cannot be appealed. If the person's situation changes or new information is found, a new waiver packet may be submitted. DCS will review and issue a new decision.

If the waiver is not granted:

1. **Adoptions:** DCS cannot recommend adoption.
2. **Unlicensed out-of-home placement:** DCS cannot support or recommend the placement, even if the court orders it over DCS objection.


Note: If the court orders the placement over DCS' objection, DCS must follow the order but continue to object to the placement at each court hearing while the child remains in the home.

3. **Foster family home licensing:** The licensing worker recommends denial or revocation of the license.
4. **DCS Licensed Agencies (residential or child placing):** The person may not be hired by or volunteer for the DCS Licensed Agency. If the person is already working or volunteering, the DCS Licensed Agency must remove them from the schedule.
5. **DCS Contractor and Subcontractor (referred to as "DCS Contractor"):** The person may not be hired or volunteer with the DCS Contractor. If already working or volunteering, the DCS Contractor will:
 - a. **A-1 level covered personnel:** The person cannot work or volunteer in any role where they have access to children or are alone with children during services under the contract with DCS, or
 - b. **A-1 and A-2 level covered personnel:** The person may not work or volunteer in any role where they have access to children's records (physical or electronic) under the contract with DCS.

LEGAL REFERENCES

- [IC 9-30-5: Operating a Vehicle While Intoxicated](#)
- [IC 12-10-3-2: "Endangered adult"](#)
- [IC 31-9-2-13: "Child"](#)
- [IC 31-27-2-8: Granting of variances and waivers](#)
- [IC 31-27-2-9: Expiration of variances and waivers](#)
- [IC 31-27-2-10: Renewal of variances and waivers](#)
- [IC 31-27-2-11: Revocation of variances and waivers](#)
- [IC 31-27-4-12: Eligibility for waivers and variances](#)
- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 35-41-5-1: Attempt](#)
- [IC 35-42-1-1: Murder](#)
- [IC 35-42-1-2: Causing suicide](#)
- [IC 35-42-1-2.5: Assisting suicide](#)
- [IC 35-42-1-3: Voluntary manslaughter](#)
- [IC 35-42-1-4: Involuntary manslaughter](#)
- [IC 35-42-1-5: Reckless homicide](#)

- [IC 35-42-1-6: Feticide; exemptions](#)
- [IC 35-42-2-1: Battery](#)
- [IC 35-42-2-1.3: Domestic battery](#)
- [IC 35-42-2-1.5: Aggravated battery](#)
- [IC 35-42-2-2: Criminal recklessness](#)
- [IC 35-42-2-9: Strangulation](#)
- [IC 35-42-3-2: Kidnapping](#)
- [IC 35-42-3-3: Criminal confinement](#)
- [IC 35-42-3.5: Human and Sexual Trafficking](#)
- [IC 35-42-4: Sex Crimes](#)
- [IC 35-43-1-1: Arson](#)
- [IC 35-46-1-3: Incest](#)
- [IC 35-46-1-4: Neglect of a dependent; child selling](#)
- [IC 35-46-1-4.1: Reckless supervision](#)
- [IC 35-46-1-5: Nonsupport of a dependent child](#)
- [IC 35-46-9-6: Operating a motorboat while intoxicated](#)
- [IC 35-47: Weapons and Instruments of Violence](#)
- [IC 35-48-4: Offenses Relating to Controlled Substances](#)
- [IC 35-49-3: Crimes](#)
- [42 U.S.C. 471\(a\)\(20\)\(A\): Family First Preservation Services Act](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Adoption Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.A (13.16 Waivers)	Version: 1

Adoption Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet within 10 business days from the date of the disqualified Fingerprint-Based Status Letter or discovery of a Child Protective Services (CPS) substantiation:

1. Proof of Previous Waiver (if applicable)

The official notice previously issued to the subject by COBCU granting the waiver;

2. Letter from the Subject

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Explaining the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and
 - ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included with a subject's waiver request.

3. Letter of support

A written recommendation from the child's current Family Case Manager (FCM) must be signed and submitted on DCS letterhead or sent from the FCM's business email address. The recommendation letter must include the following:

- a. The child's DCS county of wardship,
- b. The length of time the child has been in the placement with the subject requesting the waiver,
- c. The biological/kinship relationship between the child and the subject requesting the waiver, if any,
- d. The adoption worker's observations of interactions between the subject of the check and the child,
- e. The adoption worker's observations, as well as evidence, that would support the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and
- f. The adoption worker's recommendation to support or not to support the granting of the adoption criminal and/or CPS waiver, including reasons to support that recommendation.

Note: If the adoption home study was completed by an LCPA, a second letter of support must be submitted on LCPA letterhead by the LCPA worker who completed the home study.

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in during the previous five (5) years, as outlined below:

- a. For Indiana:
 - i. DCS or the LCPA will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the DCS local office will complete Section A and Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B, and
 - ii. A copy of the approved [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the**

appropriate form or copy of the approved 311. This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.

b. For all other states:

- i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. Screen Print of National Sex Offender Registry Check

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The adoption worker will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. Local Criminal Records Check Results

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Records Check Instructions](#)); and

7. Fingerprint-Based Check Status Letter

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the adoption worker.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Emergency and Non-Emergency Unlicensed Out-of-Home Placement Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.B (13.16 Waivers)	Version: 1

Emergency and Non-Emergency Unlicensed Out-of-Home Placement Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet within 10 business days from the date of the disqualified Fingerprint-Based Status Letter or discovery of Child Protective Services (CPS) substantiation:

1. **Proof of Previous Waiver (if applicable)**

The official notice previously issued to the subject by COBCU granting the waiver;

2. **Letter from the Subject**

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Explaining the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the child's Family Case Manager (FCM) must be signed and submitted on DCS letterhead or sent from the FCM's business email address. The recommendation letter must include the following:

- a. The FCM's observations of the subject of the check,
- b. The FCM's recommendation to support or not support the granting of the unlicensed relative placement criminal and/or CPS waiver, including reasons to support that recommendation,
- c. Whether the child has already been placed with the subject requesting the waiver,
- d. The relation between the child and the subject of the request,
- e. Services being provided in the home or community to support the caregiver and/or child,
- f. Copies of safety plans, and
- g. The FCM's point of view from the details outlined in the Letter from the Subject (#2 above).

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years, as outlined below:

- a. For Indiana:
 - i. The agency will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the DCS local office will complete Section A and Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B, and
 - ii. A copy of the approved [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and
 - ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The FCM will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. **Local Criminal Records Check Results**

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Records Check Instructions](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the FCM.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Foster Foster Family Home Licensing Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.C (13.16 Waivers)	Version: 1

Foster Family Home Licensing Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet. The packet must be submitted as quickly as possible for initial licensure and within 10 business days from the date of the disqualified Fingerprint-Based Status Letter or discovery of a Child Protective Services (CPS) substantiation:

1. Proof of Previous Waiver (if applicable)

The official notice previously issued to the subject by COBCU granting the waiver;

2. Letter from the Subject

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and CA/N assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime, and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Explaining the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and
 - ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the licensing worker must be signed and submitted on Licensed Child Placing Agency (LCPA) or local office letterhead, or sent from the DCS Regional Foster Care Specialist (RFCS) licensing worker's business email address. The recommendation letter must include the following:

- a. The licensing worker's observations of the subject of the check,
- b. The licensing worker's recommendation to support or not support the granting of the foster family home licensing criminal and/or CPS waiver, including reasons to support that recommendation,
- c. Whether the child has already been placed with the subject requesting the waiver,
- d. Services being provided in the home,
- e. Copies of safety plans, and
- f. The licensing worker's point of view regarding the details outlined in the Letter from the Subject (#2 above).

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years as outlined below:

- a. For Indiana:
 - i. The licensing worker will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the licensing worker will complete Section A and Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B; and
 - ii. A copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113) (311) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at

[Out-of-State CPS Contact List](#), and ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. **Screen Prints of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the [Dru Sjodin National Sex Offender Public website](#). **The National Sex Offender Registry website is the only acceptable search.** The licensing worker will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. **Local Criminal Records Check Results**

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Records Check](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the licensing worker.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Residential and Child Placing Agency Waiver Packet	Effective Date: December 1, 2021
	Reference: 13.D (13.16 Waivers)	Version: 2

Residential and Child Placing Agency Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet within 10 business days from the date of the disqualified fingerprint-based status letter or discovery of a Child Protective Services (CPS) substantiation:

1. **Proof of Previous Waiver (if applicable)**

The official notice previously issued to the subject by COBCU granting waiver;

2. **Letter from the Subject**

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime, and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Indicating how the subject's personal experience and education will enhance the subject's ability to complete the job duties, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Include any additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the Residential or Child Placing Agency's (referred to collectively as "DCS Licensed Agencies") Executive Director or Human Resources (HR) Director in regard to the subject's criminal and/or CPS waiver request must be submitted on the DCS Licensed Agency's letterhead. The recommendation letter must include the following:

- a. The Executive Director or HR Director's observations of the subject of the check,
- b. the reasons the Executive Director or HR Director does or does not support the waiver request, and

Note: If the Individual is an existing employee or volunteer, the Executive Director or HR Director should indicate if the subject of the check has ever been requested and granted a waiver previously from COBCU.

- c. The subject's formal job description from the DCS Licensed Agency, which should be attached to the waiver request letter.

4. CPS History Check

A CPS History Check must be completed and submitted for Indiana and all states in which the subject of the check has resided in the previous five (5) years as outlined below:

- a. For Indiana:
 - i. The agency will initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission; or the DCS licensed agency will complete Section A and the DCS local office will complete Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#); and the subject of the check, or representative if a minor, will complete Section B; and
 - ii. A copy of the approved [Assessment for Alleged Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and
 - ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submitted the approved assessment with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The assigned worker will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page, if there is no match.

6. **Criminal Court Records**

A Local Criminal Records Check is required for all persons age 18 and older. For further instructions for completing Local Criminal Records Check (see [Local Criminal Records Check Instructions](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the DCS Licensed Agency.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: DCS Contractor Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.E (13.16 Waivers)	Version: 1

DCS Contractor Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) for a DCS Contractor or Subcontractor (referred to collectively as “DCS Contractor”) in one (1) waiver packet within 10 business days from the date of the disqualified fingerprint-based status letter or discovery of a Child Protective Services (CPS) substantiation:

1. **Proof of Previous Waiver (if applicable)**

The official notice previously issued to the subject by COBCU granting waiver;

2. **Letter from the Subject**

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject’s lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. Provide the date of each CPS report and assessment involving the subject during the subject’s lifetime, and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject’s home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Indicating how the subjects personal experience and education will enhance the subjects ability to complete the job duties, and
 - ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Include any additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the DCS Contractor's Executive Director or Human Resources (HR) Director must be signed and submitted on the DCS Contractor's letterhead. The recommendation must include the following:

- a. The Executive Director or HR Director's observations of the subject of the check, as well as the reasons the Executive Director or HR Director does or does not support the waiver request,

Note: If the individual is an existing employee or volunteer, the Executive Director or HR Director should indicate if the subject of the check has ever been requested and granted a waiver previously from COBCU.

- b. The subject's formal job description from the DCS Contractor, and
- c. Indication if the subject of the check is an A-1 or A-2 level covered personnel.

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years.

- a. For Indiana:

- i. The agency will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the DCS contractor will complete Section A and the DCS local office will complete Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B, and
- ii. A copy of the approved Assessment for Alleged Child Abuse or Neglect (SF 113) (311) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.

- b. For all other states:

- i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at

[Out-of-State CPS Contact List](#); and ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The assigned worker at the DCS Contractor will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. **Local Criminal Records Check Results**

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Records Check Instructions](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the DCS Contractor.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Guardianship and Adoption Section 01: Guardianship Assistance Program (GAP)	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

This policy does not apply to temporary guardianship. Relatives are ineligible for foster care payments or Guardianship Assistance Program (GAP) payments if temporary guardianship is granted.

The Indiana Guardianship Assistance Program (GAP) helps eligible children by giving support to their guardians. This support can come from federal Title IV-E funds or state funds. GAP is to help children find a safe and permanent home who may otherwise have to wait longer.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will provide GAP to eligible relatives of a eligible child when:

1. Guardianship is in the child’s best interest, and
2. Reunification and adoption are not possible.

GAP Eligibility

All GAP applications must be sent to the DCS Central Eligibility Unit (CEU) at Centralized.eligibility@dcs.in.gov. To qualify for Title IV-E GAP the child must also be eligible for Title IV-E maintenance payments.

The **Guardianship Assistance Agreement** must be signed by all required parties **before** the court order for legal guardianship is entered.

Children who are wards of DCS or Juvenile Delinquency/Juvenile Status (JD/JS) case may be eligible if they meet the following:

1. The child is 13 years of age or older and has been consulted regarding the permanency option of legal guardianship.

Exception: A child under 13 years of age may be eligible for GAP if:

- The child is a sibling:
 - Who is placed in the same home as an eligible child; and
 - DCS and the guardian agree on the appropriateness of the guardianship arrangement for the child; or
- 2. The child has a medical condition or disability (physical, mental, or emotional) confirmed by a licensed doctor or psychiatrist and the condition or disability is approved through the Severe Impairment Determination process (see Resources).


DCS will contact the prospective guardian or their attorney and provide the Guardianship

Assistance agreement. If the offer is accepted signatures will be obtained.

GAP payments *shall* be suspended or ended if the guardian is no longer legally or financially supporting the child. This will take effect based on the date support ends

LEGAL REFERENCES

- [IC 29-3-1-7.5: "Incapacitated person"](#)
- [IC 29-3-2-1: Application of article; jurisdiction of courts](#)
- [IC 29-3-8-9\(f\): Guardian obligation to support child who is GAP beneficiary](#)
- [IC 31-30-1-1: Exclusive original jurisdiction](#)
- [IC 31-9-2-17.8: "Child services"](#)
- [IC 31-9-2-107\(c\): "Relative"](#)
- [42 USC. 673\(d\): Kinship guardianship assistance payments for children](#)
- [465 IAC 4-2: Title IV-E Guardianship Assistance Program and State Guardianship Assistance Program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Negotiations for GAP Assistance Section 02: Negotiations for Guardianship Assistance Program	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

Children who qualify for the Indiana Guardianship Assistance Program (GAP), either through federal or state funding, can receive periodic payments. These payments are agreed upon by the guardian and the Indiana Department of Child Services (DCS). DCS determines the appropriate amount for each child. This policy explains how DCS and guardians work together to set that amount.

POLICY STATEMENT

GAP helps guardians meet the needs of children in their care. DCS will work with families and their lawyers (if they have one) to decide on a fair periodic payment amount. Each family’s situation and resources will be considered to determine a periodic payment amount that will help integrate children into families.


Note: The payment cannot be more than what the child would get in foster care. Medicaid and Non-Recurring Expenses (NRE) are not negotiated.

The assistance payment is determined by the child’s Child and Adolescent Needs and Strengths (CANS) score. This is offered to all guardians, even if they don’t show financial need. Guardians can ask for more or choose to receive no payment. If they choose no payment, they must sign an agreement, and the payment will be set at \$0.

The DCS Local Office Director or designee (someone they choose) and a DCS Central Office Attorney will represent DCS. Guardians can join the discussion with or without a lawyer. This process happens for every eligible child, even if DCS does not support the guardianship.

LEGAL REFERENCES

- [IC 29-3-1-7.5: “Incapacitated person”](#)
- [IC 29-3-8-9\(f\): Requirements, terms, and conditions included in order creating guardianship; requirements for modifying or terminating guardianship; notify and refer to department of child services; conduct of hearing IC 31-9-2-17.8\(1\)\(E\): “Child services”](#)
- [42 USC 673\(d\)\(1\): Kinship Guardianship Assistance Agreement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance Section 03: Modifying a Guardianship Assistance Agreement	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

Guardians who receive financial help through Indiana’s Guardianship Assistance Program (GAP) can ask for changes to the amount they receive.

POLICY STATEMENT

GAP may continue up to age 21, if:

1. The guardianship was finalized on or after the youth’s 16th birthday and before turning 18; and
2. The youth meets at least one (1) of the following:
 - a. Enrolled in high school or similar educational program;
 - b. Enrolled in college or a vocational training;
 - c. Participation in a job training or employment program (e.g. Job Corps or classes on resume writing or interview skills);
 - d. Working at least 80 hours a month; or
 - e. Has a medical condition that prevents them from doing any of the above (must be verified by the Severe Impairment Determination process).

Note: If the youth plans to meet these conditions after age 18, the guardian should submit a GAP application before the youth’s 18th birthday.

Requesting a Change in Payment

Requests may only be made once in a 12-month period. To ask for a change in the payment amount:

1. The guardian must send the request to the DCS local office that handled the Child in Need of Services (CHINS) case or Juvenile Delinquency (JD) case when the guardianship was finalized; and
2. The request must include:
 - a. All required documents and relevant information, and
 - b. An explanation of what has changed since the last agreement that was not known or expected before.

Note: The new payment amount cannot be more than what the youth would receive in foster care. The amount must be equal 100% of the foster care rate.

Youth Not Living with Guardian

If the youth is placed elsewhere (e.g., juvenile detention, foster care), the guardian is not financially responsible for the placement. DCS may ask the guardian to renegotiate the payment amount. Any changes will be made in writing and signed by DCS and the

guardian.

Note: If DCS finds the guardian is no longer financially supporting or legally responsible for the youth, payments may be paused or the agreement may be ended. This decision will be made on a case-by-case basis (see policy [14.10](#)).

Temporary Payment Changes

DCS may approve a temporary change in payment. If the situation continues, the guardian may ask for an extension. If approved by DCS, all changes must be written in the amended agreement.

Note: If the guardian disagrees with the DCS decision on a change to the periodic payment amount, they have the right to request an administrative review (see policy [14.04](#)).

GAP - Successor Guardian


DCS will make monthly payments to a successor guardian, if:

1. They are named in the original or amended agreement before the original guardian's death or incapacity;
2. They have passed all required background checks;
3. They are appointed by the court as the child's guardian; and
4. They meet all legal duties of the guardian and the agreement.

Note: The successor guardian's home does **not** need to be licensed as a foster family home to receive payments.

LEGAL REFERENCES

- [IC 29-3-1-7.5: "Incapacitated person"](#)
- [IC 31-40-1-5: Obligation of parent or guardian for costs of placement; remittance of support payments; enforcement](#)
- [42 USC 673\(d\)\(1\): GAP eligibility and other conditions for payment under Title IV-E](#)
- [42 USC 673 \(d\)\(2\): GAP eligibility and other conditions for payment under Title IV-E](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance Section 04: Administrative Review for Guardianship Assistance Program	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Guardians and prospective guardians may ask for an administrative review if they disagree with a decision about the Guardianship Assistance Program (GAP) or the amount paid for non-recurring expenses (NRE).

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will review a request for administrative review when:

1. A guardian or prospective guardian disagrees with the DCS decision; or
2. There is a disagreement about the amount allowed for nonrecurring expenses (NRE).

When to Request an Administrative Review

The required documentation must be submitted to DCS **within 15 calendar days** of receiving notice (by mail or hand delivery) of any of the following:

1. Final GAP decision denying eligibility;
2. Final Offer Letter for periodic payments;
3. Decision on the amount allowed for NRE;
4. Denial of a request to change payment terms in the Guardianship Assistance Agreement (if no agreement was reached);
5. Denial of a request to continue GAP payments beyond age 18; or
6. Termination or suspension of GAP payments (for reasons other than the child's age, death, or end of guardianship).

How to Submit a Request

To submit a Request for Administrative Review Indiana GAP form:

- Send the form to DCS Hearings and Appeals in the format listed on the form. The prospective guardian should state the reason for requesting a review and include documentation to support the request.
- If the request is not acted on timely, the guardian must wait at least 60 calendar days after submitting the claim before requesting a review.

Review of Initial Periodic Payment Amount

If a prospective guardian disagrees with the payment amount, they may:

1. Accept the amount by signing and returning the Guardianship Assistance Agreement;
2. Sign the agreement but include a note stating they disagree with the periodic payment amount, and submit it with the Request for Administrative Review form; or
3. Submit the Request for Administrative Review form without signing the agreement.

Note: If the agreement is signed and returned (option 1 or 2 above), DCS will begin payments on the date the guardianship order is entered. If the periodic payment amount changes after the review or appeal, DCS will issue an amended agreement with the updated amount, backdated to the guardianship order date (see policy [14.05](#)).

If the prospective guardian does not sign the agreement, they may request an administrative review. The administrative review and any appeal under policy [14.05](#) should be completed before the guardianship order is entered.

Important Eligibility Note

The Guardianship Assistance Agreement must be signed by both DCS and the guardian **before** the court enters the guardianship order. If the guardianship order is entered first, the child will not be eligible for any GAP assistance.

Note: If the Guardianship Assistance Agreement is not signed before the court enters the guardianship order, the child may also lose Medicaid eligibility.


Continuation After Age 18

To change a DCS decision about continuing GAP after age 18, the guardian must show:

1. DCS CEU did not consider important documentation submitted with the application;
2. DCS CEU did not properly review the information provided about the child's condition (if the request is based on a physical, mental, medical, or emotional condition that limits self-support); or
3. The decision goes against current law or DCS policy.

LEGAL REFERENCES

- [IC 31-9-2-17.8\(1\)\(E\): Authorization for guardianship assistance program](#)
- [IC 29-3-12-6\(b\): Continuation of assisted guardianship after age 18](#)
- [IC 29-3-8-9\(f\): Support obligation of guardian receiving GAP payments](#)
- [42 USC 673: Adoption and legal guardianship incentive payments](#)
- [465 IAC 3-2: Administrative Reviews](#)
- [465 ICA 3-2-5: Administrative review of certain determinations under the Indiana adoption assistance program or Indiana guardianship assistance program](#)
- [465 IAC 4-2-33: Continuation of guardianship assistance agreements beyond age 18](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Guardianship and Adoption Section 05: Administrative Appeals for Guardianship Assistance Program (GAP)	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

When a guardian or prospective guardian disagrees with the initial payment amount in the Guardianship Assistance Agreement, they may request an Administrative Appeal Hearing.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will process requests for an Administrative Appeal Hearing when a guardian or prospective guardian disagrees with the administrative review decision made by DCS under policy [14.04](#). When the request is timely and complete, DCS will ask for an Administrative Law Judge (ALJ) to preside over the hearing.

Note: The request for an Administrative Appeal Hearing must be about the same issues, facts, and documents presented in the first review. New issues or facts that will not be considered at this hearing, and the person that filed the appeal has the burden of proof in this hearing.

A prospective guardian may use the administrative steps for review and hearing before getting a court order for guardianship of the child. Both the prospective guardian and DCS **must** sign a Guardianship Assistance Agreement (Agreement) before the court order granting guardianship.

A prospective guardian may choose to sign the Agreement for the amount of the periodic payment offered in the DCS Final Offer Letter and keep the right to ask for a review and hearing as described in policy [14.04](#).

Note: In this case, if a prospective guardian with a current Agreement asks for a review and hearing, any change in the periodic payment that is later approved or ordered in the administrative hearing will start from the date the court finalized the guardianship.

Administrative Appeal Hearing

An Administrative Appeal Hearing requested and granted under Indiana Code will be scheduled and held by the Office of Administrative Legal Proceedings (OALP). OALP will notify all parties of the time, date, and place of the hearing. The hearing will follow the rules and policies of OALP for Administrative Appeal Hearings. The ALJ’s recommendation is not a final decision.

The ALJ will issue a written recommendation. The ALJ’s recommendation will be mailed to the parties and to the DCS Final Agency Authority (FAA).

The FAA will review the recommendation and issue a final decision. The final DCS decision may be reviewed under Indiana Code.

An Administrative Appeal Hearing will not be held for:


1. Approval or denial of a request to change the wording of format of the agreement form provided by DCS; or
2. Any other DCS decision about the GAP that is not listed in this policy.

Appeal of Periodic Payment

When an Administrative Appeal Hearing involves the initial periodic payment amount in a signed Guardianship Assistance Agreement, and the prospective guardian did not request the review and hearing process within 15 calendar days of the DCS Final Offer Letter date, the hearing request will be considered a request for modification of the current agreement (see policy [14.03](#)).

LEGAL REFERENCES

- [IC 4-15-10.5: Office of Administrative Law Proceedings](#)
- [IC 4-21.5-5: Judicial Review](#)
- [IC 29-3-8-9\(f\): Requirements, terms, and conditions included in order creating guardianship; requirements for modifying or terminating guardianship; notify and refer to department of child services; conduct of hearing](#)
- [IC 29-3-12-6\(b\): Guardianship extends beyond age 18 if minor is incapacitated or receives certain DCS assistance](#)
- [IC 31-9-2-17.8\(1\)\(E\): Guardianship assistance included in child services](#)
- [45 C.F.R. 1355.30 Referenced Rules for Title IV-E](#)
- [45 C.F.R. 205.10 Title IV-E Fair Hearings](#)
- [465 IAC 3-2 Administrative Reviews and Hearings](#)
- [42 U.S.C. 673\(d\) Kinship Guardianship Assistance Program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance Section 08: Negotiations for Adoption Assistance	
	Effective Date: January 1, 2026	Version: 10

POLICY OVERVIEW

The Indiana Adoption Assistance Program (AAP) and the State Adoption Subsidy (SAS) help adoptive parents meet the needs of eligible children. If a child qualifies, the family may receive a monthly payment (called a Periodic Payment). The amount is decided through a discussion between the family and the Indiana Department of Child Services (DCS).

This policy explains how DCS and families work together to decide the payment amount.

POLICY STATEMENT

Adoption Assistance helps families to meet children’s needs. DCS will work with each family to:

1. Determine the current and ongoing needs of the child being adopted and the cost of those needs;
2. Understand the circumstances of each family;
3. Understand the resources available to the family;
4. Use this information to determine a Periodic Payment amount that will assist the family with integrating the child into the adoptive family.

Note: Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Adoption Expenses (NRAE) are not negotiated.

How the Payment is Set

1. The base subsidy for the adoption assistance Periodic Payment for AAP or SAS will be 100% of the amount that would have been payable for the eligible child’s care if the child were in foster care.
2. This rate is offered to prospective adoptive parent of the eligible child regardless of demonstrated need.
3. If the prospective adoptive parent wishes to negotiate for a higher subsidy, they may do so.
4. If the prospective adoptive parent does not want to receive a subsidy and sign an agreement indicating the same, the resulting Periodic Payment for the eligible child will be \$0.

What Happens After Eligibility is Decided

Upon the completion of a Final Adoption Program Eligibility Determination form, indicating the child’s eligibility for AAP or SAS (whichever is applicable), DCS will provide the prospective adoptive parent with a copy of the following documents:

1. The notice of Final Adoption Program Eligibility Determination form; and

2. If determined eligible, an adoption assistance agreement currently approved by DCS for use in AAP or SAS cases (whichever is applicable); or
3. If determined ineligible for AAP or SAS, the Request for Administrative Review-Indiana Adoption Program form. This would include children who have been determined ineligible for either AAP or SAS, or eligible for SAS due to the determination that the child is not eligible for AAP.

How Negotiations Work

The amount of the Periodic Payment to be included in the adoption assistance agreement will be determined through discussion and negotiation between the prospective adoptive parent and/or their attorney and DCS. Negotiations will occur through the DCS Adoption Assistance Negotiation Unit, located in the DCS Central Office. During the negotiation, the DCS Local Office Director (LOD) or designee and the designated DCS Central Office Attorney will represent DCS. The prospective adoptive parent may choose to be represented by an attorney or to participate directly in the negotiation.

Negotiations will be completed for each eligible child even if DCS has or anticipates withholding its consent to the adoption.

Documents Used in Negotiation

The following will also be provided to the DCS Negotiations Unit for consideration in determining the Periodic Payment amount (eligibility documents):

1. The Final Adoption Program Eligibility Determination form,
2. Unsigned adoption assistance agreement, and
3. Other information prepared by DCS staff, if necessary.

Timelines and Deadlines


Upon receipt, DCS will offer 100% of the child's foster care maintenance payment (FCMP) rate to the prospective adoptive parent and/or their attorney.

Negotiation of the Periodic Payment amount will occur and should be completed within 45 calendar days after the date the DCS Negotiations Unit receives the eligibility documents.

The agreement must be signed by DCS and the prospective adoptive parent before entry of the Final Decree of Adoption. **If the adoption is granted before the agreement has been signed by both DCS and the prospective adoptive parent, no agreement may be entered into, and the child is not eligible for any form of adoption assistance under the Indiana Adoption Assistance Program.**

LEGAL REFERENCES

- [IC 31-19-26.5-1: Adoption Subsidy](#)
- [IC 31-19-26.5-10.5: Required agreement and allocation of funds from the adoption assistance account](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [45 CFR 1356.40: Adoption assistance program: Administrative requirements to implement section 473 of the Act.](#)
- [465 IAC 3: Administrative Reviews and Hearings](#)
- [465 IAC 4I: Indiana Adoption Assistance and Guardianship Assistance Programs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance Section 09: Modifying an Adoption Assistance Agreement	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

An adoptive parent who has an Adoption Assistance Agreement (AAP) or state adoption subsidy (SAS) and is receiving regular payments may ask to change the amount if the child's or family's needs change.

POLICY STATEMENT

Requesting a Change in Payment

Requests may only be made once in a 12-month period. To ask for a change in the payment amount:

1. The adoptive parent must send the request to the DCS local office that handled the Child In Need of Services (CHINS) or Juvenile Delinquency (JD) case when the child was adopted; and

Note: If there was no CHINS or JD case, the request must be sent to the DCS local office in the child's county of residence.

2. The request must include:
 - a. All required documents and relevant information, and
 - b. An explanation of what has changed since the last agreement that was not known or expected before.

DCS will grant or deny any request to change an agreement **within 60 calendar days** and send a letter to the adoptive parent with the decision. DCS may ask the adoptive parent and other sources for more information when considering a change in payment. Information from other sources will be shared with the adoptive parent and may be redacted to protect the source.

Note: The modified AAP or SAS must be equal to 100% of foster care rate.

If the adoptive parent disagrees with the DCS decision, they have the right to request an administrative review (see policy [14.04](#)).

Temporary Changes

DCS may approve a temporary change in payment. If the situation continues, the adoptive parent may ask for an extension. If approved by DCS, all changes must be written in the amended agreement.

Child Not Living with Adoptive Parent

If the child is placed elsewhere (e.g., foster care, juvenile detention), the adoptive parent is not financially responsible for the placement. DCS may ask the adoptive parent to renegotiate the payment amount. Any changes will be made in writing and signed by DCS and the adoptive parent.

Note: If DCS finds the adoptive parent is no longer financially supporting or legally responsible for the child, payments may be paused or the agreement may be ended. This decision will be made on a case-by-case basis (see policy [14.10](#)).


Child Support Orders

If DCS is paying for a child's care, and an agreement on payment cannot be reached with the adoptive parent, DCS will seek a court order for child support. DCS and the adoptive parent may agree to offset the child support order amount against the adoption assistance payments.

Note: DCS may also seek a child support court order, if someone other than DCS or the adoptive parent is paying for the child's care in an out-of-home placement.

LEGAL REFERENCES

- [IC 31-40-1-5: Obligation of parent or guardian for costs of placement; remittance of support payments; enforcement](#)
- [IC 31-19-26.5: Chapter 26.5. Adoption Subsidies](#)
- [IC 31-19-26.5-10.5: Required agreement and allocation of funds from the adoption assistance account](#)
- [42 USC 673\(a\)\(4\) Adoption and Guardianship Assistance Program](#)
- [465 IAC 3 Administrative Reviews and Hearings](#)
- [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance Section 10: Adoption Assistance Program (AAP) Payments	
	Effective Date: January 1, 2026	Version: 8

POLICY OVERVIEW

Federal law encourages the adoption of eligible children from the child welfare system through adoption assistance.

POLICY STATEMENT

Adoption assistance usually continues until the child turns 18, or may end earlier or be suspended if the adoptive parent is no longer legally responsible for or financially supporting the child, as decided by the Indiana Department of Child Services (DCS) Central Eligibility Unit (CEU). Assistance may also extend beyond age 18 if certain criteria are met.

Unless DCS CEU decides otherwise, all regular payments under an adoption assistance agreement will stop when one (1) of the following happens:

1. The child turns 18 years old;
2. The child is emancipated;
3. The adoptive parent is no longer legally responsible for the child;
4. The adoptive parent is no longer giving financial support to the child;
5. The child gets married;
6. The adoptive parent or the child dies;
7. The child's adoption ends;
8. The youth is on active duty in the United States (US) Armed Forces for more than 30 calendar days in a row in a year;
9. The adoptive parent asks to stop the periodic payment; or
10. The youth no longer meets the requirements after turning 18.

Note: Adoption agreements that continue after age 18 will end the day before the youth's 21st birthday, unless CEU decides the youth no longer meets the requirements. DCS CEU will send a notice to the adoptive parent 60 days before the youth's 21st birthday to let them know the periodic payments and Medicaid will end.

Continuation of Adoption Assistance After Age 18

DCS will decide if a youth is eligible for adoption assistance after turning 18. Assistance does not continue automatically. The youth or adoptive parent must apply and show that the youth meets certain requirements.

The youth or adoptive parent must tell DCS right away if anything changes that affects the need for continued periodic payments. Examples include:

1. Any change in legal, financial, or other support the adoptive parent gives the youth (e.g., living costs, medical needs, or care and supervision);

2. The youth leaves school or educational program before graduation or finishing the program (if this applies to the youth's subsidy type); or
3. The youth stops working or leaves a program that helps with getting a job (if this applies to the youth's type of help).

Continuation of County Adoption Subsidy (CAS) and State Adoption Subsidy (SAS)

A youth's CAS or SAS may continue until age 21 if the youth is in high school or college. Medicaid may also continue until age 21 if there is a letter from a doctor, psychiatrist, psychologist, teacher, or other school official that explains the youth's needs.

Continuation of Title IV-E Adoption Assistance Program (AAP)

AAP and Medicaid may continue until age 21 if:

1. The youth has a mental or physical disability that makes it hard to support themselves (per the Severe Impairment Determination process); or
2. The youth meets the requirements under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351):
 - a. The adoption was finalized on or after the youth's 16th birthday but before they turned 18; and
 - b. The youth still meets at least one (1) of these:
 - Is in high school or a program to get a diploma or High School Equivalency (HSE);
 - Is in college or a job training program;
 - Is in a program that helps them with employment;
 - Works at least 80 hours each month; or
 - Cannot do any of the above because of medical condition (per Severe Impairment Determination process).

Ending or Suspending Adoption Assistance

The adoptive parent must tell DCS CEU in writing if something happens that could cause the adoption assistance to stop or pause. If the adoptive parent does not tell DCS CEU within 30 calendar days, DCS may ask the adoptive parent to pay back any money received after the date of the event.

All adoptive parents must send a completed Adoption Program Status Report form when DCS asks for it. This form helps DCS check if the youth still qualifies for assistance. The Adoption Program Status Report form must be sent to DCS CEU by the due date on the report.

If the adoptive parent is no longer giving financial support to the child, adoption assistance may stop. DCS may decide the parent is still giving support if the child is in out-of-home placement and:

1. The parent visits the child often;
2. The parent is working on case plan goals to reunify with the child; and
3. One (1) of the following is met:
 - a. The parent is paying child support by court order; or
 - b. The parent is:
 - Paying at least half of their monthly adoption assistance amount, or
 - Giving materials, supplies, or services that cost the same. Examples include:
 - Family therapy,
 - School tuition,
 - Clothing,

- Maintenance of special equipment in the home, or
- Services for special needs (e.g., occupational, physical, or speech therapy).

DCS will:


1. Suspend payments if:
 - a. DCS decides the adoptive parent is no longer giving legal or financial support; or
 - b. DCS asks for information (not based on the periodic Adoption Program Status Report), and DCS cannot reach the parent to determine if the parent is still legally or financially responsible for the child.
2. Send a Notice of Administrative Suspension of Adoption Assistance Periodic Payment form and a Request for Administrative Review Indiana Adoption Program form at least 10 days before suspending the adoption assistance payment.

If the adoptive parent starts giving legal or financial support again to the child and asks DCS to end the suspension, DCS will:

1. End the suspension; and
2. Resume payments as stated in the Adoption Assistance Agreement.

LEGAL REFERENCES

- [IC 31-19-26.5-9: Limits on term of adoption subsidies agreement](#)
- [Public Law 110-351-Fostering Connections to Success and Increasing Adoptions Act](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [465 IAC 4-1-30 Termination of adoption assistance agreements](#)
- [465 IAC 4-1-32 Continuation of adoption assistance agreements beyond age 18](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Guardianship and Adoption Section 11: Administrative Review for Adoption Assistance	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

A Prospective adoptive parent may ask for an administrative review if they disagree with a decision about Adoption Assistance or Non-Recurring Adoption Expenses (NRAE).

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will review requests for an administrative review when a prospective adoptive parent disagrees with a decision made under policies:

- [10.15](#)
- [14.08](#)
- [14.10](#)

A written request must be sent to DCS withing 15 calendar days after the parent gets notice by mail or hand delivery of any of the following:


- Final Adoption Program Eligibility Determination
- Final offer letter for periodic payments
- NRAE payment amount decision
- Denial of a request to change payment terms
- Denial of continuation past age 18
- Termination or suspension of the agreement (except for the child’s age, death, or end of legal relationship)

DCS will not review:

- Requests to change the format or wording of the agreement form
- Decisions about percentage cuts in State Adoption Subsidy (SAS) payments
- Other decisions not listed in this policy

LEGAL REFERENCES

- [IC 31-19-26.5 Adoption Subsidies](#)
- [42 USC 673 Adoption and guardianship assistance program](#)
- [465 IAC 3 Administrative Reviews and Hearings](#)
- [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance Section 12: Administrative Appeals for Adoption Assistance	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

Adoptive parents have the right to ask for an Administrative Appeal Hearing about adoption assistance. The hearing request must be based on the same facts, issues, and documents used in the request for administrative review. Pursuant to law, new issues or facts not included in the review request will not be considered.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will process requests for an Administrative Appeal Hearing from adoptive or prospective adoptive parents who disagree with a decision made during an administrative review (see Policy 14.11).

If the request is complete and submitted on time, DCS will send it to the Office of Administrative Law Proceedings (OALP), and ask for an Administrative Law Judge (ALJ) to lead the hearing.

Hearing Timeline and Process

- The hearing will be scheduled and held within 120 calendar days of OALP receiving the request.
- The ALJ may continue the hearing for good cause or if both sides agree.
- OALP will notify all parties of the date, time, and location.
- The hearing will follow OALP and DCS rules.
- The ALJ's recommendation shall not be construed to be a final decision on the case.

ALJ Recommendation

- The ALJ will send a written recommendation within 90 calendar days after the hearing ends.
- More time may be approved if all parties and the ALJ agree.
- A late recommendation is not void or voidable.
- The recommendation will be sent to all parties and to the DCS Final Agency Authority (FAA).

Before the Adoption is Final

- Both the prospective adoptive parent and DCS must sign the Adoption Assistance Agreement before the adoption is finalized.
- If a Final Offer Letter is issued, in order to not delay permanency, a prospective adoptive parent can use the administrative procedures after signing the Adoption Assistance Agreement **before** the adoption is finalized, and follow the procedures below.

If the Prospective Adoptive Parent Signs the Agreement but Still Wants to Appeal


- If a prospective adoptive parent signs the Adoption Assistance Agreement for the amount offered in the Final Offer Letter, they may still pursue the administrative review and hearing process (see policy 14.08).
- If the payment amount is changed through the appeal, the new amount will apply retroactively starting from the date the adoption was finalized.

If the Hearing is Requested After Signing the Agreement

- If the parent did **not** request a review within **15 calendar days** of the Final Offer Letter, the hearing request will be treated as a **modification**.
- See policy 10.18.

LEGAL REFERENCES

- [IC 4-15-10.5: Chapter 10.5. Office of Administrative Law Proceedings](#)
- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-19-26.5: Chapter 26.5. Adoption Subsidies](#)
- [45 C.F.R. 205.10: Hearings](#)
- [45 C.F.R. 1355.30: Other applicable regulations](#)
- [465 IAC 3: Administrative Reviews and Hearings](#)
- [465 IAC 4: Indiana Adoption Assistance and Guardianship Assistance Programs](#)
- [42 USC 671 \(a\)\(12\): State Plan for foster care and adoption assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 01: Title IV-E Eligibility Overview	
	Effective Date: January 1, 2026	Version: 7

POLICY OVERVIEW

The Administration for Children and Families (ACF) gives federal money to help pay for foster care costs. The Indiana Department of Child Services (DCS) uses this money, called Title IV-E Foster Care (Title IV-E) funding, to make sure children in foster care have safe and stable homes. This support for eligible homes continues until the child finds permanency.

POLICY STATEMENT

There are two (2) types of Title IV-E eligibility:

1. Initial eligibility; and
2. Continued eligibility (see policy [15.10](#)).

Initial Eligibility Criteria

A Title IV-E eligibility determination must be done for every child who enters out-of-home care. The child must be placed in out-of-home care for at least one (1) night for it to count as a removal. The child’s eligibility determination is based on the month they were removed.

Once a child is found eligible, they stay eligible while in out-of-home care unless:

1. DCS Placement and Care (PC) responsibility is terminated by a court order; or
2. A Trial Home Visit (THV) lasts over six (6) months without a court ordered extension.

If the out-of-home care episode ends and the child later re-enters out-of-home care, a **new** Title IV-E initial eligibility determination must be done again.

Continued Title IV-E Eligibility Criteria


Continued Title IV-E eligibility means DCS can keep getting Title IV-E reimbursement for a child in out-of-home care.

Youth can stay eligible until age 21 if they are:

1. Enrolled in school;
2. Employed at least 80 hours per month;
3. In a program or activity designed to help them get a job; or
4. Unable to work or go to school because of a mental or physical condition.

LEGAL REFERENCES

- [42 USC 671: State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 02: Initial Removal and Specified Relative	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) reviews the family’s circumstance at the time the child was removed from the home to decide if the child is eligible for Title IV-E Foster Care (Title IV-E) funding.

POLICY STATEMENT

Title IV-E eligibility is based on the month the child first enters out-of-home care. To meet Title IV-E rules, all of the following must be true:

1. The child must be removed from a specified relative by a court order for a physical or constructive removal;

Exception: In a Collaborative Care (CC) case, the youth can be the specified relative.

2. The court order must happen at the same time or soon after the child is removed. If a child is removed by a court order but still lives with the same parent, guardian, or custodian, it does not count as a removal for Title IV-E;

Exception: A child placed with a parent in a licensed family-based treatment facility for substance use may still qualify for Title IV-E.

3. The child must have lived with the specified relative at the time of removal or within the last six (6) months.


Children of DCS Wards

A Title IV-E check is not needed for the child of a DCS ward unless the child has been legally removed.

Note: A child removed from home who still lives with a parent who is a minor may still qualify for Title IV-E if all other criteria are met.

LEGAL REFERENCES

- [IC 31-34-5-2: Findings](#)
- [IC 31-34-5-3: Release or detention; findings required for detention; contents of detention order](#)
- [42 USC 672: Foster care maintenance program](#)
- [45 CFR 1356.21 \(j\), \(k\) and \(l\): Foster care maintenance payments program implementation requirements](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 03: Court Ordered Requirements for Title IV-E Initial Eligibility	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Title IV-E Foster Care (Title IV-E) needs court order language to show a child is eligible.

POLICY STATEMENT

For a child to be eligible for Title IV-E funding, the following judicial decisions must be made by a court:

1. DCS or Probation has Placement and Care (PC) of the child;

Exception: Youth in Collaborative Care (CC) may have PC language in the Voluntary Collaborative Care Agreement between Older Youth and DCS.

2. It is not safe (Contrary to the Welfare [CTW]) for the child to stay at home or it is in the child's Best Interest (BI) to leave the home; and
3. Reasonable Efforts (RE) were made to prevent the child's removal from the home.


Exception: Youth in CC with a Voluntary Collaborative Care Agreement between Older Youth and DCS are not required to meet the RE requirement to be eligible for Title IV-E funding.

If the court determines RE was not required:

1. A permanency hearing must be held within 30 days after that decision; and
2. RE must be made to place the child
 - In a timely manner,
 - In accordance with the permanency plan, and
 - Complete the steps necessary to finalize a permanent placement.

LEGAL REFERENCES

- [IC 31-34-5-2: Findings](#)
- [IC 31-34-5-3: Release; findings required for detention order; approval of services, programs, and placement; court order; appeal; payment of costs](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [42 USC 671\(a\)\(15\): State plan for foster care and adoption assistance](#)
- [42 USC 672\(a\)\(2\)\(A\) and \(B\): Foster care maintenance payments program](#)
- [45 CFR 1356.21\(b\), \(c\) and \(d\): Foster care maintenance payments program implementation requirements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 05: Assistance Group	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW


When a child is removed from their home, DCS must collect information about who lived in the home with the child. This is needed to determine the child's Title IV-E Foster Care (Title IV-E) assistance group.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will gather and check information about the people living in the child's home at the time of removal. This is needed to determine the child's Title IV-E assistance group.

LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [45 CFR 233.20: Need and amount of assistance](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 06: Deprivation Criteria	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

To receive Title IV-E Foster Care (Title IV-E) funding, a child must be deprived from parental support or care.

POLICY STATEMENT

To be eligible for Title IV-E, the child must be deprived of parental support or care during the month they were removed for one (1) of the following:


- Death;
- The parent is not living in the home;
- The parent has a physical or mental incapacity; or
- The parent is unemployed/under employed.

Note: If a child is placed with a parent living in a licensed residential family-based treatment facility for substance abuse, they may be eligible for Title IV-E even if the Aid to Families with Dependent Children (AFDC) criteria are met.

The Indiana Department of Child Services (DCS) will decide if a child meets deprivation criteria.

LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 1356.21\(l\): Living with a specified relative](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 07: Income Requirements	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

A family must meet set income rules to be eligible for Title IV-E Foster Care (Title IV-E) funding.

POLICY STATEMENT


The Indiana Department of Child Services (DCS) will review the income of the child’s assistance group during the month the child was removed to decide if the child can get Title IV-E funding.

To qualify, the child’s assistance group must meet the Aid to Families with Dependent Children (AFDC) income rules that were in place on July 16, 1996.

Note: A child placed with a parent in a licensed family-based treatment facility for substance use may be eligible for Title IV-E, even if the AFDC income rules are not met.

LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 1356.21\(l\): Living with a specified relative](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [45 CFR 233.20: Need and amount of assistance](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 08: Financial Resource Requirements	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

Financial resources of the child’s family must be reviewed during the month the child was removed to see if the child is eligible for Title IV-E Foster Care (Title IV-E) funding.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will review financial resources available to the child’s assistance group during the removal month when deciding if the child is eligible for Title IV-E funding (see policy [15.05](#)).

DCS will check:

- What resources are counted or not counted;
- What resources are available. If the resources are not available to the assistance group in the removal month, they are exempt; and
- What is the equity value of the resources (value after subtracting what is owed).


The countable resources in the removal month must be under \$10,000. If over the child cannot receive Title IV-E funding.

Note: Money earned during the removal month is not counted as a resource for the assistance group, but rather as earned or unearned income (see policy [15.07](#)).

A child living with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E even if the family does not meet Aid to Families with Dependent Children (AFDC) rules.

LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 1356.21\(l\): Living with a specified relative](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [45 CFR 233.20: Need and amount of assistance](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 09: Age and Citizenship Requirements	
	Effective Date: January 1, 2026	Version: 5

POLICY OVERVIEW

DCS will check a child’s age and citizenship to determine if they qualify for Title IV-E Foster Care funding.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will confirm the child’s age and citizenship to see if the child qualifies for Title IV-E funding.

Age

To qualify for Title IV-E, the child must be under 18 years old when removed from the home or when entering the Collaborative Care (CC) program.


Citizenship

To qualify for Title IV-E, the child must be one (1) of the following:

1. A U.S. citizen, or
2. A Lawfully admitted permanent resident (a legal immigrant with permission to live in the U.S. permanently).

LEGAL REFERENCES

- [IC 31-9-2-13: "Child"](#)
- [IC 31-28-5.8: Chapter 5.8. Collaborative Care](#)
- [42 USC 671\(a\)\(27\): State Plan for Foster Care and Adoption Assistance](#)
- [42 USC 672\(a\)\(3\): Foster care maintenance payments program](#)
- [42 USC 675\(8\): Definitions](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 10: Continued Title IV-E Eligibility Requirements	
	Effective Date: January 1, 2026	Version: 6

POLICY OVERVIEW

A child's continued Title IV-E Foster Care (Title IV-E) eligibility status is reviewed every so often, and anytime something changes that may affect it.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will determine a child's continued eligibility for Title IV-E funding by considering these criteria:

1. The child must be placed in a Title IV-E eligible placement;
2. DCS must still have responsibility for Placement and Care (PC) of the child; and
3. Reasonable Efforts to Finalize the Permanency Plan (REPP) language must be obtained timely in a written court order (see policy [6.10](#)).

Exception: Youth in Collaborative Care (CC) who have a written agreement with DCS are not required to meet the REPP requirement for continued eligibility.

A child will be considered to have entered foster care (for Title IV-E purposes) on whichever date is first:

1. The date of the first judicial finding that Child Abuse and/or Neglect (CA/N) occurred; or
2. 60 calendar days after the removal.

A child's Title IV-E continued eligibility status may change from month to month, depending on where they are placed and the timeliness of required court order language.

Administrative costs may be claimed if a child is:

1. In an Eligible Placement;

Note: This includes placement in a Child Caring Institution (CCI) even if the placement meets the requirements for Title IV-E funding to continue after 14 calendar days (see policy [15.13](#)).

2. Considered a runaway;
3. On a Trial Home Visit (THV);

Note: Reimbursement may be claimed up to six (6) months unless the court extends the THV.


4. Initially eligible and placed with a relative who has submitted an application for licensure;

Note: Administrative costs may be claimed for up to 12 months while the relative is becoming licensed.

5. Moved from an ineligible foster care setting into a licensed foster family home or CCI. The administrative costs may be claimed for one (1) calendar month; or
6. In the home but at imminent risk of removal.

LEGAL REFERENCES

- [IC 31-9-2-107: "Relative"](#)
- [42 USC 671\(a\)\(15\): Requisite features of State plan](#)
- [42 USC 672\(a\)\(2\), \(c\), \(i\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 1355.20\(a\): Definitions](#)
- [45 CFR 1356.21\(b\)\(2\): Judicial determination of reasonable efforts to finalize a permanency plan](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 11: Emergency Assistance (EA) Eligibility	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW

Title IV-A/Emergency Assistance (EA) is a federal program that gives money for emergency assistance services to children and families served by the Indiana Department of Child Services (DCS). The goal is to help children stay in their own home.

POLICY STATEMENT

EA Eligibility

EA services may be given for up to 120 days to a child living at home who has a substantiated case of child abuse and/or neglect (CA/N) that leads to an Informal Adjustment (IA) or Child in Need of Services (CHINS) case. The emergency:

1. Must be a crisis that should be resolved in 120 calendar days or less; and
2. Must not be caused by the parent or caregiver refusing to work or take job-related training.

Initial Eligibility

To get EA, the child must meet all of the following:

1. A substantiated CA/N finding or a CHINS adjudication;
2. Be under age 18;
3. Be a United States (US) citizen or qualified alien;
4. Live with someone during the eligibility month who is a specified relative (see policy [15.02](#)); and
5. Be part of an assistance group (AG) with income at or below 250% of the federal poverty level.

Note: When checking income:


- Assets/resources of AG members not counted,
- Earned and unearned income is counted,
- A minor's earned income is counted if they are in the AG, and
- There are no deductions for earned income, self-employment, or child support.

Subsequent EA Eligibility

A family can only get EA once in a 12-month period. If anyone in the AG received EA in the past 12 months, the child cannot get EA again.

LEGAL REFERENCES

- [42 USC 604: Social Security Act Section 404](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 12: Applying for Social Security Benefits for Children in Out-of-Home Care	
	Effective Date: January 1, 2026	Version: 4

POLICY OVERVIEW


Children in out-of-home care may be eligible to receive Supplemental Security Income (SSI) and/or Retirement, Survivors, Title II Disability Insurance (RSDI) benefits. These funds may help to provide for their care and promote stability and permanency.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) will help with the Social Security application process. DCS uses the Social Security Unit (SSU) to apply for Social Security benefits for children in out-of-home care when appropriate.

LEGAL REFERENCES

- [20 CFR 404.350- 20 CFR 404.368 Child's Benefits](#)
- [20 CFR 404.370- 20 CFR 404.374 Parent's Benefits](#)
- [20 CFR 404.390- 20 CFR 404.392 Lump-Sum Death Payment](#)
- [20 CFR 404.730- 20 CFR 404.750 Evidence for Child's and Parent's Benefits](#)
- [20 CFR 416.101- 20 CFR 416.998 Supplemental Security Income for the Aged, Blind, and Disabled](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 13: Title IV-E Eligible Placements	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

To continue receiving Title IV-E Foster Care (Title IV-E) funding, Indiana Department of Child Services (DCS) must decide if a child’s placement meets the rules for an eligible placement. See policy 15.10.

POLICY STATEMENT

DCS can only recommend or pay for a placement if the provider is licensed and the placement meets Title IV-E rules.

Eligible Title IV-E placements include:

1. Licensed relative home;
2. Licensed foster family home;
3. Qualified Residential Treatment Program (QRTP) with verified designation (see policy 17.03);
4. Licensed residential facility that supports pregnant, parenting, or postpartum youth;
5. Licensed residential facility that helps youth who are or may be victims of sex trafficking;
6. Licensed family-based treatment facility for substance abuse where a child lives with a parent;
7. Supervised independent living settings for youth age 18 and older (e.g., host home, dorm, apartment); and
8. The following licensed residential settings for the **first 14 days** of placement, even if not a QRTP:
 - a. Private Child Care Institution (CCI),
 - b. Public CCI with a licensed capacity of 25 or less,
 - c. Emergency Shelter, and
 - d. Group Home.

Not eligible Title IV-E placements:

1. Detention center;
2. Forestry camp;
3. Correctional facility;
4. Hospital;
5. Nursing home;
6. Boot camp; and
7. Public CCI with more than 25 beds.

QRTP Eligibility Beyond 14 Days

To keep Title IV-E funding after 14 days in a QRTP, all of the following must happen:

1. 30-Day Assessment:

- a. Completed by a qualified person within 30 days of admission,

Note: If not completed in 30 days, Title IV-E funding stops. If QRTP is found not appropriate during the assessment, eligibility ends 30 days after the assessment. DCS can claim administrative costs for a Title IV-E eligible child placed in a QRTP, even if the child does not meet all QRTP requirements.

b. Must include:

- i. An assessment of the child's strengths and needs,
- ii. A decision whether the child's needs can be met by family or placement in foster care, or if not, which CCI setting would be most effective, appropriate, and least restrictive,
- iii. Short and long term mental and behavioral health goals, and
- iv. Input from the child's family and permanency team.

2. Court Review within 60 Days of Admission:

- a. Court must review and approve the 30-Day Assessment results on the QRTP Determination Report:
- b. If not reviewed within 60 days, funding ends on day 60, or
- c. If reviewed but not approved, eligibility ends 30 days after the court's review.

Note: The court must review the assessment, decision, and documents completed by the qualified individual. The court must also decide if the child's needs can be met by relatives or in a foster home. If not, the court must decide if the QRTP is the best and least restrictive option. The court must also check if the placement supports the child's short- and long-term goals in the permanency plan.

3. Case Plan/Prevention Plan Documentation

For a child receiving treatment in a QRTP, DCS must show:

- a. Efforts to include individuals required to be on the Child and Family Team (CFT),
- b. Contact information for members of the family and permanency team, as well as other family members and fictive kin,
- c. That CFT Meetings, including meetings about the appropriateness of the QRTP, were held at times convenient for the family,
- d. That the parent gave input on the members of the CFT (if reunification is the goal), and
- e. That the 30-Day Assessment was done with the CFT.

4. Director Approval for Long Stays

The DCS Director must give written approval and it must be in the Case Plan/Prevention Plan and reported during the status review or permanency hearing:

- a. For children 13 years and older in a QRTP for 12 consecutive or 18 total months,
- b. For youth 12 and under in a QRTP for more than six months,

Note: If not approved, eligibility ends the last day of the month approval was due.

Special Note: If a child was in a residential facility before **October 1, 2021**, and was already Title IV-E eligible, funding can continue beyond 14 days as long as the child stays in the same facility. There is no time limit for this.

LEGAL REFERENCES

- [42 USC 671\(a\)\(10\): State Plan for Foster Care and Adoption Assistance](#)
- [42 USC 672\(a\)\(2\)\(C\), \(c\), \(j\) and \(k\): Foster Care Maintenance Payments Program](#)
- [45 CFR 1355.20\(a\): Definitions](#)
- [475A\(c\): Assessment, Documentation, Judicial Determination Requirements for Placement in a Qualified Residential Treatment Program](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 16: Financial Services/Assistance

Section 01: Funding for Children in Out-of-Home Care

Effective Date: March 1, 2023

Version: 9

- [Procedure](#)
- [Definitions](#)

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

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

POLICY OVERVIEW

When a child must be removed from the home, every effort to allow the child to take clothing, and personal items will be made to help with the transition to out-of-home care. Funding may be available to the child to assist in covering the cost of items and services, which are not covered by the foster care per diem to help meet the child's needs and provide normalcy to the child.

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PROCEDURE

All clothing and personal items removed from the home and/or purchased or acquired for the child are the property of the child and/or the Indiana Department of Child Services (DCS) and will follow the child throughout the life of the case. DCS will not allow a child to take weapons of any kind. All clothing and personal items brought with the child must be documented on the Inventory of Personal Items form.

Exception: If a child is removed from a property used for the illegal manufacture of a controlled substance, clothing and personal items will not be removed.

Upon removal or a change in placement, the Family Case Manager (FCM) will:

1. Ensure the resource parent is aware that the foster care per diem should be used to cover reasonable costs of caring for the child including, but not limited to:
 - a. Food;
 - b. Clothing (e.g., replacement clothing, repairs, mending, and alterations);
 - c. Shelter;
 - d. Supervision that substitutes for daily supervision;
 - e. School supplies (e.g., paper, pens, and calculator); and
 - f. Child's personal incidentals on an ongoing basis (e.g., soap, shampoo, toothpaste, toothbrush, over the counter medications).
2. Ensure the resource parent is aware that mileage reimbursement is a flat rate, per mile, based on the current State employee approved mileage per-diem, which the resource parent may find on the Indiana Department of Administration (IDOA) Travel Services webpage. Advise the resource parent that Mapquest should be used to obtain the shortest mileage distance for travel;

Note: The resource parent may receive an additional amount of properly claimed travel expenses incurred for a child placed in the resource home when the resource parent

travels over 162 miles in a month. DCS will not reimburse residential facilities for travel expenses as referenced in this policy.

3. Ensure all appropriate clothing and/or personal items go with the child at the time of removal whenever possible;

Note: If DCS is unable to obtain the child's clothing and/or personal items at the time of the removal, the FCM will attempt to obtain those items within 48 hours of the initial removal or change in placement, unless the child was removed from a property used for illegal manufacturing of a controlled substance.

4. Document on the Inventory and Personal Items form and upload into the case management system when clothing and/or personal items are not able to be obtained for the child, and explain to the child the reason why the items are not able to be obtained in a manner appropriate for the child's age and developmental level;
4. Complete a thorough inventory of the child's clothing and/or personal items for each placement change (if applicable);
5. Assess whether the child has adequate clothing and/or personal items and make a request to the FCM Supervisor to authorize the purchase of necessary items;

Note: Additional purchases should not be authorized in the event a child is moved from one (1) resource home to another unless a policy exception is requested, as defined below in the Financial Policy Exception section.

6. Review the Inventory and Personal Items form with the resource parent within 10 days of placement;
7. Ensure the resource parent signs the Inventory and Personal Items form to acknowledge receipt of the items listed for the child and that the resource parent understands these items belong to the child; and

Note: All items that belong to the child must go with the child in the event of a placement change.

8. Ensure the resource parent is aware the following funding assistance may be available for the child:
 - a. Educational Needs Funding,
 - b. Initial Clothing and Personal Items Allotment,
 - c. Personal Allowance, and
 - d. Special Occasion Allowance.

The Foster Care Specialist will:

1. Provide information to the resource parent regarding the availability of Foster Care Liability Insurance; and
2. Ensure the resource parent is provided with the requirements for reimbursement and electronic invoicing.

The FCM Supervisor will:

1. Staff with the FCM to determine the child's need for clothing and/or personal items; and
2. Review and respond to any requests made for additional funding to meet the needs of the child.

Financial Policy Exception

When a Financial Policy Exception is necessary, the FCM will:

1. Complete a Global Services referral for the requested dollar amount and state the justification of need for:
 - a. Funding greater than the policy limit, and/or
 - b. Funding for expenses not referenced in policy.
2. Submit the referral to one (1) of the following workflow approvers:
 - a. FCM Supervisor, or
 - b. Local Office Director (LOD)/Division Manager (DM).

The workflow approver will:

1. Review the Financial Policy Exception justification;
2. Approve or deny the Financial Policy Exception, as appropriate; and

Note: The referral will proceed to KidTraks Invoicing Unit for payment, upon Financial Policy Exception approval.

3. Notify the FCM via written correspondence if the Financial Policy Exception is denied.

Request for Additional Funding (RAF)

A request for an RAF form is completed when an item requested is greater than the policy limits and above \$1500.

The FCM will:

1. Complete the RAF form; and
2. Submit to the FCM Supervisor for approval or denial.

The FCM Supervisor will:

1. Review and respond to any RAF requests by either approving or denying the request; and
2. Submit the RAF decision to the LOD or DM.

The LOD or DM will:

1. Review and approve or deny the RAF; and
2. Send the RAF to the Regional Manager (RM) for final approval or denial.

The RM will:

1. Review the RAF and make a determination whether to approve the request;
2. Submit a copy of the RAF to the Regional Finance Manager (RFM) if approved; and
3. Notify the LOD/DM of the final determination via written correspondence.

The RFM will process the RAF form upon receipt from the RM.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- [Claim for Support of Children Payable from Family & Children Funds \(SF 28808\)](#)
- [DCS Foster Care Per Diem Invoice Total Checker](#)
- [Foster Parent Invoice Instructions](#)
- [Foster Parent Travel Invoice \(SF 54836\)](#)
- [Indiana Department of Administration \(IDOA\) Travel Services](#)
- [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [KidTraks User Agreement](#)
- [Letter to Foster Parents Regarding Per Diem](#)
- [Licensed Foster Parent Resources Web Page](#)
- [Mapquest](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [W-9 and Direct Deposit Form Instructions](#)
- [W-9 and Direct Deposit Form Q & A](#)
- [W-9 Request for Taxpayer Identification Number and Certification](#)

Related Policies

- [8.37 Holding a Placement during a Hospitalization](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 16.01

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.

Foster Care Liability Insurance

Foster Care Liability Insurance is protection and coverage provided to foster parents upon request. The insurance covers certain risks associated with caring for children under DCS care and supervision. The coverage includes damages to the home or property of the foster parents, harm done by the child to another party, and claims made against foster parents as agents of the State of Indiana.

Foster Care Per Diem

Foster care per diem is not intended and should not be expected or represented to cover costs that would be ordinarily incurred by the resource parent in the absence of a foster care placement. Such costs include, but are not limited to the resource parent's rent, mortgage, car payment, or routine housing maintenance cost. See the Letter to Foster Parents Regarding Per Diem and the DCS Foster Care Per Diem Invoice Total Checker Rates for additional information.

Funding Assistance for the Child:

Educational Needs Funding

Educational Needs Funding is available to cover the cost of securing a High School Equivalency (HSE) Certificate, tutoring, and summer school. This referral is made in KidTraks through Global Services. Contact the local DCS Educational Liaison (EL) for assistance with school related fees as many may be waived.

Note: When other funding is available for securing an HSE Certificate it should be utilized prior to completing a Global Services referral.

Initial Clothing and Personal Items Allotment

DCS will ensure a child is provided with adequate clothing at the time of initial removal. DCS will only provide the licensed resource parent with an Initial Clothing and Personal Items Allotment of up to \$200.00 based on an immediate assessment of the child's current clothing need by the Family Case Manager (FCM) at the time of removal. After the initial clothing allotment is expended, the resource parent will use a portion of the monthly per diem to pay for clothing and/or personal items for the child on an ongoing basis. Personal items at the time of initial placement may include, but are not limited to toiletries, personal hygiene items, undergarments, and hair products.

Note: DCS will not provide a Personal Allowance to residential facilities.

Personal Allowance

Each child in a licensed resource placement is eligible to receive an annual Personal Allowance of up to \$300 starting on the 8th consecutive day of placement. These funds may be expended and are reset at the beginning of each calendar year. These funds may be used for items such as, but not limited to:

1. Computer hardware and/or software;
2. Field trips;
3. Driver's education (unless eligible for Emancipation Goods & Services Funds);
4. Class pictures;
5. Application fees;
6. Equipment and fees associated with extracurricular activities including musical instruments and sporting equipment;
7. Electronic devices (e.g., e-readers, laptops, or gaming systems);
8. Prom dress or other special occasion clothing; and
9. Preschool.

Note: The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards, cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.

Special Occasion Allowance

DCS will pay an annual Special Occasion Allowance to the licensed resource parent in addition to the per diem for all children in out-of-home care. This allowance is up to \$50 for birthdays and up to \$50 for the winter holiday season. For the resource parent to receive reimbursement for these funds, the child must be in the resource parent's care on the child's birthday and on the date of the winter holiday. Allowable items that may be bought using the Special Occasion Allowance include, but are not limited to:

1. Toys;
2. Video games or other electronics;
3. Salon services;
4. Clothing;
5. Jewelry;
6. Sporting equipment;
7. Items for a birthday party; and
8. Tickets to an event.

Note: Items not allowable are piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards, cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.

DCS will reimburse the special occasion allowance upon receipt of a properly claimed invoice with a receipt attached. No referral is required. Questions regarding a child's usage of the annual allowance should be directed to the RM and to the local DCS RFM.

Invoicing Electronically via KidTraks e-Invoicing

Resource parents who are comfortable using a computer are encouraged to submit invoices electronically using KidTraks e-Invoicing. The resource parent must first become a vendor via

submission of W-9 and Direct Deposit forms. Then, submission of the KidTraks User Agreement allows direct access to KidTraks, including the ability to submit invoices electronically via KidTraks e-Invoicing.

Note: Mileage reimbursement must be submitted via the paper Foster Parent Travel Invoice, but all other invoicing may be submitted electronically via KidTraks e-Invoicing, including Per Diem, Personal Allowance, Birthday/Holiday Allowance (i.e., Special Occasion Allowance), and Initial Clothing & Personal Items Allotment. KidTraks e-Invoicing guides are available on the Licensed Foster Parent Resources web page.

Requirements for Reimbursement

All resource parents need to complete the Automated Direct Deposit Authorization Agreement and W-9 Request for Taxpayer Identification Number and Certification to receive reimbursement from the state. All resource parents should utilize the standard invoice, the Claim for Support of Children Payable from Family & Children Funds or submit via KidTraks e-Invoicing and attach all receipts in order to receive reimbursement for funds such as the Personal Allowance, Special Occasion Allowance, and Initial Clothing Allotment. Additional information on completing the W-9 may be found on the W-9 and Direct Deposit Form Q & A.

Travel

Additional travel may be claimed when the resource parent travels over 162 miles in a month for the below purposes:

1. Travel between the resource home and the school system in which the child was enrolled before placement and continues to be enrolled while residing with the resource parent if the school system is not required to provide transportation under applicable state law;
2. Travel to and from Headstart, summer school, pre-school, summer camps, and school-related extracurricular activities;

Note: Mileage will be eligible for reimbursement to and from these programs only when it is not provided by the school corporation. FCMs may consult with the DCS EL for information on what school corporations are required to provide for the child.

3. Travel to and from parent and/or sibling visits (including visits with incarcerated parents or to other relatives that are authorized by DCS and are a part of the child's Case Plan/Prevention Plan) and visits to facilitate the transition to another placement;
4. Travel to and from the following types of health-related appointments:
 - a. Doctor (primary care physician and any specialists),
 - b. Dentist (including orthodontist),
 - c. Health clinic,
 - d. Hospital/Emergency Room (including resource parent visits during child inpatient episodes),
 - e. Occupational and Physical Therapy, and
 - f. Behavioral health counselor or therapist.
5. Travel to and from employment or job searching for youth 14 years of age or older;
6. Travel to and from the following types of case activities:
 - a. Administrative case reviews,
 - b. Judicial reviews (court appearances),
 - c. Case conferences,
 - d. Child and Family Team (CFT) Meetings, and
 - e. Resource parent training sessions.

7. Other travel that is extraordinary and has been approved in writing as consistent with the child's Case Plan/Prevention Plan by the DCS LOD/DM prior to the travel taking place; and/or

Note: Upon approval of the Regional Manager (RM), DCS will pay per diem and travel expenses exceeding 162 miles in a month (including overnight stays) if visits are maintained with a child who is hospitalized for longer than five (5) days. See policy 8.37 Holding a Placement during a Hospitalization for further guidance.

8. Pre-placement overnight visits with the child.

The prospective resource parent may receive an amount of properly claimed travel expenses incurred for a child who will be placed in the resource home when the prospective resource parent travels at least one (1) mile for pre-placement visits between the prospective resource parent and child and when there are no overnight visits.

Note: To be eligible for reimbursement, the resource parent must document all allowable travel that occurs through the month starting from the first mile on the Foster Parent Travel Invoice.

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**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Chapter 16: Financial Services/Assistance

Section 02: Assistance for Unlicensed Relative and Kinship Placements

Effective Date: July 1, 2023

Version: 8

- [Procedure](#)
- [Definitions](#)

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

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

POLICY OVERVIEW

Funding Assistance may be provided to unlicensed relative and kinship placements by the Indiana Department of Child Services (DCS) to help meet the needs of children in their care.

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PROCEDURE

DCS is committed to meeting the needs of children in unlicensed relative/kinship placements by providing the following funding assistance (see Practice Guidance for more information regarding the various funding assistance):

1. Bedding Allowance;
2. Child Care Allowance;
3. Educational Needs Funds;
4. Initial Clothing and Personal Allotment;
5. Personal Allowance;
6. Respite Care Funds;
7. Special Occasion Allowance;
8. Travel Reimbursement; and
9. Unlicensed Kinship Stipend (UKS)

The FCM will:

1. Ensure all appropriate clothing and/or personal items go with the child at the time of removal or placement change, whenever possible;

Exception: If a child is removed from a property used for the illegal manufacture of a controlled substance, personal items and clothing will not be removed.

2. Ensure emergent needs of the child (e.g., formula, diapers, food) are met before leaving the child with the unlicensed relative/kinship placement;
3. Direct the unlicensed relative/kin to the Indiana Foster Care website to access resources at initial placement;
4. Make efforts to deliver the child's clothing and/or personal items within 48 hours if they were not taken at the time of removal, unless the child was removed from a property used for illegal manufacturing of a controlled substance;

5. Complete a thorough inventory of the child's clothing and/or personal items and document on the Inventory of Personal Items form within 10 business days of placement. The inventory of the child's clothing and/or personal items should be:
 - a. Taken anytime a child's placement changes, and
 - b. Reviewed with and signed by the unlicensed relative/kin acknowledging which items belong to the child and which items were brought with and/or bought for the child.

Note: The Inventory of Personal Items form should be updated with changes throughout the life of the case.

6. Engage the Child and Family Team (CFT) to identify community supports and resources which may be able to assist the relative/kin in meeting the child's financial needs;
7. Ensure the unlicensed relative/kinship placement is aware of the various funding assistance which may be available;
8. Meet with the FCM Supervisor to discuss the child's needs for clothing and/or personal items;
9. Verify any requests for assistance do not exceed the allotted amount and/or the allowance has not previously been expended for the child during the life of the case when a financial need has been identified;

Note: Questions regarding the allotted amount and/or the child's usage of annual allowances should be directed to the Regional Manager (RM) or the local Regional Finance Manager (RFM);

10. Complete a referral in KidTraks, when requested by the unlicensed relative/kin, for the following (if applicable):
 - a. Personal Allowance,
 - b. Initial Clothing and Personal Items Allotment,
 - c. Bedding Allowance, and
 - d. Child Care Allowance.
11. Complete a referral for respite care if a need is identified;
12. Contact the DCS Educational Liaison (EL) for assistance with obtaining a High School Equivalency (HSE) diploma, tutoring, or enrolling in summer school. These expenses should not come out of the child's personal allowance;

Note: A Global Services referral should be completed for fees that cannot be waived or funded through other means (e.g., insurance and school resources).

13. Collaborate with the FCM Supervisor and Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS]) to inform all unlicensed relative/kinship placements of the invoicing instructions needed to utilize the Special Occasion Allowance and the enrollment process to receive the UKS;
14. Ensure the unlicensed relative/kin has applied for a Child Care and Development Fund (CCDF) Voucher, if applicable; and
15. Ensure the unlicensed relative/kin is informed of the Relative Parent Travel Invoice Instructions.

The FCM Supervisor will complete a Relative Placement Entry form within 24 hours of the child's placement and communicate with the KN that a relative/kinship placement has been made.

Upon receipt of the Relative Placement Entry form, the KN will:

1. Contact the placement via phone within 48 hours of receiving the Relative Placement Entry form;
2. Schedule a home visit within five (5) business days;
3. Complete the Kinship of Indiana Support Services (KISS) Safety and Risk Measuring Tool within five (5) business days of the completed home visit;
4. Develop a list of needs to be addressed within the first 30 days of placement and staff with the KN Supervisor (formerly known as the RSS Supervisor) to develop a plan to address the concrete needs (if applicable); and
5. Ensure vendor paperwork is processed for the family.

Financial Policy Exception

The FCM will complete the following steps for a Financial Policy Exception when an item requested is greater than the policy limit but **under** \$1500:

1. Complete a Global Services referral for the requested dollar amount and state the justification of need for:
 - a. Funding greater than the policy limit, and/or
 - b. Funding for expenses not referenced in policy.
2. Submit the referral to one (1) of the following workflow approvers:
 - a. FCM Supervisor, or
 - b. Local Office Director (LOD)/Division Manager (DM).

The workflow approver will:

1. Review the Financial Policy Exception justification;
2. Approve or deny the Financial Policy Exception, as appropriate; and

Note: The referral will proceed to the KidTraks Invoicing Unit for payment, upon Financial Policy Exception approval.

3. Notify the FCM via written correspondence (e.g., email) if the Financial Policy Exception is denied.

Request for Additional Funds (RAF) Form

An RAF form is completed when an item requested is greater than the policy limits and **above** \$1500.

The FCM will:

1. Complete the RAF form; and
2. Submit to the FCM Supervisor for approval or denial.

The FCM Supervisor will:

1. Review and respond to any RAF requests by either approving or denying the request; and
2. Submit the RAF decision to the LOD/DM.

The LOD or DM will:

1. Review and approve or deny the RAF; and
2. Send the RAF to the RM for final approval or denial.

The RM will:

1. Review the RAF and make a determination whether to approve the request;
2. Submit a copy of the RAF to the Regional Finance Manager (RFM) if approved; and
3. Notify the LOD/DM of the final determination via written correspondence.

The RFM will process the RAF form upon receipt from the RM.

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RELEVANT INFORMATION

Definitions

Concrete Needs

Concrete needs are goods and services that enable the kinship caregiver to provide for the family's care, well-being, safety, and stability, which may include, but is not limited to food, housing, clothing, healthcare, childcare, and mental health as well as services identified for stabilization within the first 30 days of the child's placement.

Emergent Needs

Emergent needs are goods and services needed to ensure the child's basic needs and safety are met to place the child in the unlicensed relative/kinship placement.

Forms and Tools

- [Application for Assistance, Food Stamps, Cash Assistance, Health Coverage](#)
- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Claim for Support of Children Payable from Family & Children Funds \(SF 28808\)](#)
- DCS Kinship Care email - DCS.Kinshipcare@dcs.in.gov
- DCS Education Services email - dcs.education@dcs.in.gov
- [Direct Deposit Authorization \(SF 51519\)](#)
- [Financial Assistance Options for Relative Caregivers Brochure](#)
- [Indiana Foster Care Website](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [Unlicensed Kinship Caregiver Stipend Frequently Asked Questions \(FAQ\)](#)
- [Kinship Indiana Support Services \(KISS\) Safety and Risk Measuring Tool](#)
- [Kinship Navigator Tip Sheet – available in DCS SharePoint](#)
- [Relative Home Environment Checklist \(SF 55106\)](#)
- [Relative Parent Travel Instructions](#)
- [Relative Parent Travel Invoice \(SF 54891\)](#)
- [Relative Placement Entry \(SF 57025\)](#)
- [Relative Resource Guide](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [W-9 and Direct Deposit Form Instructions](#)
- [W-9 and Direct Deposit Form Q & A](#)
- [W-9 Request for Taxpayer Identification Number and Certification](#)

Related Policies

- [13.05 Conducting Background Checks for Unlicensed Placements](#)

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LEGAL REFERENCES

- [IC 31-9-2-107: "Relative"](#)
- [IC 31-9-2-131.7 "Unlicensed caregiver"](#)

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PRACTICE GUIDANCE- DCS POLICY 16.02

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.

Child Care Concerns

It may be appropriate to facilitate a Child and Family Team (CFT) Meeting to discuss any concerns regarding child care, which may include, but are not limited to:

1. Safety and/or well-being of the child;
2. Child care needs;
3. Location of child care;
4. Child care cost;
5. Alternate child care facilities;
6. Site visits completed by the Family Case Manager (FCM) to make an informed decision as to the appropriateness of the child care facility; and/or
7. Determining if a Family and Social Services Administration (FSSA) inspection report should be completed for the child care facility.

Funding Assistance

Bedding Allowance

Bedding allowance funds are available up to \$400 per child if there is a need for a bed and/or bedding, and DCS approval has been obtained. This is a one (1) time payment per child, per the life of the case, and the bed and bedding must go with the child should the child return home or be moved to a different placement.

Bed and bedding purchases include, but are not limited to:

1. Mattress and/or box spring;
2. Bed frame and/or rails;
3. Pillows; and
4. Bedding (e.g., blankets, sheets, comforter).

Child Care Allowance

Child Care Allowance funds are available up to \$18 per day or \$90 per week (total \$2340) per child (only if needed for work, school, or due to a medical requirement). Child care costs are paid for a child care center or home that is licensed, registered, or the appropriate background checks have been conducted (see policy 13.05 Conducting Background Checks for Unlicensed Placements). This funding is available for six (6) months. If the relative/kin becomes licensed or begins receiving Child Care Development Fund (CCDF) prior to six (6) months, the funding will end.

Note: DCS will only permit an Unlicensed Registered Child Care Ministry to be paid using Child Care allowance if the ministry accepts CCDF.

Educational Needs Funding

Educational Needs Funding is available to cover the cost of securing a High School Equivalency (HSE) diploma, tutoring, and summer school. This referral is made in KidTraks through Global Services. Contact the local DCS Educational Liaison (EL) for assistance with school related fees as many may be waived.

Note: When other funding is available for securing an HSE diploma, the other funding should be utilized prior to completing a Global Services referral.

Initial Clothing and Personal Item Allotment

An allotment of up to \$200 per child is available within 60 days of initial placement of the child with FCM approval. At times it may be necessary for the clothing to be purchased prior to DCS approval.

Note: Clothing may be purchased beyond the 60 days of initial placement in unique circumstances (e.g., sudden weight gain or loss, maternity clothing, or attempts to obtain clothing from previous placement without success).

If the unlicensed relative/kin receives a voucher from DCS, the unlicensed relative/kin has 30 days to utilize the voucher. Unlicensed relative/kin must present the receipts for all purchases. Clothing and personal items may include, but are not limited to:

1. Clothing (e.g., socks, coats, undergarments);
2. Shoes;
3. Toiletries and personal hygiene items;
4. Hair products;
5. Diapers and wipes; and
6. Infant formula and bottles.

Personal Allowance

Each child in an unlicensed relative/kinship placement is eligible to receive an annual Personal Allowance of up to \$300 starting on the 8th consecutive day of placement. These funds may be expended and are reset at the beginning of each calendar year. These funds may be used for items such as, but not limited to:

1. Computer hardware and/or software;
2. School functions and activities (e.g., field trips, formal attire for special occasions, class pictures);
3. Driver's education (unless eligible for Emancipation Goods & Services Funds);
4. Application fees;
5. Extracurricular and co-curricular activities and associated fees (e.g., musical instruments and sporting equipment);
6. Electronic devices (e.g., e-readers, laptops, iPod, or gaming systems);
7. Activities for young children (e.g., preschool activities).

Note: Note: The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards, cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card or on-line gaming apps when the child has a gaming console or computer and the only option to purchase a game is through a gaming system or app gift card. An additional exception may be made to purchase cell phone minutes for a child that has a cell phone.

Respite Care

Respite care funds, if needed and approved by the Family Case Manager (FCM), are available for up to five (5) days each calendar year. The respite care must be provided by a licensed resource parent.

Special Occasion Allowance

DCS will pay an annual Special Occasion Allowance to unlicensed relative/kin for all children in out-of-home care. This allowance is up to \$50 for birthdays and up to \$50 for the winter holiday season. For the unlicensed relative/kin to receive reimbursement for these funds, the child must be in the unlicensed relative/kin's care on the child's birthday and on the date of the winter holiday. Allowable items that may be bought using the Special Occasion Allowance include, but are not limited to:

1. Toys;
2. Electronics (e.g., video games);
3. Salon services;
4. Clothing;
5. Jewelry;
6. Sporting equipment;
7. Birthday party; and
8. Event tickets for birthday or holidays.

Note: Items not allowable include piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (e.g., gas, gift card, store gift card), cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.

DCS will reimburse the special occasion allowance upon receipt of a properly claimed invoice with a receipt attached. No referral is required. Questions regarding a child's usage of the annual allowance should be directed to the RM and to the local DCS RFM.

Travel Reimbursement

Travel will be reimbursed monthly beginning at mile one (1) for travel such as:

1. Travel between the unlicensed relative/kin home and the school if the child continues to attend the school they attended prior to removal;

Note: Mileage will be eligible for reimbursement only when transportation services are not provided by the school corporation. Consult with the EL for information on what school corporations are required to provide transportation for the child.

2. Travel to and from Headstart, summer school, pre-school, summer camps, and school related extracurricular activities;

Note: Mileage will be eligible for reimbursement to and from these programs only when it is not provided by the school corporation.

3. Travel to and from parent and/or sibling visits (including visits to other relatives that are authorized by DCS and are a part the child's Case Plan/Prevention Plan) and visits to facilitate the transition to another placement;
4. Travel for pre-placement visits between the relative/kin and the child, regardless of whether they are overnight visits, if the relative/kin is being considered as a placement resource;
5. Travel to and from the following types of health-related appointments:
 - a. Doctor (primary care physician and any specialists),
 - b. Dentist (including orthodontist),

- c. Health clinic,
 - d. Hospital/emergency room (including visits during a child's inpatient episodes),
 - e. Occupational and physical therapy, and
 - f. Behavioral health counselor and therapist.
6. Travel to and from employment or for purposes of a job search for youth 14 years of age or older;
 7. Travel to and from the following types of case activities:
 - a. Administrative case reviews,
 - b. Judicial reviews (court appearances),
 - c. Case conferences,
 - d. CFT Meetings,
 - e. Foster parent training sessions, and/or
 - f. Behavioral health counselor and therapist.
 8. Other travel that is extraordinary and has been approved in writing (as consistent with the child's Case Plan/Prevention Plan) by the DCS LOD/DM prior to the travel taking place.

Unlicensed Kinship Stipend

A stipend of \$300 per month will be provided for each child placed in an unlicensed kinship home by DCS. \$150 will be provided by DCS if an unlicensed kinship home provides care for a child for less than 15 days. See the Unlicensed Kinship Caregiver Stipend Frequently Asked Questions (FAQ) for additional information.

Kinship and Other Relative Placement Options

A child may be placed with an individual who is not related by blood, marriage, or adoption if this is an individual with whom the child has an established and significant relationship. The relationship with the child will be documented as other relative and must:

1. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption;
2. Have existed prior to the agency's current involvement with the child or family; and
3. Be verified through interviews or attested to by the written or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Relative Placement Options

Adult relatives (18 years of age and older) to be considered for placement include, but are not limited to:

1. Adult siblings including step and half-siblings;
2. Maternal or paternal grandparents;
3. Adult aunts or uncles;
4. Adult cousins;

Note: The individuals must be first or second cousins.

5. Parents and extended family of half-siblings (e.g., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
6. Former step-parents and extended family of former step-parents (e.g., adult siblings, grandparents, adult aunts or uncles, and adult cousins); or

7. Other adult relatives suggested by either parent of a child including, but not limited to extended cousins, great or great-great aunts or uncles.

Supporting Relative/Kin Caregivers

It is important for FCMs to support all relative/kin caregivers. FCMs should be mindful that relative/kin caregivers may not have planned to take placement of the child. This is especially true in emergency and/or after-hours placements. The FCM, KN, and Regional Foster Care Specialist (RFCS) should be patient and exercise empathy for the relative/kin 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 their home into the relative/kin caregiver's home. The transition will be easier to achieve if the relative/kin feels supported and may focus primarily on the child.

The FCM, KN, and the RFCS are responsible for communicating all the support and clinical services that DCS may offer the relative/kin caregiver. Information regarding the foster care portal should be provided to the relative/kin caregiver to enable them to access community and financial resources. If the unlicensed relative/kin does not have access to internet, provide the Financial Assistance Options for Relative Caregivers Brochure, Relative Resource Guide, Prevent Child Abuse Helpline (1-800-244-53743), and 2-1-1.

Tax Reimbursement

Tax on any purchases made for a ward including clothing, personal items, and special occasion allowances is reimbursable. For example, the resource parent purchases clothing in the amount of \$180 and paid \$12.60 in tax for a total of \$192.60. The resource parent may claim reimbursement for \$192.60. However, if the resource parent purchased clothing in the amount of \$200 and paid \$14 in tax for a total of \$214, the resource parent may only claim \$200 outlined in policy. Reimbursement may be claimed for the items plus tax up to the stated limit for each allowance.



INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 16: Financial Services/Assistance	
Section 03: Assistance for a Family of Origin’s Basic Needs	
Effective Date: March 1, 2023	Version: 4

- [• Procedure](#)
- [• Forms and Tools](#)
- [• Legal References](#)
- [• Definitions](#)
- [• Related Policies](#)
- [• Practice Guidance](#)

POLICY OVERVIEW

This policy applies to a child’s family of origin. See policy 16.01 Funding for Children in Out-of-Home Care and policy 16.02 Assistance for Unlicensed Relative and Kinship Placements.

The child’s family is responsible for ensuring the child’s basic needs are met. In the event a parent, guardian, or custodian needs support to meet their child’s basic needs, financial assistance is available for children under the care and supervision of the Indiana Department of Child Services (DCS).

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PROCEDURE

Children and families who are eligible for financial assistance include those involved in:

1. Out-of-home Child in Need of Services (CHINS);
2. In-home CHINS;
3. Informal Adjustment (IA); or
4. An assessment and receiving DCS funded services.

DCS will provide the following assistance for eligible children and families in the event a parent, guardian, or custodian needs support to meet the child’s basic needs:

1. One (1) month of rent and/or one (1) security deposit of up to \$750.

Note: Rent and security deposit assistance each have a cap of \$750 per family, per lifetime of the case. The LOD/DM may approve \$500 extra for rent and utilities and \$300 extra for miscellaneous expenses.

2. A one-time collective payment for gas, electric, water, and sewage utilities of up to \$1000 per family;

Note: An additional \$750 may be made available one (1) time for utility assistance.

3. Pest Control services of up to \$1200 per lifetime of the case;
4. Children’s bed and bedding of up to \$400 per lifetime of the case, per child;
5. Parent, guardian, or custodian travel (e.g., gas card, bus tickets) up to \$70 per month;
6. Home appliance repairs and purchases (e.g., stove, refrigerator, dishwasher, heating, ventilation, and air conditioning (HVAC)); and
7. Concrete Goods and Services, including but not limited to:
 - a. Furniture (excluding children’s bed and bedding outlined above);

- b. Food and groceries;
- c. Vehicle repairs, driver's license reinstatement fees, and other expenses related to parental travel not listed above;
- d. Recreational activities (e.g., fees, supplies, uniforms);
- e. Education (e.g., tuition, uniforms, book fees);
- f. Child Care;
- g. Telephone and cell phone; and
- h. Clothing and personal items.

Note: There are no restrictions on buying clothing for children in their own homes when emergencies arise.

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) to identify family and/or community resources in the event a parent, guardian, or custodian needs support to meet their child's basic needs (see Practice Guidance for a list of community resources);
2. Develop a plan as to how expenses will be paid in future months;
3. Document the following information in the case management system:
 - a. Any situation involving the child and family that requires additional financial support,
 - b. The reason why the financial assistance is needed, and
 - c. All efforts to locate community resources for alternative funding.
4. Obtain a copy of the signed lease if the family is seeking financial assistance for rent and/or security deposit; and

Note: The Rental Agreement may be used when a signed lease is unavailable.

5. Obtain a copy of the signed Security Deposit Agreement if the family is seeking financial assistance for a security deposit.

Financial Policy Exception

The FCM will complete the following steps for a Financial Policy Exception when an item requested is **greater than the policy limit but under \$1500**:

1. Complete Global Services referral for the requested dollar amount and state the justification of need for:
 - a. Funding greater than the policy limit, and/or
 - b. Funding for expenses not referenced in policy.
2. Submit the referral to one (1) of the workflow approvers (i.e., FCM Supervisor, Local Office Director [LOD], or Division Manager [DM]).

The workflow approver will:

1. Review the Financial Policy Exception justification;

Note: In the event a family needs assistance to pay their mortgage, DCS should provide assistance for other household expenses to be paid so funds are available for the family to make the mortgage payment. The Regional Manager (RM) will review all Financial Policy Exceptions regarding mortgage assistance.

2. Approve or deny, as appropriate; and

Note: The referral will proceed to the KidTraks invoicing unit for payment, upon Financial Policy Exception approval.

3. Notify the FCM via written correspondence if the Financial Policy Exception is denied.

Request for Additional Funding (RAF) form

A RAF form is completed when an item requested is **greater than the policy limit and above \$1500.**

The FCM will:

1. Complete the RAF form; and
2. Submit the RAF form to the FCM Supervisor for approval or denial.

The FCM Supervisor will:

1. Review and respond to any RAF requests by either approving or denying the request; and
2. Submit the RAF form decision to the LOD/DM

The LOD/DM will:

1. Review and approve or deny the RAF; and
2. Send the RAF to the Regional Manager (RM) for final approval or denial.

The RM will:

1. Review the RAF request and make a determination whether to approve the request;
2. Submit a copy of the RAF form to the Regional Finance Manager (RFM) if approved; and
3. Notify the LOD/DM of the final determination via written correspondence.

The RFM will process the RAF form, upon receipt from the RM.

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RELEVANT INFORMATION

Definitions

Security Deposit Agreement

The Security Deposit Agreement is an agreement between the landlord and DCS in which the landlord agrees that any refundable portion of the security deposit will be refunded to DCS when the tenant leaves.

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [Rental Agreement](#)
- [Security Deposit Agreement](#)

Related Policies

- [16.01 Clothing Personal Items and Permitted Per Diem Expenses](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 16.03

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.

Bed and Bedding

Bed and bedding purchases include, but are not limited to:

1. Mattress and/or box spring;
2. Bed rails and/or bedframe;
3. Pillows; and
4. Bedding (e.g., blankets, sheets, comforter).

Prior to Requesting Funding

Prior to requesting financial assistance to assist a family in meeting a child's basic needs, alternative funding from extended family members and community resources should be explored through contact with the following:

1. Trustee's Office;
2. Utility company (e.g., gas, electric, and water) directly to see about enrolling in a payment plan;
3. Local winter assistance and/or summer cooling programs if available in the area;
4. Energy Assistance Program (EAP);
5. Salvation Army and other charitable organizations;
6. Local churches and other faith-based organizations;
7. School system;
8. Medicaid Transportation; and
9. Community groups.

Rent and Security Deposit


The following documents are needed for DCS to provide additional funding for a family's rent and/ or security deposit:

1. Rent and security deposit assistance: A copy of the lease (or the Rental Agreement) and the Security Deposit Agreement;
2. Rent only assistance: A copy of the lease (or the Rental Agreement); or
3. Security deposit only assistance: A copy of the lease (or the Rental Agreement) and the Security Deposit Agreement.

Travel Expenses

Financial assistance for travel expenses should benefit the child and the family (e.g., visitation, mental health and medical appointments, education, and substance abuse treatment).

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 01: Initial Licensing Process	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The initial licensing process prepares an applicant to meet all the rules for a Licensed Residential Facility. During this process, the applicant turns in paperwork that explains how they will keep children healthy, safety, and well-cared for.


POLICY STATEMENT

DCS works with facilities that want to become licensed as a Child Caring Institution (CCI), Private Secure Facility (PSF), or Group Home (GH) and gives guidance during the licensing process.

Applicants must turn in all required documents to get licensed.

LEGAL REFERENCES

- [IC 31-27-3: Chapter 3. Regulation of Child Caring Institutions](#)
- [IC 31-27-3-5: Grounds for denial of license application; waiver](#)
- [IC 31-27-5: Chapter 5. Regulation of Group Homes](#)
- [465 IAC 2-9 Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-10 Emergency Shelter Care Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Children’s Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13 Children’s Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 02: Initial Licensing Review	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Licensing residential facilities helps to keep children safe and healthy. It also helps to make sure youth get the right treatment by setting clear requirements for care, programs, and staff qualifications.

POLICY STATEMENT

The initial licensing review checks that a new applicant:


1. Knows all of the rules and requirements for:
 - Child Caring Institutions (CCI),
 - Private Secure Facilities (PSF), or
 - Group Homes (GH).

2. Is ready to meet or go beyond the minimum standards required by:
 - Indiana Code (IC),
 - Indiana Administrative Code (IAC), and
 - Indiana Department of Child Services (DCS) policies.

The review includes a final walk-through of the facility before the license is approved.

LEGAL REFERENCES

- [IC 31-27-3: Regulation of Child Caring Institutions](#)
- [IC 31-27-5: Regulation of Group Homes](#)
- [465 IAC 2-9: Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-10: Emergency Shelter Care Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-11: Private Secure Facilities](#)
- [465 IAC 2-12: Children’s Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13: Children’s Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 03: Verification of Qualified Residential Treatment Program (QRTP)	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Family First Prevention Services Act (FFPSA) sets rules for residential treatment programs to be called a Qualified Residential Treatment Program (QRTP). The Indiana Department of Child Services (DCS) works with these programs to make sure they meet the rules. This helps improve care for children with clinical needs.

POLICY STATEMENT

DCS will verify the following types of residential treatment facilities meet the QRTP rules for each program offered:

- Child Caring Institution (CCI) (private or public);
- Group Home (GH); and
- Private Secure Facility (PSF).

DCS will not give QRTP status to the following programs:

- Diagnostic programs;
- Emergency Shelter Care (ESC);
- Teen Mom and Baby Programs;
- Independent Living (IL) programs for youth 18 years of age and older; and
- Programs specifically for victims of Human Trafficking.


To be a QRTP, a program must:

- Use a trauma-informed treatment for children with serious emotional or behavior needs;
- Provide treatment based on the child's needs (based on assessments);
- Have policies that reflect the trauma-informed treatment model;
- Demonstrates the defined treatment model and policies in the treatment of the children;
- Have registered or licensed nurses and licensed clinical staff on site to:
 - Provide care within the scope of their practice as defined by State law,
 - Provide care on-site according to the treatment model referred to above, and
 - Provide care 24 hours a day and seven (7) days a week.
- Support the facilitation and participation of family in the child's treatment, when it is in the child's best interest;
- Reach out to the family members of the child (including siblings) and document how the contact is made (including contact information);
- Maintain contact information for any known biological family and fictive kin;
- Document how family members are included in the treatment plan, including post-discharge, and how sibling connections are maintained;

- Plan for discharge and family-based aftercare support for at least six (6) months post-discharge;
- Has an active CCI, PSF, or GH license by the state of Indiana; and
- Be accredited by any of the following independent, not-for-profit organizations:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF),
 - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
 - The Council on Accreditation (COA),
 - Educational Assessment Guidelines Leading toward Excellence (EAGLE),
 - Teaching Family Association, or
 - Any other independent, not-for-profit accrediting organization approved by the Secretary of Health and Human Services (HHS).

LEGAL REFERENCES

- [42 USC 672: Foster care maintenance payments program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 04: Rate Setting (Residential Licensing)	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW


The Indiana Department of Child Services (DCS) sets payment rates for children placed in residential treatment centers by DCS or juvenile justice. This process also sets the amount that Indiana can ask the federal government to reimburse.

POLICY STATEMENT

DCS cannot recommend or pay the residential treatment provider unless it is licensed by DCS as required by state law.

LEGAL REFERENCES

- [IC 31-27-7: Chapter 7. Department Base Rates Review](#)
- [465 IAC 2-16: Rate Setting for Residential Treatment Services Providers](#)
- [465 IAC 2-16-4: "Base Rate" defined](#)
- [465 IAC 2-16-5: "Cost report" defined](#)
- [465 IAC 2-16-12: "Reasonable costs" defined](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 05: Waivers and Variances	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW


A waiver or variance for a residential facility’s license must not put the health, safety, or well-being of children at risk.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) can approve a waiver or variance for a residential facility’s license, upon request.

LEGAL REFERENCES

- [IC 31-27-2-8: Granting of variances and waivers](#)
- [465 IAC 2-9-31: “Variance” defined](#)
- [465 IAC 2-9-32: “Waiver” defined](#)
- [465 IAC 2-9-35: Waivers and variances](#) (Children’s Homes and Child Care Institutions [CCIs])
- [465 IAC 2-10-35: Waivers and variances](#) (Emergency Shelter Care Children’s Homes and CCIs)
- [465 IAC 2-11-35: Waivers and variances](#) (Private Secure Facilities)
- [465 IAC 2-12-35: Waivers and variances](#) (Children’s Homes and CCIs Defined as Group Homes)
- [465 IAC 2-13-35 Waivers and variances](#) (Children’s Homes and CCIs Defined as Emergency Shelter Care Group Homes)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 06: Residential Licensing Denials	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

Protecting a child’s health, safety, and well-being is key to making sure they receive quality care. The Indiana Administrative Code (IAC) has requirements for running a licensed residential facility. If a facility cannot meet the requirements, its license may be denied.

POLICY STATEMENT

The Indiana Department of Child Services (DCS) can deny a new or renewed residential license.

DCS may deny a license when:

1. There is a substantiated child abuse or neglect (CA/N) finding by:
 - a. The applicant; or
 - b. An employee, volunteer, or contractor of the applicant
2. There is a criminal conviction of the applicant, director, or manager of a facility where children will live:
 - a. A felony,
 - b. A misdemeanor related to child health and safety, or
 - c. A misdemeanor for running a child caring institution (CCI), foster family home (FFH), group home (GH), or child placing agency (CPA) without a license.

Note: A past conviction or CA/N finding by a former employee, volunteer, or contractor is not enough to deny a license application when DCS finds that the person was dismissed promptly after the applicant learned of the conviction or CA/N finding.

3. The applicant gave false information in the license application;
4. The applicant gave false information in the records required by DCS;
5. The applicant, employee, volunteer, or contractor ran a home or facility without a license;
6. The applicant has a juvenile record for a nonwaivable offense that would be a felony if committed by an adult;
7. An employee, volunteer, or contractor of the applicant has:
 - a. A nonwaivable conviction,
 - b. A felony or a misdemeanor related to the child’s health and safety, unless DCS gives a waiver, or
 - c. A juvenile adjudication for a nonwaivable offense that would be a felony if done by an adult, unless DCS gives a waiver.


Waiver Considerations

When deciding whether to grant a waiver, DCS will look at:

1. How long ago the offense happened;
2. How serious the offense was and what happened;
3. Proof of rehabilitation; or
4. The job duties and the qualifications for the role.

LEGAL REFERENCES

- [IC 31-27-3: Chapter 3. Regulation of Child Caring Institutions](#)
- [IC 31-27-3-5: Grounds for denial of license application; waiver](#)
- [IC 31-27-5: Chapter 5. Regulation of Group Homes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 07: License Revocations	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

To make sure a child is safe, the Indiana Department of Child Services (DCS) will revoke a residential facility's license if the facility does not follow applicable law and regulation.

POLICY STATEMENT


DCS may revoke a facility's license if there is a violation as identified in state law.

DCS will stop placing children in a facility if its license is:

- In probationary status,
- On a placement hold,
- Pending revocation, or
- Already revoked.

LEGAL REFERENCES

- [IC 4-21.5-5 Judicial Review](#)
- [IC 31-9-2-16.7: "Child caring institution"](#)
- [IC 31-9-2-48.5: "Group home"](#)
- [IC 31-9-2-76.3: "Licensee"](#)
- [IC 31-9-2-115: "Secure private facility"](#)
- [IC 31-9-2-131.3: "Ultimate authority of the department"](#)
- [IC 31-27-3-1: License required for operation \(Child Caring Institutions \[CCI\]\)](#)
- [IC 31-27-3-20 Administrative hearings](#)
- [IC 31-27-3-27: Notice \(CCI\)](#)
- [IC 31-27-3-31: Grounds for revocation of license; waiver \(CCI\)](#)
- [IC 31-27-3-32 Compliance with rules; disciplinary sanctions; revocation of license](#)
- [IC 31-27-5-1: Group home operation; necessity for license; number of children and location of home](#)
- [IC 31-27-5-27: Notice \(Group Home \[GH\]\)](#)
- [IC 31-27-5-31: Grounds for revocation of license; waiver \(GH\)](#)
- [465 IAC 2-9 Child's Homes and Child Caring Institutions \(CCI\)](#)
- [465 IAC 2-9-15: "License" defined \(Children's Homes and CCI\)](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Child's Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 3-3-3 Request for hearing](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 08: Referral Holds (Residential Licensing)	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

Referral holds may be placed to ensure the safety and well-being of children. This may happen if the facility does not follow the rules set by law, contract, or policy.


POLICY STATEMENT

DCS may place a referral hold on a residential facility if there is a concern about child safety, a violation of law or code, or a contract issue. The Residential Licensing Unit (RLU) will decide how long the referral hold will last and will notify the facility of the timeframe.

Note: In rare cases, children may be removed from the residential facility if necessary to ensure their safety.

LEGAL REFERENCES

- [IC 31-27-3: Chapter 3. Regulation of Child Caring Institutions](#)
- [IC 31-27-3-29: Investigations of noncompliance; injunctions; corrective action plans; removal of children; informal meetings](#)
- [IC 31-27-5: Chapter 5. Regulation of Group Homes](#)
- [465 IAC 2-11-22: "Private secure facility" defined](#)
- [465 IAC 2-16-13: "Residential treatment services provider" defined](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 09: Contract Termination	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) contracts with residential facilities to care for children who need treatment and are involved with DCS and probation. A residential facility may ask DCS to end its contract, or DCS can end the contract if the facility does not follow the rules.


POLICY STATEMENT

If DCS finds that a residential facility has broken the rules of the contract, the facility will have 30 calendar days to fix the issue. If this does not happen, DCS may start the process of ending the contract.

Exception: If the violation puts a person’s life, health, or safety at risk, DCS may end the contract with 3 business days’ notice.

LEGAL REFERENCES

- [IC 5-11: ARTICLE 11. ACCOUNTING FOR PUBLIC FUNDS](#)
- [IC 5-22-17-5: Funds not appropriated or available; contract cancellation; exemption for lease of state owned property](#)
- [IC 16-18-2-12: “Alcohol and drug abuse records”](#)
- [IC 16-18-2-168: “Health records”](#)
- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-3-14: Probationary status; duration; expirations; extension](#)
- [IC 31-27-3-18: Records](#)
- [IC 31-27-3-19: Notice of enforcement actions; informal meetings](#)
- [IC 31-27-6-15: Records regarding children](#)
- [IC 31-33-5: Chapter 5. Duty to Report Child Abuse or Neglect](#)
- [IC 31-34-15: Chapter 15. Case Plan](#)
- [IC 31-37-19-1.5: Completion of case plan; copies of case plan; contents; review and update](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 11: Annual Licensing Review	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Department of Child Services (DCS) checks each licensed and/or contracted residential facility every year. This review makes sure the facility follows Indiana laws, rules, and DCS policies. This review helps to make sure children are safe, healthy and well-cared for while in care.


POLICY STATEMENT

The DCS Residential Licensing Unit (RLU) will conduct an annual review of each licensed and/or contracted residential facility which consists of both a program and clinical review.

Note: The clinical portion of the annual review applies only to a licensed residential facility which is contracted with DCS.

LEGAL REFERENCES

- [IC 31-27-3 Regulation of Child Caring Institutions](#)
- [IC 31-27-5 Regulation of Group Homes](#)
- [465 IAC 2-9 Children's Homes and Child Caring Institutions](#)
- [465 IAC 2-10 Emergency Shelter Care Children's Homes and Child Caring Institutions](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Children's Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13 Children's Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)
- [42 USC 671 State plan for Foster Care and Adoption Assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 12: Re-licensure	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

Licensing of residential facilities helps protect the health, safety, and well-being of youth. It also makes sure youth get the right care by setting clear rules for services, programs, and staff qualifications. Relicensing is done to make sure the facility still meets all rules and keeps operating at or above minimum standards set by law and policy.

POLICY STATEMENT

DCS requires all licensed residential facilities to be relicensed every four (4) years. The DCS Residential Licensing Unit (RLU) requires an applicant seeking relicensure to submit a standard list of documents. This list can be accessed via KidTraks. Licensing can be sought for:


1. A Child Caring Institution (CCI);
2. Private Secure Facility (PSF); or
3. Group Home (GH).

Also, background checks must be done before the license expires for all employees, contractors, and volunteers working at the facility. The Residential Licensing Unit (RLU) will also look at the results of the annual on-site review. This review may not happen at the same time as relicensing.

Note: If a Plan of Correction (POC) is needed during relicensing, see policy 17.13.

LEGAL REFERENCES

- [IC 31-27-3: Chapter 3. Regulation of Child Caring Institutions](#)
- [IC 31-27-5: Chapter 5. Regulation of Group Homes](#)
- [IC 31-27-6: Chapter 6. Regulation of Child Placing Agencies](#)
- [465 IAC 2-9: Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-10: Emergency Shelter Care Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-11: Private Secure Facilities](#)
- [465 IAC 2-12: Children’s Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13: Children’s Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 14: Institutional Reports	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Service (DCS) Residential Licensing Unit (RLU) reviews all complaints about licensed residential facilities to check rules or contract violations.

POLICY STATEMENT

DCS will review all formal complaints before renewing a license. A licensed facility may add comments about the complaint to its file.

If DCS has reason to believe the issue puts a child in immediate danger of serious harm or health risk, DCS will report it to:


1. The attorney general;
2. The local office; and
3. The prosecuting attorney in the county where the facility is located.

DCS may:

1. Ask for a search warrant to help with the investigation;
2. Request a court order to stop the facility from operating if there is immediate danger to a child's health or safety;
3. Require a corrective action plan, which may include stopping new placements to protect children;
4. Remove children from the facility; and
5. Meet with the facility after a court order is issued.

LEGAL REFERENCES

- [IC 31-27-2-6: Investigation of complaints](#)
- [IC 31-27-3-29: Investigations of noncompliance; injunction, corrective action plans, removal of children, informal meetings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Licensing of Child Placing Agencies Section 15: Visits to DCS Licensed Residential Facilities	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Residential Licensing Unit (RLU) makes both announced and unannounced on-site visits at licensed residential facilities. These visits help to keep children safe and make sure the facility follows all applicable standards, laws, and rules.

POLICY STATEMENT

DCS will visit all residential facilities licensed to operate as one (1) of the following:

- Child Care Institution (CCI) under 465 IAC 2-9;
- CCI defined as Emergency Shelter Care under 465 IAC 2-10;
- Private Secure (PS) Care Institution under 465 IAC 2-11;
- Group Home (GH) under 465 IAC 2-12; or
- Emergency Shelter Care (ESC) under 465 IAC 2-13.


DCS will:

- Make announced visits regularly, including during annual reviews (see policy 17.11); and
- Make unannounced visits at least one (1) time each quarter.

Exception: If there are concerns, DCS may visit at least once a month. If the facility is on a referral hold, DCS will visit once a week until the hold is lifted. (see policy 17.08).

LEGAL REFERENCES

- [IC 31-27-2-5 Monitoring of licensed entities](#)
- [465 IAC 2-9 Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-10 Emergency Shelter Care Children’s Homes and Child Caring Institutions](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Children’s Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13 Children’s Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies Section 01: Initial Licensing Process (Licensing of CPA)	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW


The first step in becoming a Licensed Child Placing Agency (LCPA) is the licensing process. This process helps the applicant meet all rules in Indiana Code (IC), Indiana Administrative Code (IAC), and Indiana Department of Child Services (DCS) policy. During this time, the applicant sends in documents that explain how the agency plans to provide foster care and/or adoption services.

POLICY STATEMENT

The DCS LCPA Licensing Unit works with agencies that want to become an LCPA. The unit gives support and guidance during the licensing process. Each applicant must apply on forms provided by the DCS.

LEGAL REFERENCES

- [IC 31-9-2-17.5: "Child placing agency"](#)
- [IC 31-27-6: Chapter 6. Regulation of Child Placing Agencies](#)
- [IC 31-27-6-2: Application for license; criminal history checks](#)
- [465 IAC 2-2: Licensing of Child Placing Agencies](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies Section 02: Initial Site Review	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW


The process to become a Licensed Child Placing Agency (LCPA) helps to protect a child’s health, safety, treatment, and general well-being. Before deciding to approve or deny a license, the Indiana Department of Child Services (DCS) does an initial site review. This review checks that the child placing agency (CPA) knows all the rules and is ready to meet or go beyond minimum standards set by the law and DCS policies.

POLICY STATEMENT

DCS will do an initial site review to make sure the agency applying for licensure as an LCPA is following the law.

LEGAL REFERENCES

- [IC 31-27-6: Chapter 6. Regulation of Child Placing Agencies](#)
- [465 IAC 2-1.5 Licensing of Foster Family Homes for Children](#)
- [465 IAC 2-2 Licensing of Child Placing Agencies](#)
- [465 IAC 2-2-7: Office Space and Equipment](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing Child Placing Agencies Section 04: License Denials (Licensing of CPA)	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

To protect the health, safety, and well-being of children, the Indiana of Child Services (DCS) may deny a license to operate a Child Placing Agency’s (CPA).

POLICY STATEMENT

DCS can deny a new or renewed CPA license when:

1. There is a substantiated child abuse or neglect (C/AN) finding of:
 - a. The applicant, or
 - b. The applicant’s employee, volunteer, or contractor.

2. There is a criminal conviction of the applicant, director, or manager of a facility where children will be placed, including:
 - a. A felony,
 - b. A misdemeanor related to child health and safety, or
 - c. A misdemeanor for running a child caring institution (CCI), foster family home (FFH), group home (GH), or child placing agency (CPA) without a license.

Note: A past conviction or CA/N finding is not enough to deny a license application if DCS finds the person was dismissed promptly after the applicant learned of the conviction or CA/N finding.

3. The applicant gave false information in the license application or in the records required by DCS;
4. The applicant or their employee, volunteer, or contractor operated a home or facility without a license;
5. The applicant has a juvenile record for a nonwaivable offense that would be a felony if committed by an adult;
6. An applicant’s employee, volunteer, or contractor has:
 - a. A conviction for a nonwaivable offense,
 - b. A felony or a child-related misdemeanor, unless DCS give a waiver, or
 - c. A juvenile adjudication for a nonwaivable offense that would be a felony if committed by an adult (unless waived by DCS).

Waiver Considerations

When deciding whether to grant a waiver, DCS will look at:

1. How long ago the offense happened;
2. How serious the offense was and what happened;
3. Proof of rehabilitation; or

4. The job duties and qualifications for the role.


If License is Denied

If DCS denies the license, DCS will:

1. Send the applicant a denial letter by certified mail;
2. Give the reasons for the denial; and
3. Explain how the applicant can request an administrative hearing.

LEGAL REFERENCES

- [IC 31-27-6-3: Grounds for denial of license application; waiver](#)
- [IC 31-27-6-8: Denial of license](#)
- [465 IAC 3-3-3 \(j\): Request for hearing](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies Section 05: License Revocations	
	Effective Date: January 1, 2026	Version: 3

POLICY OVERVIEW

To keep children safe, the Indiana Department of Child Services (DCS) may revoke Child Placing Agency’s (CPA) license if the CPA does not follow the laws, rules and DCS Policies.

POLICY STATEMENT

DCS may revoke a CPA’s license if there is good reason as identified by law. See IC 31-27-6-28 and IC 31-27-6- 29 for additional information.

Revocation Appeals


The CPA may appeal the license revocation and request an Administrative Appeal Hearing as provided in Indiana Code. If successful on appeal, DCS will make sure the license is effective in the case management system.

If the CPA does not appeal or is unsuccessful on appeal and has not stopped operations, DCS will notify:

- The prosecuting attorney in the county where the CPA is located, and
- The Indiana Attorney General regarding the illegal operation.

LEGAL REFERENCES

- [IC 31-9-2-131.3: “Ultimate authority of the department”](#)
- [IC 31-27-6-17: Administrative hearings](#)
- [IC 31-27-6-24: Notice](#)
- [IC 31-27-6-28: Grounds for revocation of license; waiver](#)
- [IC 31-27-6-29: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [465 IAC 2-2-1: Definition of child placing agency or business of placing children](#)
- [465 IAC 3-3-3: Request for hearing](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies Section 06: Referral Holds (Licensing of CPA)	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW


DCS may pause referrals to a Licensed Child Placing Agency (LCPA) when certain issues are found. This helps protect the safety and well-being of children.

POLICY STATEMENT

DCS may put in a referral hold if an issue is discovered with child safety. If a LCPA does not follow the rules in Indiana Code (IC), Indiana Administrative Code (IAC), DCS policy, or the DCS contract, the Indiana Department of Child Services (DCS) may pause placement referrals (called a referral hold). This helps keep children safe and well.

LEGAL REFERENCES

- [IC 31-27-6: Chapter 6. Regulation of Child Placing Agencies](#)
- [IC 31-27-6-26: Investigations of noncompliance; injunctions; corrective action plans; removal of children; informal meetings](#)
- [465 IAC 2-2-1: Definition of child-placing agency or business of placing children](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies Section 12: Rate Setting	
	Effective Date: January 1, 2026	Version: 2

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) follows the law to set payment rates for a child placed by DCS or juvenile justice with a Licensed Child Placing Agency (LCPA). This process also sets the reimbursement rate that Indiana may get from the federal government.

POLICY STATEMENT

A Child Placing Agency (CPA) in Indiana must have a DCS license for DCS to recommend placing a child there or to pay for the placement.

LEGAL REFERENCES

- [IC 31-27-7: Chapter 7. Department Base Rates Review](#)
- [465 IAC 2-17 Rate Setting for Child Placing Agencies](#)