

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 13: Review for Licensing Action	
	Effective Date: July 1, 2022	Version: 1

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POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Residential Licensing Unit (RLU) conducts a review of concerns for the safety of children receiving treatment from a licensed residential facility and/ or any facility noncompliance with Indiana Code (IC), Indiana Administrative Code (IAC), DCS Policies, and/or the facility's contract, if applicable. This review may be in addition to regularly scheduled annual and relicensure reviews. The review may result in the requirement for a Plan of Correction (POC) which is intended to ensure the safety of youth receiving treatment at the facility.

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PROCEDURE

The DCS RLU may receive information regarding concerns for a licensed and/or contracted residential facility from sources including, but not limited to:

1. Annual or Relicensure Review. See policies 17.11 Annual Licensing Review and 17.12 Relicensure for additional information;
2. Background Check Review;
3. Institutional Child Protective Services (ICPS) unit investigations. See policy 4.30 Institutional Child Protection Services (ICPS) Unit Investigations for additional information;
4. Preliminary Report of Alleged Institutional Child Abuse or Neglect (310A), which has been screened out. See policy 3.06 Recommending Child Abuse and/or Neglect Reports for Screen-Out for additional information;
5. Complaint from another agency (e.g., child placing agency, Indiana Department of Health [IDOH], or the Court);
6. Incident Reports, including critical incidents (See Relevant Information for definitions); or
7. Root Cause Analysis. See policy 17.10 Root Cause Analysis and Relevant Information for additional information.

The DCS RLU will require a licensed residential facility to submit a POC for issues of noncompliance with IC, IAC, and/or DCS Policies which are found to be an immediate threat, potential risk, or which directly or indirectly impact children. The POC will be required within the following timeframes:

1. Ten (10) calendar days from the date of notification to the facility for any issues arising from:
 - a. Background Checks,
 - b. Potential Risk Rating or occurrence from any review,
 - c. ICPS Unit Investigation resulting in designation of a high risk which has a significant

impact on the health, safety, or well-being of a child, or
d. Root Cause Analysis.

2. Thirty (30) calendar days from the date of notification to the facility for any issues arising from:
 - a. Non-Immediate Risk Rating or occurrence from any review, or
 - b. ICPS Unit Investigation resulting in designation of a non-immediate risk which does not have a significant impact on the health, safety, or well-being of a child.

The Licensing Specialist will:

1. Review all concerns regarding a licensed residential facility, following observation or receipt from any source;
2. Discuss concerns with the Licensing Supervisor to determine if a POC is appropriate and the timeframe in which the POC must be submitted;
3. Complete the POC Request form. The form should include:
 - a. Information including the noncompliance issue,
 - b. Date the POC is due, and
 - c. Required POC components.
4. Send the completed POC Request form to the residential facility;
5. Review the POC upon receipt from the residential facility to ensure it fully addresses the identified noncompliance;
6. Staff with the Licensing Supervisor and obtain approval for the POC;

Note: If the POC is not approved, contact the facility's administrator to request revisions within an agreed upon timeframe.

7. Upon approval of the Licensing Supervisor, provide the signed POC Request form to the facility's administrator; and
8. Upload all review documentation to the case management system.

The Licensing Supervisor will:

1. Discuss any concern regarding a licensed and/or contracted residential facility with the Licensing Specialist;
2. Guide and assist the Licensing Specialist in completing all required duties, as needed;
3. Make a final determination regarding any POC submitted by a facility; and
4. Once a POC is determined to be approved, sign the POC Request form and return it to the Licensing Specialist.

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RELEVANT INFORMATION

Definitions

Assault: Resident on Resident

Any action initiated by a youth upon another youth (also referred to as a resident) in which there was physical contact with an apparent intent to harm the other youth.

Assault: Resident on Staff

Any action initiated by a youth upon a staff member in which there was physical contact **with apparent intent to harm the staff member**.

Attempted Suicide

Any action initiated by a youth to harm themselves with the intent of committing suicide.

Discharge Against Placing Agency Recommendation

Any instance where a youth is removed from the facility against the Placing Agency's recommendations.

Elopement

Any instance in which a youth **leaves the facility property** (including transport vehicles) and is **without staff supervision** (for any length of time) without permission.

Inappropriate Sexual Behavior

Any confirmed sexual behavior by a youth or staff member, involving another youth, consensual or otherwise same or opposite sex.

Medication Error

Any event that may cause or lead to inappropriate or inaccurate medication use. Medication errors may include the following: incorrect medication, incorrect youth, incorrect dosage, administration errors, incorrect time, omission (confirmed or suspected due to missing documentation), a youth with a known allergy to ordered medication, failure to document a medication refused by a youth, or transcription error.

Near Miss

A near miss is an occurrence that would have resulted in a sentinel event, but for timely intervention (e.g., attempted suicide or attempted rape).

Physical Illness

Any **serious** physical illness is any illness that requires outside medical intervention. This definition does not include common childhood illnesses, such as colds, flu, diarrhea, vomiting, etc. This definition does include symptoms like serious allergic reactions, seizures, persistent diarrhea or vomiting, failure to gain weight, infectious conditions (e.g., Pink Eye), or other conditions that precipitate referral to a medical provider.

PRN (As Needed) Order for Psychotropic Medication

Any instance when a youth is given a psychotropic medication on an as needed basis, per the contractual requirements.

Restraint

A special treatment, procedure, or intervention in an emergency situation that uses physical, personal, or mechanical measures to limit or restrict movement of a youth **for any length of time**. A restraint is **used only as a last resort** when there is imminent risk of a youth physically harming themselves or others and **after** all nonphysical interventions have failed, or when safety issues demand an immediate physical response (e.g., Youth running into a busy street).

This definition does not apply to common physical interactions with a youth that are brief; and intent on redirection or hands-on intervention to cease fighting; or holding a youth's hand to safely escort away from a scene of disruption.

Root Cause Analysis

Root Cause Analysis is a collaborative process undertaken to understand the underlying factors that led to a sentinel event or near miss, and the development of strategies to help avoid similar occurrences in the future.

Seclusion

A special treatment procedure or intervention that confines a youth to a safe, monitored room or area from which a youth is physically prevented from leaving, in order to prevent injury to self or others.

Self-Inflicted Injury

Any action initiated by a youth to harm themselves which results in injury, regardless of severity, but without the intent to commit suicide.

Sentinel Event

A sentinel event is any unanticipated event in an Emergency Shelter or Child Caring Institution that results in the death or serious physical or psychological injury to a child, not related to the natural course of the child's illness.

Stat Order (On an Emergency Basis) for Psychotropic Medication

Any instance when a youth is given a psychotropic medication on an emergency basis, ordered for one-time administration, as per the facility's contractual requirements.

Suicide

Any action initiated by a youth resulting in self-inflicted death.

Forms and Tools

- POC Request – Available from RLU
- [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(310A\) \(SF 49549\)](#)

Related Policies

- [3.06 Recommending Child Abuse and/or Neglect Reports for Screen-Out](#)
- [4.30 Conducting Institutional Investigations by the ICPS Unit](#)
- [17.10 Root Cause Analysis](#)
- [17.11 Annual Review for Licensed and/or Contracted Agencies](#)
- [17.12 Relicensure Application Process](#)

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LEGAL REFERENCES

- [IC 31-27-5 Regulation of Group Homes](#)
- [IC 31-27-6 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](#)

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PRACTICE GUIDANCE – DCS POLICY 17.13

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.

N/A

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