



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 17: Residential Licensing

Section 15: Visits to DCS-Licensed Residential Facilities

Effective Date: February 1, 2023

Version: 1

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POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Residential Licensing Unit (RLU) conducts announced and unannounced on-site visits at all licensed residential facilities to ensure the safety of children receiving residential treatment and to monitor compliance with applicable standards, statutes, and rules.

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PROCEDURE

The RLU will conduct announced and unannounced on-site visits at all residential facilities licensed to operate as one (1) of the following:

1. Child Care Institution (CCI) under 465 IAC 2-9;
2. CCI defined as Emergency Shelter Care under 465 IAC 2-10;
3. Private Secure (PS) Care Institution under 465 IAC 2-11;
4. Group Home (GH) under 465 IAC 2-12; or
5. Emergency Shelter Care GH under 465 IAC 2-13.

The RLU will conduct announced on-site visits at all licensed residential facilities on an ongoing basis, including during annual reviews (see policy 17.11 Annual Review for Licensed and/or Contracted Agencies). The RLU will also conduct unannounced on-site visits at all licensed residential facilities **at least one (1) time each quarter**.

Exception: On-site visits may be increased to **at least one (1) time each month** if the RLU determines a need exists for increased visits based on observations and reported concerns. The duration of monthly on-site visits will be determined by the RLU. The DCS RLU will conduct unannounced on-site visits **at least one (1) time each week** at any licensed residential facility currently on a referral hold until the referral hold is lifted (see policy 17.08 Referral Holds).

In accordance with IC 31-27-2-5, the Residential Licensing Specialist (RLS) will observe all areas of the residential facility and its campus that DCS deems necessary, in its sole discretion, to ensure child safety and monitor compliance with all licensing standards and requirements and may include:

1. A tour of the building and grounds (e.g., children’s bedroom, living space, playground);
2. Observation of facility programming;
3. Review of records (e.g., incident reports, environment of care [EOC] documentation, child and personnel records);

4. Interviews with children and/or personnel (see Practice Guidance);
5. Photographing observed areas of the facility and grounds; and

Note: The RLS will take photographs at a residential facility during an on-site visit to document noncompliance and/or safety hazards (e.g., broken furniture, exposed wiring) and/or any positive features of the facility (e.g., safety features, improvements to the environment), if applicable.

6. Report any new allegations of Child Abuse or Neglect (CA/N) to the DCS Child Abuse Hotline (Hotline) and make any other notifications as needed (e.g., Indiana Department of Health (IDOH), Indiana Department of Homeland Security (IDHS) [Fire Marshal]); and

Note: The RLS will remain at the facility until any immediate safety concerns related to the health and wellbeing of children have been remedied, safety is ensured, or a plan has been made to ensure safety.

7. Review of findings with the facility personnel.

After the on-site visit, the RLS will:

1. Complete the Residential Licensing Visit form and provide the form and any photographs taken during the visit to the RLS Supervisor by uploading the information to the case management system within three (3) business days of the visit; and
2. Discuss any noncompliance with the RLS Supervisor.

The RLS Supervisor will:

1. Review all submitted information from the visit with the RLS; and
2. Determine whether additional action is needed regarding noncompliance (see policies 17.07 License Revocation, 17.08 Referral Holds, 17.09 Termination of Residential Contract, and 17.13 Review for Licensing Action for additional information).

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RELEVANT INFORMATION

Definitions

Referral Hold

A referral hold is a process by which an agency may not accept any new referrals from DCS until all identified noncompliance is corrected, including but not limited to child safety, statutory noncompliance, code violation, and/or contract noncompliance.

Forms and Tools

- Residential Licensing Visit Form – Available from the RLU
- [DCS Residential Treatment Services Provider Contract](#)

Related Policies

- [17.07 License Revocation](#)
- [17.08 Referral Holds](#)
- [17.09 Termination of Residential Contract](#)
- [17.11 Annual Review for Licensed and/or Contracted Agencies](#)
- [17.13 Review for Licensing Action](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 17.15

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.

Residential Licensing Interviews

Interviews during a residential licensing visit should take place in a location of the facility that provides privacy for the child or personnel being interviewed. Prior to conducting the interview, the Residential Licensing Specialist (RLS) should explain the purpose of the interview.

Interviews with children and personnel are conducted one-on-one by the RLS and are focused on the child's treatment at the facility and may include questions about the following:

1. Child's safety;
2. Treatment components (e.g., therapy, case management);
3. Daily programming;
4. Child and personnel interactions;
5. Environment of care;
6. Family involvement/engagement;
7. Education;
8. Recreational/social activities; and/or
9. Health and well-being.

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