



## INDIANA DEPARTMENT OF CHILD SERVICES

### CHILD WELFARE POLICY

#### Chapter 8: Out-of-Home Services

#### Section 04: Emergency Shelter Care & Urgent Residential Treatment

**Effective Date:** April 16, 2025

**Version:** 8

- [Procedure](#)
- [Definitions](#)

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

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

#### POLICY OVERVIEW

It is imperative for the Indiana Department of Child Services (DCS) to exhaust all efforts for alternative placement options prior to making a recommendation for Emergency Shelter Care (ESC) (see Definitions) or admission for residential treatment. ESC and urgent residential treatment are utilized temporarily **only** when it is in the best interest of the child.

[Back to Top](#)

#### PROCEDURE

##### **Emergency Shelter Care (ESC)**

ESC is considered a short-term placement only to be utilized in crisis situations. An ESC stay will not exceed the maximum stay, which is defined as 60 consecutive days, without DCS approval. A child will be placed in ESC after attempts to secure the most family-like setting, appropriate for the child. If the child must be detained from the child's parent, guardian, or custodian to protect the child's safety, relative/kinship placement and licensed foster care should be considered prior to an ESC placement (see policies 4.28 Removals from Parents, Guardians, or Custodians and 8.01 Selecting a Placement Option).

**Note:** ESC serves a different purpose than urgent residential treatment. A child is placed in ESC to meet the child's basic needs; whereas, a child is admitted urgently in residential treatment to meet the child's mental health and behavioral needs.

For ESC placement, the Family Case Manager (FCM) will:

1. Review the case information and the child's needs with the FCM Supervisor and Child and Family Team (CFT), and receive approval for the ESC placement;
2. Ensure the placement is approved by the Local Office Director (LOD) or designee;

**Note:** Regional Manager (RM) approval is required if the child is under 10 years of age.

3. Place the child in ESC after receipt of the necessary approvals (see policies 8.08 Preparing Child for Placement and 8.09 Placing a Child in Out-of-Home Care);
4. Seek court approval for placement within 48 hours of the child entering the initial ESC placement;

**Note:** A report and recommendation to the court, notice to the court, and a court hearing are required, if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

5. Complete the Child and Adolescent Needs and Strengths (CANS) Assessment pursuant to the time frames outlined in policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
6. Complete a referral to DCS Education Services within 24 hours of the child's placement in ESC to request the School Notification and Best Interest Determination form be submitted to the child's school (see policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement);
7. Notify the child's school as soon as the child is safely placed in ESC;
8. Review the case information and CANS recommendations with the FCM Supervisor and LOD or designee within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child;
9. Contact the DCS Clinical Services Specialist (CSS) for consultation with concerning the behavioral, service, placement and treatment needs of the child, if needed;
10. Consult with the CFT and other relevant parties to discuss the needs of the child and family to develop a plan for placement prior to the child's ESC maximum stay;
11. Staff with the FCM Supervisor and LOD and contact the CSS for assistance if the ESC placement will exceed the maximum stay, and coordinate with the ESC facility to ensure the ESC extension is submitted; and

**Note:** An ESC extension exceeding the maximum stay may be requested from the Deputy Director of Child Welfare Services or designee. For the purposes of billing and tracking, once approved by the Deputy Director of Child Welfare Services or designee, the ESC extension will be granted through the end of the calendar year. The ESC extension must be submitted by the ESC facility in the Services Hub before the expiration of the maximum stay and must only be sent for exceptional circumstances. Contact the DCS Emergency Shelter Care Extensions mailbox for assistance.

12. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Make a determination regarding the child being placed in ESC after review of the case information and child's needs;
2. Request approval from the RM if the child is under 10 years of age and placement in an ESC appears to be the most appropriate placement option;

**Note:** The Residential Licensing Unit (RLU) may be consulted to address any residential licensing issues that arise due to the placement of a child under 10 years of age.

3. Assist the FCM with placement responsibilities, as needed;
4. Review the case information, CFT recommendation, and CANS recommendation with the FCM and LOD or designee within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based on the strengths and needs of the child and, if appropriate, ensure there is an adequate plan to step the child down to a less restrictive setting;
5. Review the child's needs with the FCM to ensure the child is receiving appropriate services at the ESC;
6. Coordinate with the ESC facility, FCM, and LOD if the ESC placement needs to extend beyond the maximum stay to ensure an extension is requested by the ESC facility before the expiration of the maximum stay; and
7. Ensure all recommendations, approvals, and actions taken are documented in the case

management system.

The LOD or designee will:

1. Review and approve all ESC placements prior to placement;
2. Coordinate with the ESC facility, FCM, and FCM Supervisor if the ESC placement needs to extend beyond the maximum stay to ensure an ESC extension is requested by the ESC facility before the expiration of the maximum stay; and
3. Notify the RM of all ESC placements.

The RM will review and approve or deny all recommendations for ESC placements for children under 10 years of age.

The DCS Staff Attorney will:

1. Request court approval within 48 hours of the youth entering the initial ESC placement; and
2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

DCS Education Services will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

The CSS will maintain continuous communication with the FCM regarding service interventions for the child and family, if contacted for assistance or case consultation.

### **Urgent Admission for Residential Treatment**

Residential treatment facilities include a Child Caring Institution (CCI), Private Secure Facility (PSF) with and without Psychiatric Residential Treatment Facility (PRTF) certification, and Group Home (GH).

For urgent admission for residential treatment, the FCM will:

1. Engage the CFT as partners in admission planning and decision-making (see policies 8.01 Selecting a Placement Option and 5.07 Child and Family Team [CFT] Meetings);
2. Review case information, CFT recommendations, and the CANS recommendations with the FCM Supervisor to determine if urgent admission in residential treatment is needed. Residential treatment should only be used when at least one (1) of the following conditions applies:
  - a. The child requires 24-hour supervision, and/or
  - b. The child is not able to function on a daily basis in a family home environment.
3. Request and receive approval from the LOD or designee prior to admission;

**Note:** RM approval is required if the child is under 10 years of age.

4. Take the child to the residential treatment facility for admission after receipt of necessary approvals;
5. Submit a 30-Day Assessment referral in KidTraks within 24 hours of admission;

**Note:** If the contracted provider does not recommend residential treatment in the 30-Day Assessment, a Child-Focused Treatment Review (CFTR) must be scheduled to discuss reconsideration and/or discuss next steps (see policy 5.24 Child-Focused Treatment Review [CFTR]).

6. Consult with the DCS Staff Attorney to request court authorization for the admission within one (1) business day following admission to residential treatment;  
**Note:** A report and recommendation to the court, notice to the court, and a court hearing are required, if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.
7. Contact the CSS to request a consultation within two (2) business days of admission to residential treatment;  
**Note:** The consultation with the CSS must occur within one (1) business day of receipt of the referral.
8. Complete a referral to DCS Education Services within 24 hours of the child's admission to residential treatment to request the School Notification and Best Interest Determination form be submitted to the child's school (see policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement);
9. Ensure the child's school is aware of the child's placement change as soon as the child is safely placed.
10. Schedule a residential treatment focused CFT Meeting within 10 business days of placement and every 30 calendar days until the child is transitioned to a less restrictive option (see policy 5.07 Child and Family Team [CFT] Meetings); and  
**Note:** The Step-Down Planning form must be completed during the residential treatment focused CFT Meeting.
11. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Review the child's needs with the FCM, and make a determination regarding urgent admission in residential treatment;  
**Note:** Contact the DCS CSS for assistance if urgent residential treatment is needed and assistance is needed determining an appropriate facility.
2. Ensure the LOD or designee approves the admission in advance of the child's admission to residential treatment;  
**Note:** DCS will not recommend to the court that a child under 10 years of age be admitted to a residential facility without RM approval of the admission. The RLU may be consulted for assistance to address any residential licensing issues that arise due to the placement of a child under 10 years of age.
3. Assist the FCM with residential treatment admission responsibilities, as needed;
4. Assist the FCM in preparation for the residential treatment focused CFT meeting (see policy 5.07 Child and Family Team [CFT] Meetings); and
5. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD or designee will review and approve or deny all urgent admissions in residential treatment prior to the admission.

The RM will:

1. Review and approve or deny all recommendations for residential treatment for children under 10 years of age, prior to admission;
2. Ensure reviews take place timely; and
3. Make decisions when there are disagreements in the choice of the facility.

The CSS will:

1. Staff with the FCM within one (1) business day of receipt of the referral regarding residential treatment and the child's needs, including services recommendations (see policy 5.10 Family Services);
2. Consult with the FCM regarding the appropriateness of urgent admission to residential treatment; and
3. Make recommendations about which residential facilities meet the child's needs and have availability, based on information found on the DCS Residential Treatment Facility Search Tool.

The DCS Staff Attorney will:

1. Request court authorization for residential treatment admission within one (1) business day following admission to residential treatment; and
2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

DCS Education Services will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

[Back to Top](#)

## RELEVANT INFORMATION

### Definitions

#### Child Caring Institution (CCI)

A CCI is a residential treatment facility that provides childcare on a 24-hour basis for more than 10 children or a residential treatment facility with a capacity of not more than 10 children that does not meet the residential structure requirements of a group home.

#### Emergency Shelter Care (ESC)

For purposes of IC 31-27, ESC means a short-term place of residence, other than a private secure facility, that:

1. Is not locked to prevent a child's departure unless the administrator determines that locking is necessary to protect the child's health; and
2. Provides 24-hour a day temporary care for not more than 60 consecutive days to a child who is admitted on an emergency basis.

#### Group Home (GH)

A GH is a residential structure in which care is provided on a 24-hour basis for not more than 10 children.

#### Private Secure Facility (PSF)

A PSF with or without PRTF is a locked living unit of an institution for children six (6) years of age or older with chronic behavior that endangers themselves or others.

## Forms and Tools

- [8.B Tool: Separation and Loss](#)
- Child and Adolescent Needs and Strengths Assessment (CANS) - Available in the case management system
- [Clinical Services Specialist Contact Map](#) - Available in SharePoint
- DCS ESC Extensions Mailbox - [ESCExtensions@dcs.IN.gov](mailto:ESCExtensions@dcs.IN.gov)
- [DCS Services Hub](#)
- [DCS Residential Treatment Facility Search Tool](#)
- Residential Licensing Unit (RLU) email - [residential.licensing@dcs.in.gov](mailto:residential.licensing@dcs.in.gov)
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [Step-Down Planning \(SF 57072\)](#)

## Related Policies

- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.01 Selecting a Placement Option](#)
- [8.08 Preparing Child for Placement](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)

[Back to Top](#)

## 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](#)

[Back to Top](#)

## PRACTICE GUIDANCE- DCS POLICY 8.04

*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.*

### **Importance of Preparing for Placement**

Children have feelings of loss, anxiety, and confusion when removed from familiar surroundings and placed in an unfamiliar environment. Caregivers from whom the child is being removed may experience the same feelings. These feelings often are increased when faced with a lack of information regarding what will happen next and what action they may take relative to the situation. It is important for the Family Case Manager (FCM) to acknowledge these feelings. Additionally, efforts should be made to clarify the situation for the parent, guardian, or custodian and, whenever possible, to involve the parent, guardian, or custodian in the placement process in a positive way for the child's well-being. See 8.B Tool: Separation and Loss for more information.

[Back to Top](#)