



INDIANA DEPARTMENT OF CHILD SERVICES

CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 09: Placing a Child in Out-of-Home Care

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POLICY OVERVIEW

Every child has a right to appropriate care in a safe, healthy, and supportive community. When a child's safety and well-being cannot be secured within the home, placement in out-of-home care is considered.

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PROCEDURE

The Indiana Department of Child Services (DCS) will provide the resource parent (see Definitions) with information about the child, as allowed under the law and detailed in policy 2.06 Sharing Confidential Information.

Prior to placing the child, the Family Case Manager (FCM) will:

1. Conduct the required background checks **if the placement is in the home of an unlicensed relative/kin**. See policies 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements, 13.06 Evaluating Background Checks for Non-Emergency Unlicensed Out-of-Home Placements, 13.11 Conducting Background Checks for Emergency Unlicensed Placements, and 13.12 Evaluating Background Checks for Emergency Unlicensed Placements;
2. Ensure the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) considers the vaccination status of the children in the Foster Family Home (FFH) when locating a placement for a child who is medically fragile (see Definitions) or an infant under six (6) months of age;
3. Ensure the RFCS or the LCPA contacts the resource parent to:
 - a. Provide as much information as possible regarding the child for purposes of finding appropriate foster home matches, and
 - b. Select and confirm the resource home for placement.

Upon arriving at the placement location, the FCM will:

1. Introduce the child to the resource parent and inform the child of the date and time the FCM will return for the initial face-to-face contact (within three [3] business days);
2. Confirm or clarify any relevant information previously shared with the child and the resource parent;
3. Provide a copy of and/or review the following documents and information with the resource parent:
 - a. Full and accurate medical information (e.g., current conditions, history, a list of any medications the child is currently taking, and prescription information) and Medical

Passport (see policies 8.27 Maintaining Health Records – Medical Passport and 8.30 Psychotropic Medication),

- b. All necessary releases and consents, including the Statement of Care and Supervisory Authorization for Healthcare Card and/or Authorization for Health Care Form (see policy 8.26 Authorization for Health Care Services),
- c. Medicaid number and any other insurance information for the child (see policy 8.29 Routine Health Care),
- d. Child and Adolescent Needs and Strengths (CANS) Assessment (for an initial placement the CANS should be provided upon completion) and discuss the CANS recommendations (see policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment),
- e. Notification of any scheduled court hearings and/or Child and Family Team (CFT) Meetings (see policies 5.07 Child and Family Team Meetings and 6.04 Providing Notice),
- f. The most recent court report (for an initial placement the court report should be provided upon completion), with appropriate redactions,
- g. Relevant court orders (e.g., protective order, visitation, medical, etc.) and the Case Plan/Prevention Plan. Discuss the Permanency Plan and Second Permanency Plan, if concurrent planning,
- h. Available educational information (e.g., the name of the school the child last attended; the child's current grade level; a summary of academic progress; and information regarding any active Individualized Educational Program [IEP], scheduled conferences, and/or any other educational accommodations, as applicable) (see policies 8.20 Educational Services and 8.21 Special Education Services),
- i. The Visitation Plan, including any restrictions that may be in place (see policy 8.12 Developing the Visitation Plan),
- j. The FCM's daytime contact number, local DCS Office phone number, and DCS Child Abuse Hotline (Hotline) Number,
- k. The Inventory of Personal Items for the child's clothing and personal belongings and/or information regarding securing emergency clothing for the child, and
- l. Advise the resource parent to immediately decontaminate the child if the child was removed from a property used for the illegal manufacture of a controlled substance and was not decontaminated prior to arriving at the placement location.

Note: All documents and information must be provided to the RFCS or LCPA at the time of placement or within six (6) business days of an emergency placement.

After the child has been placed with the resource parent, the FCM will:

1. Document the child's placement within 24 hours in the case management system;

Note: When the child is placed with an unlicensed relative or kin, the FCM should not create a relative home in the case management system. Make a referral to Kinship of Indiana Support Services (KISS) by completing and emailing the Relative Placement Entry form to the appropriate regional placement email address listed on the back of the form within 24 hours of the child's placement with a relative or kinship caregiver (see policy 8.48 Relative or Kinship Placements).

2. Prepare a report for the court that includes the child's current placement information;
3. Ensure a plan for visitation between the child and the child's parents is developed within 48 hours of removal (see policy 8.12 Developing the Visitation Plan);

4. Ensure the child's school personnel are verbally notified of the child's removal and placement into out-of-home care as soon as possible but no later than the next school day;
5. Complete and submit a referral to DCS Education Services **within 24 hours** of the child's removal or change of placement to identify the need for collaboration to determine educational best interests and completion of the School Notification and Best Interest Determination form (see policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement);
6. Conduct a face-to-face contact with the child and resource parent within three (3) business days following placement;
7. Ensure a plan for visitation between the child and any siblings is developed within five (5) days of removal (if the siblings are not placed together) (see policy 8.12 Developing the Visitation Plan);
8. Ensure the child's Safety Plan (see Definitions) addresses efforts to ensure the child's safety in all settings (e.g., school, visitation, and safe sleep) (see policy 5.21 Safety Planning for additional information);
9. Provide youth who are 14 years of age and older with a copy of the Indiana Bill of Rights for Youth in Care. Explain the form to the youth in a developmentally appropriate manner. Ensure the youth understands and signs the form, and upload the signed form to into the case management system; and
10. Ensure the child has a Lifebook that is kept updated.

The FCM Supervisor will:

1. Guide and assist the FCM, as needed, throughout the process of placing a child in out-of-home care;
2. Discuss case specifics during regular case staffing (see Definitions); and
3. Ensure the child's placement and all actions taken are appropriately documented in the case management system.

Upon receipt of a referral regarding the child's placement in out-of-home care, DCS Education Services will:

1. Complete the School Notification and Best Interest Determination form; and
2. Provide the School Notification and Best Interest Determination form, **within 72 hours**, to the:
 - a. Identified Point of Contact (POC) at the school corporation where the child currently attends, and
 - b. Identified POC at the school corporation where the child has legal settlement.

Note: If a change in the child's out-of-home placement impacts the child's educational setting, the school corporation where the child will be attending will be notified per the POC collaboration required by the Every Student Succeeds Act (ESSA).

Upon receipt of the Relative Placement Entry form, the Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS]) and KN Supervisor (formerly known as the RSS Supervisor) will complete all steps outlined in policy 8.48 Relative or Kinship Placements.

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RELEVANT INFORMATION

Definitions

Case Staffing

Case staffing is a systematic and frequent review of all case information with safety and risk, stability, permanency, and well-being as driving forces for case activities.

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.

Resource Parent

For purposes of DCS policy, a resource parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

Safety Plan

A Safety Plan is a voluntary, non-legally binding written agreement with the family, which identifies interventions to address the safety of the child and specifies family supports and/or community services that will be utilized.

Forms and Tools

- [The American Academy of Pediatrics](#)
- [Adoption World Publishing](#)
- [Authorization For Health Care \(SF 54247\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- Child and Adolescent Strengths and Needs (CANS) Assessment - available in the case management system
- [DCS Website](#)
- [Healthy Children.org](#)
- [Indiana Bill of Rights for Youth in Care](#)
- [Indiana Drug Endangered Children Protocol](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- [The National Institutes of Health](#)
- [Relative Placement Entry \(SF 57025\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)
- [Riley Children's Health](#)
- [Safety Plan \(SF 53243\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [Statement of Care and Supervisory Authorization for Health Care \(SF 45093\)](#)
- Visitation Plan - documented in the CFT Meeting Notes and Court Reports

Related Policies

- [2.06 Sharing of Confidential Information](#)
- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [6.04 Providing Notice](#)
- [8.12 Developing the Visitation Plan](#)
- [8.20 Educational Services](#)
- [8.21 Special Education Services](#)

- [8.22 School Notifications and Legal Settlement](#)
- [8.26 Authorization for Health Care Services](#)
- [8.27 Maintaining Health Records – Medical Passport](#)
- [8.29 Routine Health Care](#)
- [8.30 Psychotropic Medication](#)
- [8.48 Relative or Kinship Placements](#)
- [13.05 Conducting Background Checks for Nonemergency Unlicensed Placements](#)
- [13.06 Evaluating Background Checks for Nonemergency Unlicensed Out-of-Home Placements](#)
- [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#)
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LEGAL REFERENCES

- [20 USC 6311\(q\)\(1\)\(E\) State plans; Other plan provisions](#)

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PRACTICE GUIDANCE – DCS POLICY 8.09

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.

Supporting Relative/Kinship Caregivers

It is important for FCMs to support all relative/kinship caregivers. FCMs must be mindful that relative/kinship caregivers may not have planned to take emergency placement of their relative's children. This is especially true with middle of the night placements. The FCM should be patient and exercise empathy for relative/kinship caregivers and serve as a support to them by answering any questions they may have and addressing any concerns. It is the goal of DCS to have a child transition as smoothly as possible from the child's home into the relative/kinship caregiver's home. FCMs should complete timely service referrals for identified needs (e.g., child care assistance, individual or family counseling, and home-based casework) for the relative/kinship caregiver or child.

Safe Sleep

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

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

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

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

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